

BULLETIN

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

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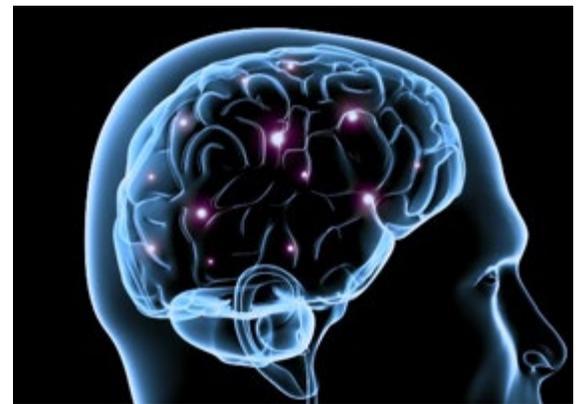
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HEALTH OFFICER NOTES

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CONCUSSION RISK IN YOUTH SPORTS

In recent years, the media coverage about sports-related concussions has helped raise awareness about this complex medical problem and public health risk. While the media has mainly focused on college and professional football, public health officials are focused on where concussion risk starts—at the youth level, and in any sport or recreational activity with potential for hard impact or jolt.



Concussions can have a serious effect on young, developing brains, and can cause short- and long-term problems affecting how a child thinks, acts, learns, and feels. Multiple concussions are dangerous for anyone, but children and adolescents are at increased susceptibility for repeat concussion, delayed recovery, and long-term physical and cognitive problems.

Despite the growing attention and mounting evidence about the critical nature of concussions, many athletes, of all ages, are still reluctant to self-report symptoms of concussion and adhere to treatment plans. A 2014 report from the Institute of Medicine and National Research Council stated that “increased knowledge about concussions in the absence of changes in attitude” may not be enough to persuade athletes to self-report¹. The report attributed this behavior to a “culture of resistance,” and that “athletes, their teammates, and, in some cases, coaches and parents may not fully appreciate the health threats posed by concussions.”

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Public Health
Prevent. Promote. Protect.



All parents, school professionals, caregivers, coaches, athletes, and participants in recreational activities and sports need to learn the signs and symptoms of concussion and what to do if one occurs. Recognizing and properly responding to concussion symptoms when they first occur can help prevent further injury. Seek medical attention right away if you or someone you know has an injury to the head and you notice ANY signs and symptoms of a brain injury.

Signs and symptoms can range from subtle to obvious. Only ten percent of concussions result in loss of consciousness. While symptoms usually manifest right after the injury, symptoms in children and adolescents are often delayed, appearing hours to days later. Duration of symptoms is highly variable. Only health care providers trained in the diagnosis and management of concussions can determine the diagnosis and severity of a head injury. With proper diagnosis and management, most kids with a concussion feel better within a couple of weeks, but some will have symptoms for much longer.

- CONCUSSION SIGNS OBSERVED**
- Can't recall events prior to or after a hit or fall
 - Appears dazed or stunned
 - Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent
 - Moves clumsily
 - Answers questions slowly
 - Loses consciousness (even briefly)
 - Shows mood, behavior, or personality changes

- CONCUSSION SYMPTOMS REPORTED**
- Headache or "pressure" in head
 - Nausea or vomiting
 - Balance problems or dizziness, or double or blurry vision
 - Bothered by light or noise
 - Feeling sluggish, hazy, foggy, or groggy
 - Confusion, or concentration or memory problems
 - Just not "feeling right," or "feeling down"

Both physical and cognitive rest is critical to help the brain heal after a concussion. Activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion symptoms to reappear or worsen. Because concussion symptoms may resolve before full cognitive recovery, students who are recovering from a concussion may require short-term accommodations upon returning to school.

Recently many states, schools, and sports leagues and organizations have created policies or action plans on concussion in organized youth and high school sports. Like all other states, California enacted legislation to address concussion management in school athletics, including education, removal from play, practice restrictions and physician oversight. Several government and private organizations offer educational materials to increase knowledge and awareness about youth sport and recreation related concussion. The CDC's Heads Up initiative provides fact sheets and training materials targeting key audiences (parents, coaches, school professionals, clinicians, and youth athletes) which are available to anyone and at no cost.

