

# BULLETIN

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

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**Public Health**  
Prevent. Promote. Protect.

## HEALTH OFFICER NOTES

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

### NEW SCHOOL VACCINE LAW: MAKES ONE STOP AND THINK

Health care providers have a new opportunity to educate parents about the value of vaccinations for their own children, as well as, the community.

California law requires students be vaccinated against diseases like polio, measles and whooping cough before they can attend school, but, parents have been allowed to easily opt out of this requirement by signing a Personal Belief Exemption form. Since fitting in the necessary vaccinations before the school

year can add to a parent's already hectic schedule, some parents have claimed the Personal Belief Exemption out of convenience rather than conviction.

This risky option is not the convenient loophole it once was. As of January 1, 2014, a new state law (AB 2109) retains a parent's ability to opt out for personal beliefs, but, the Personal Belief Exemption form must now include the signature of a health care provider attesting that the provider has informed the parent about the risks and benefits of the immunizations.

This change could be particularly significant for San Luis Obispo County as parents in our County claim the Personal Belief Exemption at a higher rate than the statewide average.



Photo credit: CDC

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Age Group	SLO County	California
Enrolled in Child Care	5.22%	2.91%
Kindergarten Students	5.68%	2.79%
7th Grade Students	5.98%	2.25%

Our County’s rate of Personal Belief Exemptions affects more than families with children, it affects our whole community. Community Immunity, also called Herd Immunity, is when the vaccinated community helps protect those who are unvaccinated against contagious diseases. Diseases cannot spread as easily when most people are immunized, and this protects those who are not immune, such as infants, pregnant women, and people with compromised immune systems due to disease or medical treatments.

I am optimistic that our County’s rate of Personal Belief Exemptions will decrease as more health care providers educate parents about vaccines and how immunization protects their children and community against disease.

Information about the Personal Belief Exemption and the form are available on the Shots for School website: [www.shotsforschool.org](http://www.shotsforschool.org).

Thank you for your attention,



## PESTICIDE ILLNESS IS A REPORTABLE CONDITION

Health care providers must report known or suspected pesticide poisonings to the local Health Officer within 24 hours (Health and Safety Code §105200). In SLO County, providers may fax their Pesticide Illness Report forms to 805-781-5543 or submit their reports via the CalREDIE Provider Portal.

Information on reporting requirements and the Pesticide Illness Report form are available at the State Office of Environmental Health Hazard Assessment (OEHHA): <http://www.oehha.org/pesticides/programs/Pestrpt.html>

Information for physicians and diagnostic laboratories is available through the Department of Pesticide Regulation: <http://www.cdpr.ca.gov/docs/whs/physician.htm>

## ENVIRONMENTAL HEALTH RECEIVES LEADERSHIP IN INNOVATION AWARD



Decade Software is a national company that makes EnvisionConnect, a software product used by Environmental Health (EH) Departments across the country. The SLO EH Division purchased the software in 1999. EH Specialists use tablets in their day to day work in the field and the software tracks the time per job, keeps a log of regulated facility permits and food inspection reports, it creates invoices, and even has a public portal that allows HazMat facilities to submit required documents online. According to Curt Batson, Division Manager, the software acts as the division’s “collective memory,” and while work demands have increased since 1999, only 2 field staff has been added due to the time-saving features that Decade offers.

In early November, EH staff went to a national conference sponsored by Decade in Fresno, California, and was surprised to receive the Leadership in Innovation Award. The company said that:

*San Luis Obispo County has fully invested in the technology and their own resources to better their business practices by deploying bar codes, comprehensive discount methods, and investigating and reporting issues. They purposefully engage with Decade to suggest new features and they take the time to understand the product, in order to ensure they are getting the most out of the system.*

Congratulations to management and staff for their excellent, fiscally responsible work!

## A MATTER OF BALANCE

According to the Centers for Disease Control, one out of three older adults (those aged 65 or older) fall each year but less than half talk to their healthcare providers about it. Among older adults, falls are the leading cause of both fatal and nonfatal injuries and the direct medical costs of falls, adjusted for inflation, were estimated to be \$30 billion in 2010. The SLO Emergency Medical Services (EMS) Division tracks trauma calls each year and in both 2011 and 2012, falls accounted for about 54% of all local trauma calls and people over the age of 60 accounted for 74% of all falls.

In response to the problem, SLO Public Health, in collaboration with the Area Agency on Aging, Sierra Vista Regional Medical Center, and members of the Injury Prevention Coalition, gathered startup funds to begin offering a free class for older adults called A Matter of Balance: Managing Concerns about Falls. A Matter of Balance is an eight week, evidence-based program designed to reduce the fear of falling and increase the activity levels of older adults. It is based upon research conducted by the Roybal Center for Enhancement of Late-Life Function at Boston University.

Classes start February 25 at Sierra Vista Regional Medical Center in San Luis Obispo. For more information, contact Kathleen Karle at 781-4929.



