

BULLETIN

A QUARTERLY PUBLICATION OF THE SAN LUIS OBISPO COUNTY PUBLIC HEALTH DEPARTMENT

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Penny Borenstein, M.D., M.P.H.



IT IS TIME TO PAY ATTENTION, NOT PANIC

Are you being bombarded by oversimplified, distorted or inaccurate health information in the news and online? National media outlets and social media can stimulate interest in a news item by infusing a sense of fear and anxiety into the story. Instead of panicking, clinicians and the public can turn to their local public health agencies for information about health concerns in the community.

One of the core functions of public health is to inform the community about health threats before they become widespread. The San Luis Obispo County Public Health Department has the expertise and capacity to conduct surveillance, investigate, mitigate, and communicate those health threats to other officials, clinicians, and the public. Local public health departments are also in direct communication with state and national health officials sharing data and insights not available elsewhere.

As the County's Health Officer, I have a variety of communication tools available to me, and I must carefully choose the most appropriate tool based on the intended audience and the immediacy of the situation. The Public Health Bulletin is often used for non-urgent communications with the local



Public Health
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health care community. For timelier communications, the Public Health Department will issue Provider Notices or more critical Provider Alerts, both of which are sent via mass e-mail or fax to health care providers and partner organizations.

Forgoing a scrolling headline proclaiming ALERT or BREAKING NEWS, the Public Health Bulletin advises our local health care community of three emerging health threats: H7N9, MERS-CoV, and CRE. While not currently local health threats, these new diseases each has the potential to become a serious threat in any community, and clinicians will want to pay attention to them.

H7N9 is a new strain of avian influenza virus found in birds and people in China that appears to be quite virulent. From March 31 through May 31, 2013, 132 cases of human infection have been reported, including 37 deaths. At this time, there is no evidence of sustained human-to-human transmission and there have been no cases of this H7N9 virus detected in the United States.

Scientists are concerned because the H7N9 virus has genetic changes, which suggest an adaptation to spread more easily to mammals. Please visit the [Center for Disease Control \(CDC\) Avian Influenza A \(H7N9\) Virus webpage](#) for more information.

MERS-CoV, or Middle East Respiratory Syndrome Coronavirus, is a novel virus that causes severe acute respiratory illness in most infected people. MERS-CoV has been identified in several countries in the Middle East (Saudi Arabia, Qatar, Jordan, and United Arab Emirates), Europe (United Kingdom and France), and Tunisia. From April 2012 to June 10, 2013, there have been 55 reported cases of MERS, mostly in Saudi Arabia, and a total of 31 deaths. The virus has been shown to spread between people who are in close contact. No cases of MERS-CoV have been identified in the United States to date. Please visit the [CDC's MERS webpage](#) for more information.

CRE, or carbapenem-resistant Enterobacteriaceae, are a family of germs emerging throughout the US that are difficult to treat because they have high levels of resistance to antibiotics, including last-resort antibiotics. CRE easily spread their antibiotic resistance to other kinds of germs, making those potentially untreatable as well. Almost all CRE infections happen to patients receiving serious medical care. Up to 50 percent of patients with CRE bloodstream infections will die. Nearly one in four hospitals in the US have reported at least one CRE infection. Last March, CDC Director Dr. Tom Frieden pressed healthcare providers to act: "There is now a critical window of opportunity to control lethal bacteria, and that window is open, but not for long." Please visit the [CDC's CRE webpage](#) for more information.

Thank you for your attention,

Attention Clinicians: If you would like to ensure rapid receipt of Public Health Provider Alerts, please contact rhendry@co.slo.ca.us with your confidential contact information (e-mail preferred).

SMOKING AND MENTAL ILLNESS

The San Luis Obispo Tobacco Control Program will soon develop training and technical assistance for behavioral health programs throughout the county aimed at raising awareness and encouraging the "Ask, Advise, Refer" protocol in each encounter with clients and patients. For more information, visit www.slocounty.ca.gov or contact Kitty Farhar at (805) 781-1562 or kfarhar@co.slo.ca.us.

Adult Smoking

Focusing on People with Mental Illness*

1 in 3

More than 1 in 3 adults (36%) with a mental illness smoke cigarettes, compared with about 1 in 5 adults (21%) with no mental illness.

3 in 10

About 3 of every 10 cigarettes (31%) smoked by adults are smoked by adults with mental illness.