Organizational-level efforts alone will have shallow impact unless we can change a persistent element in sports culture that fails to believe all concussions are serious. A kid riding a skateboard or bicycle who decides not to wear a helmet, or a school athlete who decides to "tough it out" and not report concussion symptoms are unfortunate but familiar examples of the persistent culture of resistance.

Prevention strategies, symptom recognition, and evidence-based management are necessary to improve incidence rates and outcomes. Many of us have a role to play, and I suggest we build on the momentum of the current headlines to expand awareness and change the culture of resistance. Please visit the CDC's Heads Up program at www.cdc.gov/HeadsUp/ for information about concussion.

Play it safe and never ignore a head injury, no matter how minor.

My thanks to Stacey J. Ritter, MS, ATC, Director of Sports Medicine and Athletic Training at San Luis Sports Therapy, for her valuable insights into concussion management in high school athletics.

Thank you for your attention,



¹ Institute of Medicine (IOM) and National Research Council (NRC). 2014. Sports-related concussions in youth: Improving the science, changing the culture. Washington, DC: The National Academies Press. http://www.nap.edu/openbook.php?record_id=18377&page=R1.



OUTSIDE IN SLO

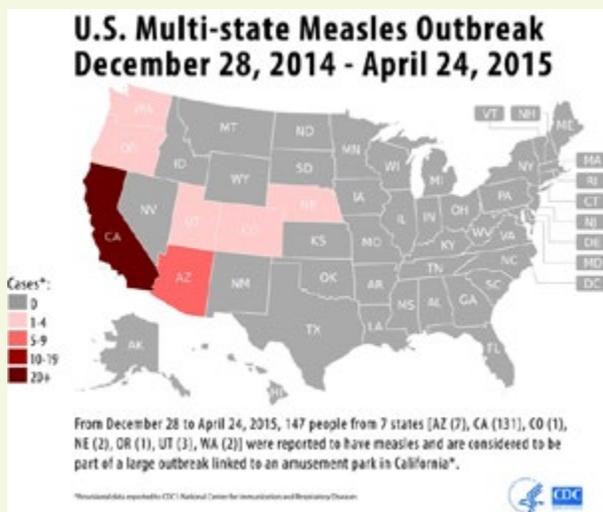
On April 9, 2015, Congresswoman Lois Capps visited Public Health to discuss the work being done by staff on OutsideIn SLO: We Take Health and Climate Change Personally. Congresswoman Capps stressed the importance of climate change messaging and was pleased with the efforts being made in San Luis Obispo.

Pictured with the Congresswoman are Public Health staff members (from left to right): Morgan Feld, Lois Capps, Sachi Oshima, Kenta Ishii, and Linda McClure.

MEASLES OUTBREAK DECLARED OVER

On April 17, 2015, California Department of Public Health (CDPH) officials announced that the measles outbreak that began in December 2014 is over. The outbreak was declared over because there had been no new measles cases related to the original Disneyland outbreak for two 21-day incubation periods, or 42 days.

The outbreak resulted in 131 measles cases in 12 California counties plus another 25 cases in six other states, Mexico and Canada. Fortunately, **no measles cases were reported in San Luis Obispo County.**



Even though the highly infectious virus bypassed our idyllic hamlet, an outbreak response was initiated by the local medical community, schools, child care providers, and the Public Health Department. Our response activities included the following:

- Provided consultation for health care providers with suspect cases
- Conducted interviews and investigations of potential contacts
- Tested 29 specimens for measles virus using real time PCR testing method
- Advised potentially infectious individuals on isolation and infection control precautions
- Conducted public outreach via TV and radio news interviews, newspaper editorial, school and child care advisory, and social media
- Received 100 doses of measles vaccine to administer to high-risk individuals
- Participated in weekly conference calls with CDPH
- Issued Health Advisories to local health providers, schools, and child care facilities
- Assessed current risk and immunity status of employees with potential for exposure to or transmission of measles to vulnerable clients
- Handled numerous calls from concerned individuals about measles vaccination

The measles outbreak illustrates that we live in a global community, and as long as the disease is common in other countries, we must continue to protect ourselves in all communities through high immunization rates. Public health departments cannot fight this battle alone; like most public health issues, we need your help. Join the fight against vaccine-preventable diseases, like measles, and get vaccinated—to protect yourself, your family, and your community!

