

BULLETIN

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IN THIS ISSUE

VALLEY FEVER: DANGER IN THE DIRT 1

COMPASSIONATE CARE FOR SURVIVORS OF SEXUAL VIOLENCE 3

MEDI-CAL RE-ENROLLMENT HELP IS AVAILABLE 4

WELCOME PHAPS! 4

NEXT GENERATION SEQUENCING HAS ARRIVED 5

REPORTED CASES OF SELECTED COMMUNICABLE DISEASES 5

EVERY WOMAN COUNTS 6

HEALTH OFFICER NOTES

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VALLEY FEVER: DANGER IN THE DIRT



Photo credit: Flickr- Michael Carl

Coccidioidomycosis, also known as “cocci” and commonly referred to as Valley fever because of its prevalence in the Central Valley region, is a respiratory disease that can be devastating for some. Valley fever represents a substantial public health problem, the true scale of which remains under-recognized. A lack of awareness of the disease has resulted in misdiagnosis and under reporting, and consequently, thousands of cases go undetected and untreated every year. More awareness by the public and by the medical community could reveal much higher numbers of cases.

Research suggests reported cases of Valley fever represent approximately 10% of the total number. In 2012, over 17,000 cases were reported in the U.S., of which 70% were from Arizona and almost 30% from California. The areas in California where Valley fever is considered highly endemic include the Central

CONTINUED ON PAGE 2



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Valley region and the coastal counties of Monterey and San Luis Obispo. Many cases in San Luis Obispo are from the dry and often windy, eastern part of the county.

People can become infected with Valley fever by inhaling microscopic spores of the fungus *Coccidioides* that lives in the soil. Exposure occurs after fungal spores become airborne and are inhaled because of either windy conditions or soil disruption. Anyone who lives, works or visits an area with Valley fever can be infected. Animals, especially dogs, can also be infected. Valley fever is not contagious and cannot be spread from one person or animal to another.

About 60% of people infected with Valley fever have no symptoms and will fight off the infection naturally. The people who get sick usually develop a flu-like illness one to three weeks after exposure to the fungus. Symptoms can last a month or more and may include fever, fatigue, joint aches, cough, chest pain, a rash, and weight loss. In others, it produces various progressive pulmonary syndromes or the infection spreads to other parts of the body. Valley fever is life threatening and even fatal for less than 2% of those infected. Although research is underway, there is no cure or vaccine for the disease at this time.

A lack of awareness about this disease can lead to significant delays in diagnosis and treatment. Moderate cases of Valley fever cause a pulmonary disease indistinguishable from community-acquired pneumonia. Patients are often prescribed courses of antibiotics, which have no impact on

the fungus. Clinicians should consider and test for Valley fever in patients who live or work in an endemic region (San Luis Obispo County) or who have traveled to these areas and who show signs and symptoms of pneumonia.

Furthermore, I would like to remind our medical community that clinicians are required to [report laboratory confirmed cases of Coccidioidomycosis](#) to the [local health department](#).

Reporting enables public health officials to better understand the epidemiology of Valley fever and to use this information to develop targeted intervention to decrease rates of illness.

Our region's forecast for heavy rains this winter followed by a continuation of the drought will provide the optimum environment for *Coccidioides* proliferation and airborne release. Peak infection rates occur in the driest periods of the year; therefore, I encourage our medical community, especially primary care providers, to learn more about Valley fever before summer arrives. The [Valley Fever Center for Excellence](#) provides [free training](#) resources to all clinicians, including online CME for Primary Care Physicians. More information about valley fever is available from the [CDC](#) and at [Valley Fever Center for Excellence](#), or you can read our report [Epidemiologic Profile of Coccidioidomycosis in San Luis Obispo County, 1996-2012](#).

Thank you for your attention,

90% of patients in endemic areas diagnosed with community-acquired pneumonia may actually have Valley fever!

