



San Luis Obispo County Health Agency Fall 2012

Public Health Bulletin

A publication of the Public Health Department, Jeff Hamm, Health Agency Director
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Making The Case for Expanded Testing of the Hepatitis C Virus

Hepatitis C is finally getting the attention it merits. An estimated 3.2 million persons living in the United States are infected with Hepatitis C virus (HCV), a figure nearly three times that of human immunodeficiency virus (HIV). The Centers for Disease Control and Prevention (CDC) has recently updated HCV testing guidelines, which were based solely on known risk factors, to include a recommendation that **all persons born during the period 1945 - 1965 should receive a one-time screening for HCV.**

Ongoing recommendations (from 1998 CDC guidelines for HCV testing) include the following risk groups:

- Anyone who has ever injected illegal drugs
- Recipients of blood transfusions or solid organ transplants before July 1992, or clotting factor concentrates made before 1987
- Patients who have ever received long-term hemodialysis treatment
- Persons with known exposures to hepatitis C, such as:
 - Health care workers after needle sticks involving blood from a patient with hepatitis C
 - Recipients of blood or organs from a donor who later tested positive for hepatitis C
- People living with HIV
- People with signs or symptoms of liver disease (e.g., abnormal liver enzyme tests)
- Children born to mothers who have hepatitis C

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The San Luis Obispo County Health Agency's *Public Health Bulletin* can also be accessed online at www.slocounty.ca.gov/health.htm under "Quicklinks" on the right side of the page.

Hepatitis C - The Case for Expanded Testing (continued)

Why expand testing?

- Targeted strategy proved inadequate, with up to 75% of persons with chronic HCV infection unaware of their infection status
- More than 75% of American adults infected with hepatitis C are “baby boomers”
- Deaths from HCV are on the rise
- New treatments can cure up to 75% of hepatitis C cases
- Testing is cost-effective and saves lives, comparable to other routine preventive health services

The CDC has thus expanded recommended testing to include one-time testing for HCV, without risk-factor screening, for all adults born during 1945-1965. Because consumption of alcohol can hasten the progression of HCV-related disease, it is also recommended that all persons identified with HCV infection should receive a brief alcohol screening and referral as indicated.

In the acute phase, HCV is asymptomatic in most persons. Of 20-30% of newly infected individuals who do become ill, typical symptoms may include fatigue, abdominal pain, poor appetite, and jaundice. 75%-85% of infected persons develop chronic infection, with associated risks of liver cirrhosis, hepatocellular carcinoma (HCC), and extrahepatic complications that may develop decades after initial infection. HCV infection is currently the leading indication for liver transplant, and a leading cause of HCC, the fastest rising cause of all cancer-related deaths. One in five persons infected with HCV will die from the consequences of chronic infection (liver cancer or cirrhosis).

HCV screening remains a test for antibody to HCV (anti-HCV). An immunocompetent person without risks for HCV infection who tests negative for anti-HCV is not HCV infected and no further testing is necessary. Additional testing may be required for persons who have ongoing or recent risks for exposure to HCV or who are severely immunocompromised. To identify persons with active HCV infection, persons who initially test anti-HCV positive should be tested by an HCV nucleic acid test (NAT).

The full text of the CDC’s new recommendations are online at www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm

Are You Screening Every Patient for Tobacco Use?

According to Healthy People 2020, tobacco use is the single most preventable cause of death and disease in the United States. The goal is to reduce illness, disability, and death-related to tobacco use and secondhand smoke exposure. Helping tobacco users quit is key to meeting this goal.

The Tobacco Control Program offers FREE tobacco cessation classes throughout the San Luis Obispo County. Please call 781-5564 for more information.

West Nile Virus Detected in Birds in Northern San Luis Obispo County

The California Department of Public Health has notified the San Luis Obispo Public Health Department that a bird collected on August 5 in the City of Paso Robles and a bird collected on September 10 in Atascadero have tested positive for West Nile Virus. These birds represent the first confirmation of West Nile Virus activity in north San Luis Obispo County for 2012. The bird detected in Atascadero was a wild turkey, and was a recent infection. The bird collected in Paso Robles was a hawk that had a chronic infection, which indicates unknown time of infection.