VACCINE RECOMMENDATIONS

In 2013, San Luis Obispo County had 36 cases of vaccine preventable disease, in 2014 we had 54, and to date in 2015, we have had 9. This count includes such diseases as pertussis, acute hepatitis B, hepatitis A, mumps, and Haemophilis influenza type b (Hib). This does not count the number of seasonal influenza cases seen every year in our county, or Human Papillomavirus, as these are not reportable. Although vaccine reportable diseases had reached a record low in our country, that trend could stall, or even reverse without continuous attention from our health care providers.

Vaccine preventable diseases such as measles and pertussis (whooping cough) have been in the news lately, primarily due to the rising number of cases. Vaccines have helped save millions of lives in the past 100 years, but we can still do better. As a Public Health Department, we strive to make vaccines available to all those who seek them, but we cannot reach everyone. Private providers are the first line of defense in ensuring a healthy, adequately vaccinated population. Keeping informed of recommended vaccination schedules for children and adults can help everyone make informed decisions regarding their continued good health.

While many people recognize the importance of childhood vaccines, it is important to understand that every office visit, every patient contact is an opportunity to review a person's vaccination status, and make sure they are adequately vaccinated throughout their lifetime. Emerging evidence shows that some vaccine-based immunity can wane, and it is important to boost the immune response throughout a person's lifetime. As vaccine formulations have changed, so have their efficacy and ability to stimulate immunity over time. The switch from whole cell pertussis vaccine to an acellular vaccine seems to have contributed to a shortened period of protection. Tetanus immunity, long recognized to wane over time, may wane more quickly for those who are elderly or immunocompromised. In California, from 2008 to 2014, 21 cases of tetanus occurred in this population, five of whom died.

To prevent pertussis and tetanus, there are several vaccines available, appropriate at different times throughout a person's life. For children under seven, DTaP is the best choice, with specific age recommendations available at <http://www.cdc.gov/vaccines/acip/index.html>. For wounds that are not clean, and/or not minor, if the last tetanus containing vaccine was

more than five years previously, a booster should be given. For adults age 19 years and older who have not yet received a dose of Tdap, the CDC recommends they receive a single dose.



Photo Credit: CDC/Deborah Cartagena

Tdap should be administered regardless of the interval since the last tetanus or diphtheria toxoid-containing vaccine (e.g., Td). Pregnant women should receive Tdap during each pregnancy. For individuals over the age of 65, providers may administer any tetanus containing vaccine they have available.

While it is estimated that 84.6% of U.S. children aged 13-17 have received 4 or more doses of DTaP, only 62% of adults aged 19 and older are estimated to have received a tetanus toxoid containing vaccine in the previous 10 years. In the event of a wound that is not minor and clean, it is critical to assess the vaccination status of the patient, and provide appropriate post exposure prophylaxis (PEP). Recommendations for tetanus PEP are available at <http://www.bt.cdc.gov/disasters/disease/tetanus.asp>. For more information, see <http://www.cdc.gov/vaccines/>.

BE PREPARED!

The County of San Luis Obispo, Office of Emergency Services, and the Public Health Department want to support individuals with access and functional needs in planning for local and regional disasters. All individuals, with or without disabilities, can decrease the impact of a disaster by taking steps to prepare before an event occurs. Three steps for preparing for a disaster are:

- Get a kit of emergency supplies.
- Make a plan for what to do in an emergency.
- Be informed about what might happen.