1 in 5

Nearly 1 in 5 adults (or 45.7 million adults) have some form of mental illness.

*Mental illness is defined as a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance abuse disorder.

Source: CDC Vital Signs, February 2013 | www.cdc.gov/vitalsigns

'HANDS-ONLY' CPR TAUGHT TO SAVE LIVES

In honor of National CPR Day on June 4, twelve Emergency Medical Services (EMS) agencies from around the county taught 879 county residents "hands-only" CPR during the lunch hour at 20 different locations.

"Hands-only CPR can literally be taught in five minutes, yet this simple skill could save a person's life should they suffer a heart attack," said Health Agency EMS Division Director Steve Lieberman. "It's so easy, and early bystander CPR is a critical component of the chain of survival."

Heart disease is the leading cause of death nationally, with an estimated 630,000 deaths per year in the United States. Studies show that prompt, effective delivery of CPR can nearly triple a victim's chance of survival by helping maintain vital blood flow to the heart and brain. For every minute without bystander CPR, survival from cardiac arrest decreases 7 to 10 percent.



"I thank all the agencies who participated in this event," Lieberman said. "We were thrilled to have the support of our EMS partners including fire departments, ambulance providers, and hospitals. Their efforts may have saved a life in the future!"

HEALTH AGENCY STAFF RECEIVE FEMA TRAINING

Seventy five county representatives attended a four-day Integrated Emergency Management Course at the FEMA Emergency Management Institute in Emmitsburg, MD in April. The course helped prepare county representatives for a disaster situation by participating in a disaster simulation after several days of classroom education.

Representing the SLO County Health Agency was:

Dr. Penny Borenstein	County Health Officer
Dave Boorman	Program Supervisor, Behavioral Health
Scott Milner	Environmental Health Specialist III
Steve Lieberman	EMS Division Director

In the disaster simulation, Health Agency staff joined representatives from law enforcement, fire, public works, relief organizations, city and county administration, the business community and elected officials, to form a unified command to address a multi-jurisdictional response.

The disaster scenario was set on the Fourth of July and included a major Alaskan earthquake and resulting



tsunami, which devastated much of the Central Coast. Issues addressed included water, wastewater, agricultural

contamination, hazardous waste, mass casualties and the emotional impact of such an event. The command team spent a significant amount of time addressing short- and long-term recovery strategies.

This training was a result of a two-year process, the Five Cities Fire Authority was recently awarded a training grant at the institute, which shares its campus with the National Fire Academy. The grant covered travel and lodging costs for all 75 representatives.

Given the impact of recent events, including the Oklahoma tornadoes and the Boston Marathon bombing, this all-hazards-based training was invaluable, building relationships across functional, geographic and political boundaries that will be critical to San Luis Obispo County emergency planning and preparedness efforts in the future.



MINORS CAN NOW CONSENT TO STD PREVENTION SERVICES

In most cases, parents have the right to consent to health care on behalf of their minor children. However, there are situations in which minors may consent to their own health care.

In California, minors age 12 and older have the right to confidential medical services for the testing and treatment of sexually transmitted diseases (STDs); AB 499 expanded these rights in 2012 to include STD preventative care services. Adolescents aged 12 through 17 years no longer need their parents' consent for STD prevention services, such as Hepatitis B and human papillomavirus (HPV) vaccinations or for HIV pre- and post-exposure medications.

Access to preventive care for teens is critical. In fact, a study recently published in [The Journal of Infectious Diseases](#) reports that in the first four years of immunizations, infections from the four strains of HPV targeted by the vaccines plummeted by more than half among 14-to-19-year-olds in the United States. The Centers for Disease Control and Prevention (CDC) Director Tom Frieden said in a recent CDC press release that this report "should be a wake-up call to our nation" and urged that we increase our vaccination rates for young girls and boys.

Educating teens and physicians about the minor consent laws will improve access to STD preventative care and, in turn, save lives.

CONSIDERATIONS FOR HEALTH CARE PROVIDERS

Parents may not legally prevent their adolescent child from seeking a confidential HPV or Hepatitis B vaccination, and parents cannot be held financially responsible for vaccinations consented to by their child.

Health care providers are not permitted to inform a parent or legal guardian without the minor's consent, and records of a confidential STD medical service must not be shared with a parent without signed authorization from the minor.