West Nile Virus has been detected in 38 other counties in California, with 126 human cases and 6 deaths since the beginning of the year. Throughout the United States, a total of 3,142 human cases have been reported to the CDC, the highest number of cases reported through the third week of September since 2003.



“West Nile Virus activity continues to increase in the State and San Luis Obispo County” said Dr. Penny Borenstein, Health Officer for San Luis Obispo County. “It is important to protect yourself and your family from mosquito bites by eliminating mosquito habitat around your home, avoiding mosquitos, and wearing appropriate clothing with mosquito repellent as necessary”.

West Nile Virus is transmitted to people by the bite of an infected mosquito. Mosquitoes become infected when they feed on infected birds and can then transmit the virus to other animals and humans. Approximately 80 percent of people infected with West Nile Virus will not show any symptoms. If a person does experiences symptoms, they usually begin five to 15 days after they are bitten by an infected mosquito. Symptoms may include fever, headache and body aches, while a small number may develop severe illness.

To reduce the risk of being bitten by mosquitoes:

- Many mosquitoes are active in the evening and morning. Avoid spending time outside if possible at those times of day.
- If you do go outside, be sure to wear long sleeved clothing and apply insect repellent.
- Avoid areas of heavy mosquito activity.

To reduce mosquito breeding areas:

- Eliminate standing water on your property.
- Keep window and door screens in good repair.
- Change water in bird baths and pet dishes, at least weekly.
- Keep children’s wading pools empty when not in use.



To report dead birds or squirrels, call the California State dead bird helpline at (877) 968-2473. For more information, go to <http://westnile.ca.gov> or <http://cdc.gov/westnile/>. To fill out an online report of a dead bird or squirrel, go to <http://westnile.ca.gov>.

Flu Season is Here Again

September 30 marked the first day of surveillance for the 2012-2013 influenza season. As if to punctuate the start of the season, the San Luis Obispo County Public Health Laboratory (PHL) detected influenza A virus in a patient that was seen for influenza-like illness (ILI) at a local hospital on Monday, October 1. Of note is that the specimen was rapid influenza test negative, a common occurrence. The CDC-developed Polymerase Chain Reaction (PCR) test used by the SLO PHL is much more sensitive than rapid tests.



There also had been a significant increase in ILI reports from hospitals in August, none tested positive by PCR, regardless of rapid test result. It is a welcome sign that clinicians are thinking flu during the “off season.” This past summer witnessed the emergence of new variants of influenza A virus around the nation and Canada - H3N2v, H1N2v and H1N1v - a testimony to the ability of the virus to mix genes when an animal - usually swine - are infected by two different strains. New strains often do not coincide with the usual winter flu season. The SLO PHL is capable of detecting all these new variants and possibly others; while the rapid tests are very unreliable in detection of new strains.

For the start of 2012-13 season, the SLO PHL is requesting submission of rapid test positive specimens for surveillance testing by PCR at no charge until further notice.

Interested in Public Health Emergency Preparedness?

The San Luis Obispo Public Health Emergency Preparedness is looking for private practice medical providers to assist with emergency preparedness efforts in our county.



To effectively prepare for and respond to a major public health emergency, the Public Health Department will rely on private practice providers to:

- Provide medical expertise to assist in the development of emergency plans
- Provide resources, such as facilities, equipment, and personnel to assist in caring for patients during a major public health emergency
- Participate in tabletop exercises to help first responders and government agencies understand private practice provider capacity

If you are interested in finding out more about how your medical practice can become involved in public health emergency preparedness, contact Elizabeth Merson at emerson@co.slo.ca.us or (805) 781-1077.

“Atypical Chickenpox” - Is It Really a Newly Emerging Strain of Hand, Foot and Mouth Disease?



As school resumes we would like to remind providers to continue to be on the alert for Hand, Foot and Mouth Disease. It may present as “atypical” chickenpox. If you have a child you suspect of having chickenpox, and their vaccination status is up to date for chickenpox, consider the newly circulating virus strain causing Hand, Foot and Mouth disease. This new strain causes a more severe disease, with rash and lesions appearing on other parts of the body, and spreads more easily to adults.