For more information on disaster preparedness for individuals with access and functional needs, please visit our website: <http://www.slocounty.ca.gov/health/publichealth/btprep/afnpopulations.htm>

EMERGENCY RESPONSE SYSTEM EXERCISE

On January 21, 2015, the Public Health Department conducted a multi-disciplinary exercise to test emergency plans for responding to a multi-casualty hazardous material spill. Emergency responders from all over the county participated in the exercise to practice response procedures that are not part of normal day to day operations.

“The exercise was observed and critiqued and was a good learning tool for future exercises and real events,” said Public Health Emergency Preparedness Program Manager Elizabeth Merson. “These exercises not only provide responders with the training they need, they also reassure the community that public health, hospitals, ambulance providers, fire departments and

other agencies are prepared to handle emergency situations should they arise.”

Agencies that participated in the exercise include San Luis Obispo County Public Health Department, City of Paso Robles, Cal Fire, San Luis Obispo County Regional HazMat Team, Sierra Vista Regional Medical Center, Twin Cities Community Hospital, San Luis Ambulance Service, SLO County Sheriff's Office, Med-Com, SLO County Office of Emergency Services, SLO County Agricultural Commission and San Luis Obispo County Incident Management Team.



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						
Campylobacteriosis	12	24	15	24	75	12												
Chlamydial Infections	258	245	226	305	1034	291												
Coccidioidomycosis	12	10	9	8	39	15												
Cryptosporidiosis	4	2	2	1	9	0												
E. Coli	2	1	7	5	15	5												
Giardiasis	2	1	5	2	10	4												
Gonorrhea	29	40	39	45	153	29												
Hepatitis A	0	0	0	0	0	0												
Hepatitis B (Chronic)	12	7	7	11	37	6												
Hepatitis C (Community)	105	97	54	72	328	52												
Hepatitis C (Correctional)	58	58	57	52	225	42												
Lyme Disease	1	0	1	0	2	1												
Measles (Rubeola)	0	0	0	0	0	0												
Meningitis (Bacterial)	1	1	2	3	7	1												
Meningitis (Viral)	0	7	7	4	18	4												
MRSA	0	0	2	0	2	0												
Pertussis	3	12	25	3	43	4												
Rubella	0	0	0	0	0	0												
Salmonellosis	9	11	9	11	40	11												
Shigellosis	0	0	2	5	7	1												
Syphilis (Primary/Secondary)	1	0	0	4	5	1												
Tuberculosis	1	1	0	1	3	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 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. Case counts may change over time, as cases currently under investigation are resolved they are added to the totals.



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THE PSYCHIATRIC HEALTH FACILITY IS A TOBACCO-FREE FACILITY

Beginning May 1, 2015, the San Luis Obispo County Psychiatric Health Facility, operated by the Behavioral Health Department, no longer allows tobacco use on the premises. The change to a tobacco free facility was initiated to support the physical health of the individuals admitted. Therapeutic alternatives will be offered to mitigate withdrawal symptoms and to encourage tobacco use cessation.

The Psychiatric Health Facility, known as the PHF, is a mental health facility for individuals in psychiatric crisis. Individuals in this facility have serious mental health needs. Providing quality services in a healthy environment is a priority for these individuals.

For decades, research has shown an increased prevalence of tobacco use among individuals with behavioral health conditions. Individuals with mental illness smoke nearly half of all cigarettes produced, but they are half as likely to quit as other smokers. More than 44 percent of adults with serious mental illness are smokers. Concurrently, this population experiences higher rates of disease, premature death and a reduced quality of life.

To promote the overall health and well-being of all individuals admitted to the PHF, the Behavioral Health Department sought technical assistance from the Tobacco Control Program within the Public Health Department. Together they created policies, signs, materials and training that will support success with the transition to a tobacco-free environment.

Anne Robin, Behavioral Health Administrator stated, “We are pleased to implement a tobacco-free facility that supports the health and well-being of all of our PHF residents. Working with the Tobacco Control Program, we have taken a holistic approach to the consumers of our services as well as their families and friends who visit and our staff. Our facility joins a

growing number of behavioral health treatment settings that are addressing nicotine dependence among their clients. Though not all will remain smoke-free; we are committed to providing therapeutic interventions and an environment that supports the well-being of the individuals that we serve.”