COMPASSIONATE CARE FOR SURVIVORS OF SEXUAL VIOLENCE

We are fortunate to have many exceptional employees at the Public Health Department, and we are especially honored when their exceptionalism is also recognized by others.

Such was the case when [RISE](#), a non-profit organization that provides crisis intervention services, recently presented Public Health Nurse Practitioner Buffy Ramirez with the 2015 RISE UP Respect Award in recognition of her work and dedication to helping survivors of sexual and intimate partner violence.

Buffy has been with the Public Health Department for over 20 years providing family planning services for SLO County residents. Seven years ago, she decided to take on a new challenge and became trained as a Sexual Assault Nurse Examiner and filled the role as coordinator for the Public Health Department's [Suspected Abuse Response Team](#), or "SART" program.

SART is a victim-sensitive program with a team approach to responding to sexual assault and abuse. The multidisciplinary team responds 24 hours a day, 7 days a week and, depending on the victim's needs, may include a specially trained forensic nurse examiner or pediatrician to provide a medical examination, a victim advocate to provide emotional support and information, and a law enforcement officer or a social worker to provide emergency assistance and conduct an investigation.



Buffy Ramirez receives the 2015 RISE UP Respect Award from Jennifer Adams, executive director of RISE at the September Wine, Women & Shoes event.

Communities throughout the United States began establishing SART programs in the 1970s to address the significant difficulties victims of sexual violence would often encounter during the post-assault process and the resulting retraumatization of the victim. Today, every county in California is required to have a SART program, and SLO County has the distinction of forming California's first SART program in 1978!

While Buffy coordinates the program's team of specially trained forensic nurse examiners, Dr. Nisha Abdul Cader serves as the SART medical director and provides forensic pediatric examinations when the patient is a child. SART examinations are available with or without law enforcement involvement and are provided at no cost to the patient.

Examinations take place in the SART office, a calm and private setting where patients are given a comforting quilt to hold and take home with them. Patients are often accompanied by an advocate or other personal support person. The nurse or physician forensic examiner will explain each part of the examination in advance and ensure the patient is fully informed and consents to both the medical and evidentiary components. The patient is always in control and can decline any part of the examination process.

After obtaining the patient's medical history and description of the assault, the forensic examiner will conduct a head-to-toe assessment of the patient looking for signs of injury or trauma and then document and photograph physical findings and collect forensic evidence. The examination may also include treatment or prescriptions to prevent sexually transmitted diseases and referrals for additional medical care.

The forensic examiner will send DNA swabs directly to a crime lab for analysis. If a patient chooses not to involve law enforcement, all forensic evidence, including DNA testing results, will remain securely stored at the SART office for five years should the patient later decide to report the crime.

Buffy and her team of forensic examiners like to remind their patients that reaching out for help is an important step towards recovery.

[SART](#): 805-781-4878

[RISE](#) toll-free 24-hr crisis line: 855-886-RISE(7473)

MEDI-CAL RE-ENROLLMENT HELP IS AVAILABLE

Since July 2014, the Public Health Department's Health Care Services (HCS) Division has been funded through a grant from the California Department of Health Care Services to conduct outreach and Medi-Cal enrollment assistance to individuals in certain target groups. The goal of the grant is to help people obtain medical coverage under [expanded Medi-Cal](#) eligibility guidelines offered under the Affordable Care Act (ACA). According to an August 2014 Op-Ed in the LA Times, there has been an explosion in Medi-Cal enrollment in California since the ACA, with nearly 30% of the state's population becoming Medi-Cal beneficiaries.