Hand, Foot and Mouth Disease (HFMD) is caused by viruses belonging to the Enterovirus genus, which include polioviruses, coxsackieviruses, echoviruses and enteroviruses. The most common cause of HFMD in the United States is Coxsackievirus A16, and symptoms can include fever, poor appetite, malaise, sore throat, and sores in the mouth (herpangina). One to two days after these initial symptoms, skin rashes will usually appear on the hands and soles of the feet, and sometime on the knees, elbows, buttocks or genital area.

Early in 2012, a strain of Coxsackievirus (A6) not previously seen in the US was identified by the Centers for Disease Control and Prevention, and has been responsible for outbreaks in California and other states. The San Luis Obispo County Public Health Department would like providers to be aware of this newly circulating HFMD variant, with its more severe symptoms and its ability to spread more easily spread to adults. At this time, there have been no reports of suspected Coxsackievirus A6 HFMD in San Luis Obispo County; however, Monterey County to the north is experiencing some cases at this time.

In cases of suspected HFMD, notify our Communicable Disease Control Program at (805) 781-5577 so the Public Health Laboratory can prepare to do an initial screening for enterovirus. Throat swabs should be collected and placed in an M4 viral transport medium. Requisitions should be marked “Enterovirus” or “RVP”, and sent as soon as possible to the SLO County Public Health Laboratory. Positive results will be forwarded to the California Viral and Rickettsial Disease Laboratory (VRDL) for virus differentiation and identification.

HFMD caused by Coxsackievirus A6 can differ from more common circulating HFMD in these ways:

1. More severe skin rash and lesions; some blisters may become hemorrhagic
2. Rash and/or lesions may appear on parts of the body other than the hands, feet or mouth
3. Adults appear to be more susceptible to this HFMD strain
4. Some cases may experience nail shedding (onychomadesis) 1 to 2 months after illness onset, although in all such cases, the nails have grown back

Coxsackievirus is spread via the following:

1. Person-to-person contact via contact with saliva, sputum or mucus
2. Fluid from blisters
3. Fecal oral transmission
4. Surface-to-person transmission via fomites



There is no treatment or vaccine for HFMD, so it is important to initiate good infection control practices in suspected cases, and to instruct patients in good infection control practices. If you have a suspected case of HFMD that you would like tested, please call Christine Gaiger or Janet Botta at 781-5577.

National Lead Poisoning Prevention Week, Oct. 21 - 27

New Recommendations to Define Elevated Blood Lead Levels

Earlier this year, the Centers for Disease Control and Prevention (CDC) announced new recommendations to define elevated blood lead levels and a strategy that now “emphasizes the prevention of lead exposure, rather than a response to exposure after it has taken place.” The new recommendation was based on a growing number of scientific studies that show that even low blood lead levels can cause lifelong health effects.

The CDC lowered its recommended level to 5 micrograms per deciliter of lead in blood from the previous “blood lead level of concern” of 10 micrograms per deciliter for children under the age of 6 years.

Before these changes, blood lead levels under 10 micrograms per deciliter may, or may not, have been reported to parents. The new level means more parents will learn that their child has an elevated blood level of at least 5 micrograms per deciliter, and those parents will now be provided information to help them reduce their child’s future exposure to lead.

Please visit www.cdc.gov/nceh/lead/ACCLPP/blood_lead_levels.htm for more information about the CDC’s Lead Program, and where you’ll also find a link to the announcement: CDC Response to Advisory Committee on Childhood Lead Poisoning Prevention Recommendations in “Low Level Lead Exposure Harms Children: A Renewed Call of Primary Prevention.”

CDPH Childhood Lead Poisoning Prevention Branch Offers Resources for Health Care Providers

The following are excerpts from the resources available online to health care providers through the CDPH Provider Outreach page: www.cdph.ca.gov/programs/CLPPB/Pages/provideroutreach-clppb.aspx

Regulations for California Providers Caring for Children 6 Months to 6 Years of Age

California regulations impose specific responsibilities on doctors, nurse practitioners and physician’s assistants doing periodic health care assessments on children between the ages of 6 months and 6 years. This is a summary of health care provider’s responsibilities. These regulations apply to all doctors, nurse practitioners, and physician’s assistants, not just Medi-Cal or Child Health and Disability Prevention (CHDP) providers.