There is no law that requires providers to record a vaccination in the California Immunization Registry (CAIR), and immunization data about minors in CAIR may be accessible to parents. Providers should, however, encourage minor patients to share their immunization history with their primary care provider to avoid inadvertently repeating vaccinations.

Additional information about minor consent is available from the California Immunization Coalition's FAQ sheet: CA Law on Minor Consent for STD Prevention Services, January 2013, which can be downloaded at www.immunizeca.org, and from www.teenhealthlaw.org/minorconsent, which also offers handy reference charts and tools for California's minor consent laws.

CHRONIC DISEASE PREVENTION FRAMEWORK

Chronic diseases such as heart disease, stroke, cancer and diabetes are among the most prevalent, costly and preventable of all health problems.

According to the World Health Organization, chronic diseases are by far the leading cause of mortality in the world, representing 60 percent of all deaths. In the United States, chronic disease is the main factor driving health care costs.

Local statistics mirror what is happening in the world at large. The most recent Community Health Status Report, published by the SLO County Public Health Department in January 2012, found that 54.8 percent of deaths of SLO County residents were due to the three leading causes: heart disease, cancer and stroke.

In response to the problem, the California Conference of Local Health Officers and the California Health Executives Association formed a leadership team to develop a chronic disease framework, to help build capacity in local health departments in order to make chronic disease prevention a priority.

The framework was unveiled to an enthusiastic audience at a conference in Sacramento in April. It builds on the successful California tobacco control strategy, where individual and community change were achieved through environmental, policy and institutional practices. The framework recognizes that funding is critical to support sustainability, and that improvement in chronic disease outcomes can take many years to materialize.

To view the framework in its entirety visit www.cdph.ca.gov/programs/cclho/Documents/ChronicDiseaseReportFINAL.pdf

SAN LUIS OBISPO COUNTY REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	LAST YEAR 2012		CURRENT YEAR 2013	
	QUARTER ENDING 6/30	TOTAL CASES	QUARTER ENDING 6/30	TOTAL CASES
AIDS/HIV	0	4/11	0	3/11
Campylobacteriosis	22	79	20	29
Chlamydial Infections	216	870	310	540
Coccidioidomycosis	37	141	25	56
Cryptosporidiosis	3	8	1	3
E. Coli	0	8	2	3
Giardiasis	5	13	1	7
Gonorrhea	27	86	15	24
Hepatitis A	1	4	0	0
Hepatitis B (Chronic)	6	36	9	18
Hepatitis C (Community)	90	357	65	134
Hepatitis C (Correctional)	78	337	74	138
Lyme Disease	0	2	0	1
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	0	4	0	1
Meningitis (Viral)	4	11	8	12
MRSA	1	1	0	0
Pertussis	7	14	4	6
Rubella	0	0	0	0
Salmonellosis	9	43	10	17
Shigellosis	5	10	3	3
Syphilis (Primary/Secondary)	0	3	0	3
Tuberculosis	0	4	1	3

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 County as their primary residence and are reported as having a communicable disease are reported in their primary County of Residence.



SAN LUIS OBISPO COUNTY
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93442

SLO COUNTY CHILDREN RIDE SAFER IN CARS

Over 200 child safety car seats have been checked and distributed locally since October 2013, thanks to a grant the Public Health Department received from the Office of Traffic Safety to help improve child passenger safety.

The grant allows the Public Health Department to provide car seats for low-income families who don't have resources to purchase them, and also helps fund check-up events in the community. Collaborators on this project include the California Highway Patrol and many non-profit organizations.

At local car seat check-up events, technicians discovered that almost 80 percent of child safety seats were installed incorrectly.

Two important California laws have been passed in the past several years that aim to increase safe car travel for children:

- As of January 2012, children under the age of 8 must be secured in a car seat or booster seat in the back seat of the car. Children age 8 or older, or who are 4 feet 9 inches or taller, may use the vehicle seat belt if it

fits properly with the lap belt low on the hips, and the shoulder belt crosses the center of the chest. If children are not tall enough for proper belt fit, they must ride in a booster or car seat.

- Effective January 2013, hospitals, clinics, and/or birthing centers must provide parents and caregivers with information regarding child safety seat requirements, installation, and inspection when discharging children under the age of 8 years from their care.

For more information on the Child Passenger Safety Program, please contact Jacob Rich at (805) 781-4944 or jrich@co.slo.ca.us.