A longstanding issue with Medi-Cal coverage is that many people lose their benefits after a year because they fail to complete the re-enrollment forms. The California Healthcare

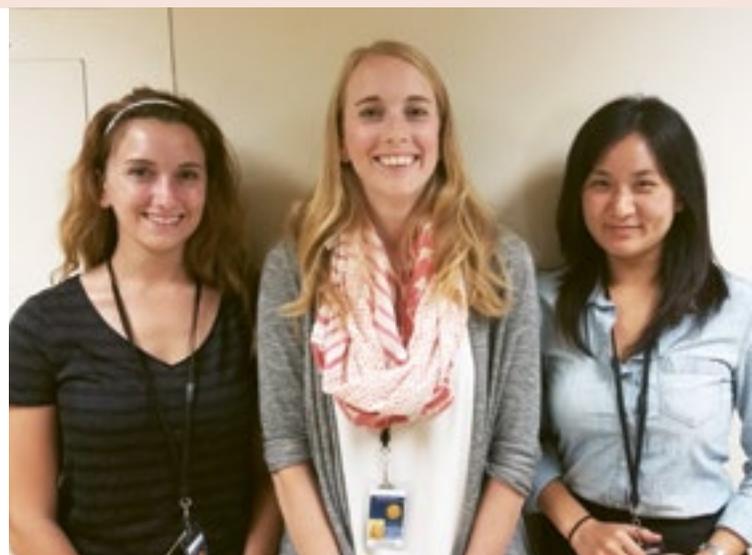
Foundation published a 2013 report, [Medi-Cal Facts and Figures: A Program Transforms](#), that found only 52% of Federal Poverty Level Medi-Cal recipients were enrolled for more than a year.

In March 2015, the HCS Division received continued funding to help individuals re-enroll in Medi-Cal when their annual eligibility is assessed. To implement the program, the Division is coordinating with two community based organizations that have a history of helping people obtain health care services: [Transitions Mental Health Association](#) and [Access Support Network](#). These two partners, along with the [Department of Social Services](#), have coordinated since the start of the grant to troubleshoot the re-enrollment process and assist in solving complicated cases. The grant will continue throughout the 2015-16 fiscal year. If you know anyone that receives a Medi-Cal re-enrollment notice in the mail and doesn't know how to respond, feel free to direct them to HCS staff at 781-4838.

WELCOME PHAPS!

The Public Health Associate Program (PHAP) is a competitive, two-year, paid training program with the [Centers for Disease Control and Prevention](#). PHAP associates are assigned to public health agencies across the country and work with professionals in a variety of public health settings. Throughout the two-year training program, associates gain hands-on experience that will serve as a foundation for their public health careers.

San Luis Obispo has had PHAP associates placed with us since 2011. Starting in October, we were extremely fortunate to get three new associates.



Pictured Left to Right: Hilary Gleske, Shantal Hover & Theresa Yu

- Hilary Gleske was born and raised in Ohio and received her BA in International Development at Ohio State. She also received a MPH in epidemiology at Georgia State. Hilary will be working in Community Wellness, focusing on nutrition and physical activity education and outreach.
- Shantal Hover lived in many places around the world before getting her BS in Biology and her MPH in Infectious Diseases, both at Virginia Tech. Shantal will start working in Injury Prevention, focusing on car seat, bike, and pedestrian safety.
- Theresa Yu comes to us from the Bay Area. She received her BS in Health Sciences at San Jose State University. She will be working with our epidemiologist on disease surveillance.

NEXT GENERATION SEQUENCING HAS ARRIVED

Bacteria have chromosomes with a daunting amount of information—3 to 6 million nucleotide bases. The newest technology—called Next Generation Sequencing (or NGS)—can map the entire genome of a bacterium such *Neisseria gonorrhoeae* overnight, a task that used to take months. For the first time, NGS has been applied by the State Laboratory to a series of cases of disseminated gonococcal infection (DGI) seen in SLO county in the past year. Gonococcal infections have been on the rise, but DGI is seen so rarely that eight cases caught the state’s attention.

Of eight cases, the SLO Public Health lab had four living cultures—each from a different patient’s blood or joint fluid—

and submitted them to the State Lab for NGS testing. State lab scientists reported two distinct clusters of two cases each that do not relate to one another. Unfortunately the agent of gonorrhea is not always cultivated from specimens; diagnosis may hinge on a molecular test and clinical indicators—signs and symptoms. For this reason, only four of the eight cases were available for this advanced testing.

