

BULLETIN

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HEALTH OFFICER NOTES

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

HEALTH IMPLICATIONS OF DROUGHT

Exceptional drought conditions in California continue to decrease scarce water supplies, and San Luis Obispo County is especially hard hit. Much of the local economy and, in part, the culture is based on the agriculture industry, which is on the front line of this battle with drought. Yet with all the talk about will we have enough water for our vines and cattle, we may be missing the chance to discuss the great risks to human health.

The health implications of drought and climate change are numerous and far reaching, including nutrition, sanitation, and mental health, but for now, I would like to focus on how air and water impacted by severe drought can potentially increase infectious disease and illness.

The quality and quantity of water supplies can impact health in several ways. Decreased quantities of groundwater and surface water affect dilution capacity and temperature, which can result in higher concentrations of pathogens and harmful chemicals. Groundwater supplies in coastal areas are also at a higher risk of saltwater intrusion. While most source water is filtered, treated and tested at water treatment facilities before it reaches the tap, some areas of the county are not connected to public water systems and instead depend on private wells. People who obtain their drinking water from a private well may be at a higher risk for infectious disease due to drought-related water contamination. Therefore, vigilant monitoring of well water quality is more critical than ever.



Public Health
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Drought-affected water does not have to be ingested to spread disease and illness. During a drought, surface water can become stagnant, providing breeding grounds for mosquitoes and the potential increase in mosquito-borne diseases, such as West Nile virus. Reduced water levels at recreational sites can create shallow and warm conditions that increase the risk of waterborne disease caused by bacteria, protozoa, and other contaminants for people in contact with the water.

Air quality impacted by the drought can also cause illness and disease. Drought brings dusty, dry conditions and wildfires that affect air quality by increasing the amount of particulates in the air, such as pollen, smoke and fluorocarbons. These particulates can irritate bronchial passages and lungs compromising the health of people with chronic respiratory illnesses and increase the risk for acute respiratory infections.

The dry, dusty conditions associated with drought also can lead to an increase incidence of coccidioidomycosis, or valley fever. Valley fever is endemic to San Luis Obispo County and is transmitted when fungal spores in the soil become airborne and are inhaled.

Drought has multiple and long-last effects, and as we prepare for anticipated water shortages and severe economic losses within the county we must not lose focus on the potential health consequences. The Health Agency is part of the County Drought Task Force and our ongoing role in protecting the health of our residents through disease surveillance, health education, direct services and health policy development is an essential part of drought planning and response.

For information about well water testing, please contact the Public Health Laboratory at 805-781-5507 or visit www.slopublichealth.org/lab under Water Testing. Information about how air quality affects health is available at www.slocleanair.org. Information about the local drought emergency is available at www.slocounty.ca.gov.

Thank you for your attention,



NURSE-FAMILY PARTNERSHIP PROGRAM

San Luis Obispo County Public Health Department is announcing the Field Nursing First Time Mother's Program is changing its name to Nurse-Family Partnership of San Luis Obispo County. The First Time Mother's Program has been implementing the Nurse Family Partnership program since inception in 2001, and with the increasing awareness of Nurse-Family Partnerships in the public, media and the government felt it is time for their name to reflect that San Luis Obispo County is a Nurse-Family Partnership site.

More than 30 years of randomized, controlled trials show that families who participate in the Nurse-Family Partnership model fare better with less incidence of drug and alcohol abuse, better employment for the moms, and better performance in school by the kids. A program that seems so intuitively right is also scientifically sound.

Public Health Nurses working with a family have three goals:

- Improve pregnancy outcomes by helping women engage in good preventive health practices, including obtaining thorough prenatal care from their healthcare providers, improving their diet, and reducing their use of cigarettes, alcohol, and illegal substances.
- Improve child health and development by helping parents provide responsible and competent care for their children.
- Improve the economic self-sufficiency of the family by helping parents develop a vision for their own future, plan future pregnancies, continue their education, and find work.

Why nurses? Nurses can reach a vulnerable family in ways that others can't. For a low-income young woman at risk, a nurse is a trusted, respected, and accessible figure. A nurse brings specialized healthcare knowledge and can spend time with her clients. She approaches them without value judgments or a personal agenda. As randomized, controlled trials show, this relationship of trust makes a measurable difference for the whole family.

For more information about the Nurse-Family Partnership Program contact Brenda Harker at 805-788-2063.

LABORATORY SYSTEM IMPROVEMENT PROGRAM

At the request of the Orange County Public Health Department, Dr. Jim Beebe, Laboratory Director for San Luis Obispo County Public Health Department, journeyed to Santa Ana for an all-day public health system assessment. The purpose of the event was to examine the quality of relationships between the Orange County Public Health Laboratory and the stakeholders who rely on the laboratory for analytical results. Among the stakeholders that depend on these results for their program operations are public health managers and investigators, FBI representatives, law

enforcement, environmental health, FDA, and the local sanitation district. Dr. Beebe served as one of the three session



facilitators who examined the program operations. The assessment was deemed to help the Orange County Public Health Department in its effort to obtain certification from the Public Health Accreditation Board. The exercise will also prove to be beneficial to San Luis Obispo County once we begin the accreditation process.