Photo by John I. Tokaris



Photo by Alex Montenko

## FINGERSTICK BLOOD LEAD TESTS NOW AT PUBLIC HEALTH

The Public Health Department is now performing capillary blood testing for lead screening – a practical alternative to obtaining venous blood samples from children.

Children should be screened for lead at age one and again at age two. Children not previously screened should be tested at age six. Elevated blood lead results obtained on capillary specimens must be confirmed using venous blood.

The test requires a physician's order and is covered by most insurance plans. Fingerstick blood lead screening is available by appointment at the following Public Health sites:

San Luis Obispo Clinic  
2191 Johnson Ave.  
805-781-5500

Paso Robles Clinic  
723 Walnut Drive  
805-237-3050

Grover Beach Clinic  
286 S. 16<sup>th</sup> Street  
805-473-7050

Physicians are encouraged to contact the San Luis Obispo County Childhood Lead Poisoning Prevention Program at (805)781-5500 for consultation or case management.

Additional information is available at the Childhood Lead Poisoning Prevention Branch, California Department of Public Health: <http://www.cdph.ca.gov/programs/CLPPB/Pages/default.aspx> or call (510) 620-5600.

## IMMUNIZATION UPDATE: TDAP VACCINATION WITH EVERY PREGNANCY

In 2010, California reported over 9,000 cases of pertussis, including 10 infant deaths (all three months of age or younger). Pertussis continues to be a threat in California, though the magnitude varies as the number of susceptible person's waxes and wanes. Historically, cycles occurred every 3 – 5 between years of higher incidence; thus, cases are likely to increase between 2013 and 2015, as compared to 2011 and 2012.

Infants younger than two months of age are most susceptible to hospitalization or death from pertussis. Early evidence suggests that vaccinating pregnant women with tetanus toxoid, reduced diphtheria toxoid and cellular pertussis vaccine (Tdap) in the third trimester can prevent pertussis in young infants through maternal antibodies transferred through the placenta. Optimal timing for Tdap administration in pregnant women is between 27 and 36 weeks gestation.

In October 2012, the Federal Advisory Committee on Immunization Practices (ACIP) updated their recommendations for the use of tetanus toxoid, reduced diphtheria toxoid and Tdap in pregnant women.



Photo by Molly Darling

Pregnant women are now recommended to receive a dose of Tdap with every pregnancy, irrespective of their prior history of receiving Tdap.

If Tdap is not administered during pregnancy, it should be administered immediately postpartum. This will not provide direct protection to the infant, but may prevent transmission of pertussis from

mother to infant. Similarly, those in contact with infants should also receive the Tdap vaccine if they have not already done so.

Remember to immunize all pregnant women with Tdap in the third trimester to protect all infants and provide them with a healthy start in life.

ACIP Recommendations:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>

Educational Materials: <http://eziz.org/resources/pertussis-promo-materials/>

## NEW TESTS FOR GASTROENTERITIS DIAGNOSIS

Many people will end up sick this winter and will experience debilitating gastrointestinal illness. A few will even end up in the hospital due to dehydration. Although commonly referred to as the “stomach flu”, this condition has no relation to influenza. Considered highly contagious, as few as 10 viral particles are sufficient to infect an individual. Although cases can be seen throughout the year, outbreaks are more common in winter months when people spend more time indoors, in close proximity.

Noroviruses, previously called Norwalk virus, and small, round, structured viruses are a cause of many outbreaks of viral gastroenteritis infections (VGIs) during winter months. This group of viruses has been a notable cause of VGI outbreaks aboard cruise ships. But in reality the number of agents that can cause diarrheal illness, including viruses, bacteria, parasite and toxins, is huge.

Fortunately, the SLO Public Health Laboratory can now diagnose the majority of this diverse array of agents using the Gastrointestinal Pathogen PCR Panel (GPP). Offered to hospital and community physicians, the GPP can determine the cause of serious illness, and is an important investigation tool in the setting of GI outbreaks. This panel of molecular amplification tests can detect: Rotavirus A, Norovirus GI/GII, Salmonella, Shigella, Campylobacter, Clostridium difficile Toxin A/B (“CDiff”), Enterotoxigenic E coli (ETEC) LT/ST, Shigatoxin-producing E coli Escherichia coli O157 (stx1/stx 2), Giardia lamblia, Cryptosporidium, Adenovirus 40/41, Entamoeba histolytica, Vibrio spp, and Yersinia spp. These new tests promise to remove some of the guess work in diagnosing gastroenteritis. For more information, contact the Public Health Laboratory Director, Dr. James Beebe at 805-781-5512 or visit [www.SLOpublichealth.org/lab](http://www.SLOpublichealth.org/lab).

# JOIN SAN LUIS OBISPO COUNTY MEDICAL RESERVE CORPS

The San Luis Obispo County Medical Reserve Corps (SLOMRC) is looking for health care professionals willing to serve our community's public health needs during a disaster.