ANTICIPATORY GUIDANCE	At each periodic assessment from 6 months to 6 years
SCREEN (blood lead test)	<ul style="list-style-type: none"> • Children in publicly supported programs* at both 12 months and 24 months • Children age 24 months to 6 years in publicly supported programs who were not tested appropriately (Examples of publicly supported programs include Medi-Cal, CHDP, Healthy Families and WIC)
ASSESS	<ul style="list-style-type: none"> • If child is not in publicly supported program: <ul style="list-style-type: none"> - Ask: “Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?” - Blood lead test if the answer to the question is “yes” or “don’t know.” • Change in circumstances has put child at risk of lead exposure • Other indications for a blood lead test <ul style="list-style-type: none"> - Parental request - Suspected lead exposure - History of living in or visiting country with high levels of environmental lead

Items in *italics* are not in regulations but also should be considered.

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Text4Baby Has a Redesigned Website

Text4Baby has reached 400,000 moms with critical health and safety information. Text4Baby has been making big strides and big changes, including a new and improved Text4Baby website and changed look for Text4Baby Tuesday.

Take Action

The redesigned website was launched on Wednesday, August 29. Visit www.text4baby.org where you'll find a few key changes including easier access to partner-specific tools (under Get Involved - Partners); ways for individuals to get involved (under Get Involved - Moms, Families, and Friends); testimonials and videos from moms, experts, and partners (under Stories); and streamlined navigation for information and tools. Please let us know what you think. Visit www.text4baby.org for more information.

Text4Baby is made possible through a broad, public-private partnership that includes government, corporations, academic institutions, professional associations, tribal agencies and non-profit organizations.

1. Grab your cell phone and text the word "**BABY**" to the number **511411**. If you would like to get the messages in Spanish, text "**BEBE**" to **511411**.
2. When prompted, enter your expected due date or baby's date of birth.
3. Put in your zip code (e.g., 90210).
4. You are done! Now you will get three messages a week until your baby turns one.
These messages are timed to coordinate with how far along you are in your pregnancy or your baby's age. Sometimes we send alerts, so on certain weeks you may get an extra message.
5. If at any time you want to cancel service, just text **STOP** to **511411** (or reply to one of your text4baby messages with the word **STOP**).
6. Now that you are signed up, learn how to share Text4Baby with your friends and family.



National Lead Poisoning Prevention Week (continued)

Follow Up

The CDPH's Management Guidelines summarize follow-up activities once a child is found to have an elevated blood level: www.cdph.ca.gov/programs/CLPPB/Documents/HAGS_201107.pdf

Why Assess and Screen?

- Since lead exposure at low levels that do harm may not cause symptoms, at risk children may not be identified and therefore would not receive appropriate treatment or environmental investigation.
- State requirement.
- Low levels of lead exposure have lasting neurodevelopmental effects. See: Intellectual Impairment in Children with Blood Lead Concentrations below 10 µg per Deciliter, Canfield et al. N Engl J Med 2003; 348:1517-1526 April 17, 2003.

San Luis Obispo County Reported Cases of Selected Communicable Diseases - Fall 2012

Disease	3rd Quarter 2011	Total 2011	3rd Quarter 2012	Total 2012
AIDS/HIV	2/3	3/19	0/2	3/11
Campylobacteriosis	26	98	31	69
Chlamydial Infections	205	694	180	647
Coccidioidomycosis	52	102	18	113
Cryptosporidiosis	3	24	4	8
E. Coli	0	13	4	6
Giardiasis	3	9	0	8
Gonorrhea	15	28	26	68
Hepatitis A	0	1	0	2
Hepatitis B (Chronic)	13	36	11	26
Hepatitis C (Community)	134	274	83	248
Hepatitis C (Correctional)	281	582	108	268
Lyme Disease	0	0	0	1
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	1	4	1	2
Meningitis (Viral)	8	35	1	3
MRSA	0	0	0	0
Pertussis	5	382	0	11
Rubella	0	0	0	0
Salmonellosis	8	35	20	34
Shigellosis	2	5	1	1
Syphilis (Primary/Secondary)	0	0	2	3
Tuberculosis	0	4	1	2

Case counts reflect those reported diseases that meet case definitions as established by the California Department of Public Health. Cases reported by health care providers that do not meet the case definitions are not included in case counts. All cases are for San Luis Obispo County residents only. Persons who do not list San Luis Obispo as their primary residence and are reported as having a communicable disease are reported in their primary county of residence.



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