The results of this testing indicates that the increase in DGI case reports is not due to a single new strain, but may be due to two or more strains. The finding is intriguing, and may allow further epidemiologic inquiry knowing that some patients may have an exposure circumstance dissimilar to others.

SAN LUIS OBISPO COUNTY REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	YEAR 2014					YEAR 2015														
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Total Cases	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Year to Date										
AIDS/HIV	1	2	2	3	2	0	0	4	5	9	1	4	1	2	1	5			3	11
Campylobacteriosis	12	24	15	24	75	12	15	29			56									
Chlamydial Infections	258	245	226	305	1034	291	230	254			775									
Coccidioidomycosis	12	10	9	8	39	14	9	8			31									
Cryptosporidiosis	4	2	2	1	9	0	1	3			4									
E. Coli	2	1	7	5	15	5	3	4			12									
Giardiasis	2	1	5	2	10	4	2	5			11									
Gonorrhea	29	40	39	45	153	28	31	32			91									
Hepatitis A	0	0	0	0	0	0	0	0			0									
Hepatitis B (Chronic)	12	7	7	11	37	3	2	9			14									
Hepatitis C (Community)	105	97	54	72	328	50	64	84			198									
Hepatitis C (Correctional)	58	58	57	52	225	42	36	39			117									
Lyme Disease	1	0	1	0	2	1	1	1			3									
Measles (Rubeola)	0	0	0	0	0	0	0	0			0									
Meningitis (Bacterial)	1	1	2	3	7	1	2	1			4									
Meningitis (Viral)	0	7	7	4	18	4	4	4			12									
MRSA	0	0	2	0	2	0	0	0			0									
Pertussis	3	12	25	3	43	4	7	5			16									
Rubella	0	0	0	0	0	0	0	0			0									
Salmonellosis	9	11	9	11	40	11	13	13			37									
Shigellosis	0	0	2	5	7	1	1	1			3									
Syphilis (Primary/Secondary)	1	0	0	4	5	1	1	3			5									
Tuberculosis	1	1	0	1	3	0	0	0			0									

For more information, please visit the SLO County Epidemiology Data and Publications website. 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 SLO County residents only. Persons who do not list SLO County as their primary residence and are reported as having a communicable disease are reported in their primary county of residence. Case counts may change over time, as cases currently under investigation are resolved they are added to the totals.



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Email us at SLOpublichealth@co.slo.ca.us to subscribe, unsubscribe, or send us your suggestions.

EVERY WOMAN COUNTS

According to the [California Cancer Registry](#), nearly one out of every two Californians born today will have cancer at some point in their lives, and it is likely that one in five will die of the disease. Breast cancer accounts for nearly 32% of all new cases of cancer in Californian women and uterine and cervical cancer account for 9% of new cases. One of the best pieces of news is that while breast cancer cases in women have decreased by 6%, mortality rates have decreased by 30% due to early detection and improved treatment options.

Every Woman Counts (EWC) provides free clinical breast exams, mammograms, pelvic exams, and Pap tests to California's underserved women. The mission of EWC is to save lives by preventing and reducing the devastating effects of cancer for Californians through education, early detection, diagnosis and treatment, and integrated preventive services. EWC participants must have household incomes at or below 200% of the Federal Poverty Level, they must be uninsured or underinsured, and they must not be eligible for these services through Medi-Cal or another government-sponsored program. Breast cancer screening is provided for women over the age of 40; cervical cancer screening is provided for women 21 or older if they are unable to reproduce (the Family PACT program provides

comprehensive family planning services to women during their childbearing years).

Most women who are screened through EWC do not have cancer. For those who do, free treatment is provided through the Breast and Cervical Cancer Treatment Program. EWC is offered at the public health clinics in Paso Robles and San Luis Obispo. Public health also has an outreach worker who is available to make presentations to community groups about the services provided through EWC. For more information, contact the Paso Robles clinic at 805-237-3050.