SLOMRC volunteers receive training to respond and assist local emergency responders and public health professionals in public health emergencies. SLOMRC is a valuable resource during public health emergencies because volunteers fulfill staffing needs critical to a large-scale emergency response. SLOMRC offers ongoing training and networking opportunities for members during non-emergency times and is a great way to get involved in the public health community.



If you are interested in volunteering through the Medical Reserve Corps visit [www.slopublichealth.org/MRC](http://www.slopublichealth.org/MRC) for more information or contact MRC Coordinator Elizabeth Merson at [slomrc@aol.com](mailto:slomrc@aol.com) or (805) 295-8672

## SAN LUIS OBISPO COUNTY REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	LAST YEAR 2012		CURRENT YEAR 2013	
	QUARTER ENDING 12/31/2012	TOTAL CASES	QUARTER ENDING 12/31/2013	TOTAL CASES
AIDS/HIV	0/1	3/11	1/2	9/16
Campylobacteriosis	9	78	17	77
Chlamydial Infections	202	866	235	967
Coccidiomycosis	23	139	11	82
Cryptosporidiosis	0	8	2	5
E. Coli	2	8	2	13
Giardiasis	5	13	0	10
Gonorrhea	16	86	18	57
Hepatitis A	2	4	0	2
Hepatitis B (Chronic)	8	34	6	27
Hepatitis C (Community)	111	357	92	268
Hepatitis C (Correctional)	72	337	61	274
Lyme Disease	0	1	0	1
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	1	3	0	0
Meningitis (Viral)	0	3	2	17
MRSA	0	1	1	2
Pertussis	2	13	0	13
Rubella	0	0	0	0
Salmonellosis	7	43	7	39
Shigellosis	0	1	1	4
Syphilis (Primary/Secondary)	3	10	1	6
Tuberculosis	1	3	1	4

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  
 PUBLIC HEALTH DEPARTMENT  
 2191 Johnson Avenue  
 San Luis Obispo, CA 93401

PRSR STD  
 U.S. POSTAGE PAID  
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 93442

Email us at [SLOpublichealth@co.slo.ca.us](mailto:SLOpublichealth@co.slo.ca.us) to subscribe, unsubscribe, or send us your suggestions.

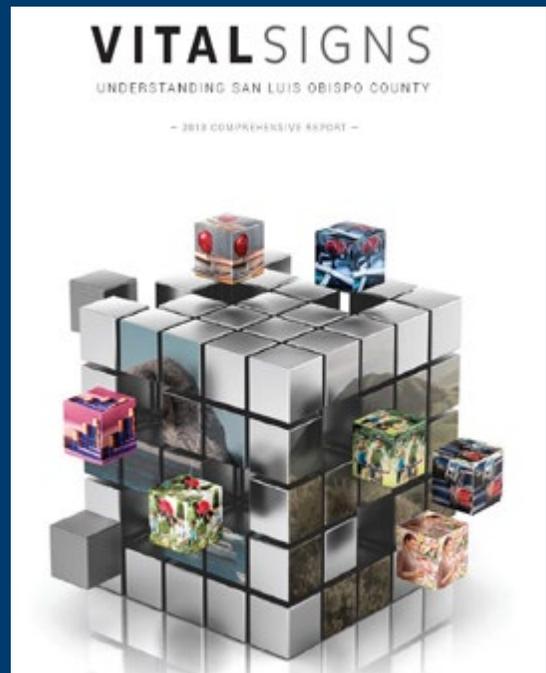
## VITAL SIGNS – UNDERSTANDING SAN LUIS OBISPO COUNTY

A Trend Report by ACTION for Healthy Communities

The latest (and sixth) quality of life indicator report by ACTION for Healthy Communities was released on December 3, 2013. The new title, “*Vital Signs – Understanding San Luis Obispo County*”, reflects the report’s ability to highlight key community issues for local organizations to monitor as they conduct their work.

Through the hard work of local health coalitions, the needle is moving in the right direction. The percentage of county adults with BMI greater than 25 (overweight or obese) has dropped and the percentage of mothers receiving adequate prenatal care has increased. Both rates are now better than the state average. The percentage of 11th graders in the county who have had a cigarette in the past month is down, as is the percentage of adult respondents who smoked in the home.

*Vital Signs – Understanding San Luis Obispo County* is based on primary (public opinion) and secondary (empirical trend) data that are gathered for a series of indicators in seven areas: basic needs, education, the economy, health, physical environment, public safety, and social environment. The full report is available online at [www.ActionSLO.org](http://www.ActionSLO.org)



*ACTION for Healthy Communities is a collaborative public and private organizations committed to improving the overall quality of life in San Luis Obispo County. ACTION completed its first benchmark study of community issues in 1999. For further information, contact ACTION for Healthy Communities, c/o The Community Foundation San Luis Obispo County, 550 Dana Street, SLO, CA 93401.*