LINDA WOLFF, MPT: RECOGNIZED FOR COMMITMENT TO GLOBAL HEALTH

Health Volunteers Overseas (HVO) is pleased to announce that Linda Nadine Wolff, MPT, a physical therapist for the County Public Health Department's California



Children's Services Program, is a recipient of the ninth annual HVO Golden Apple Award. As part of its World Health Day observances, HVO created this award to recognize the extraordinary educational contributions of volunteers to international program sites.

After Linda Wolff made her first trip to Bhutan in 1994, as HVO's initial physical therapist volunteer, she made a commitment to both the country and to developing the physical therapy profession there. It has been noted that, "she has single handedly had more positive influence on the profession of physical therapy in Bhutan than any other person." She worked closely with Bhutan's Royal Institute of Health Sciences to develop a physical therapy technician program, launched in 1998, since there was only one physical therapist just starting to work when she arrived four years earlier. This two year training program allowed the technicians to provide rehabilitation services in the National Referral Hospital in Thimphu, as well as in regional hospitals and clinics throughout Bhutan. Since then, 71 HVO volunteers have participated in the educational delivery and

provided clinical care. As the technician training has developed, the majority of the educational activities have been assumed by Bhutanese physical therapists, who had left the country for their education. With the return of these physical therapists educated abroad, there has been a gradual, controlled transition of educational responsibilities from HVO to local professionals.

Ms. Wolff has steered the HVO project to focus on clinical education and specialty areas such as hand and pediatric therapy, and has gradually introduced occupational therapy. As a result of the education project, physical therapy services are now available at every clinic across the country, no small feat in many of the remote, mountainous areas! Ms. Wolff's vision and hard work has effected tremendous growth in the training of Bhutanese physical therapists, influenced continued high standards in the training of the physical therapy technicians, and facilitated the volunteer service of 71 HVO physical therapy volunteers, all of whom served for extended periods. As HVO's Project Director since 1999, she has devoted herself to addressing the evolving needs of rehabilitation in Bhutan.

Ms. Wolff did her undergraduate work at the Santa Barbara campus of the University of California and received her Master's in Physical Therapy at the University of California, San Francisco. She has worked for California Children's Services for 10+ years. She has a specialty in pediatric physical therapy as well as special expertise in durable medical equipment for children. On hearing of this honor, Dr. Penny Borenstein, Health Officer for the County said, "We are so proud to have Linda work with us and we are pleased to share her with the Country of Bhutan!"

AB 1252: NO BARE HAND CONTACT PROVISIONS

On January 1, 2014, AB 1252 became part of California's Retail Food Code. The legislation had been sponsored by Dr. Richard Pan, Chair of the Assembly Health Committee and had been brought to the committee as a consensus proposal by the California Retail Food Safety Coalition (CRFSC). CRFSC's membership is comprised of representatives from two main constituency groups: the retail food industry and the local environmental health officials represented through the California Conference of Directors of Environmental Health (CCDEH).

The legislation was originally introduced because it is widely accepted that infected food employees are the source of contamination in approximately one in five foodborne disease outbreaks reported in the United States with a bacterial or viral cause. Most of these outbreaks involve enteric, i.e., fecal-oral agents. These are organisms that employees were shedding in their stools at the time the food was prepared. The provision for no bare hand contact with ready-to-eat food was adopted by the Food and Drug Administration (FDA) in 1993 and it had taken over 20 years for California to come up to the same science-based requirements.

After local enforcement agencies started to circulate the AB 1252 implementation guidelines, numerous retail food facility operators raised concerns about the bare hand prohibition provision. CCDEH and local jurisdictions attempted to provide the rationale to all impacted retail food facilities, but opposition to the legislation was strong. Sushi chefs believed the legislation would prevent them from preparing sushi properly; bartenders lamented that gloves would affect their ability to make cocktails; retail food establishment owners complained that costs would rise due to purchasing latex gloves; and many stated that the use of plastic gloves is counterproductive to environmental strides such as plastic bag bans. Others argued that the provision for no bare hands would actually be less sanitary as people would feel a false sense of protection and would not change gloves often enough.

One of the opponents to the legislation used the Change.org website and collected over 18,000 signatures opposing the legislation. These signatures were presented to Dr. Pan, who introduced legislation, which is currently pending, to

repeal the law. CRFSC has also contacted Dr. Pan and is asking him to consider revising, but not repealing, the legislation.

In San Luis Obispo County, Environmental Health Specialists began circulating information about the law in January but had not begun enforcing it due to a six month education period. All efforts are put on hold until the outcome of the law is clear.

HEALTHY STORES FOR A HEALTHY COMMUNITY

Stores in our community play a critical role in our health. Chronic diseases such as obesity, diabetes, heart disease, cancer and tobacco-related diseases account for more than 80% of all deaths in California. These deaths could be prevented by eliminating tobacco use, limiting alcohol intake, eating healthy and being physically active. This summer, the tobacco control program participated in a scientific survey of 159 stores throughout the county, as part of a statewide effort which included over 7,000 stores. The surveys were to assess product marketing and the availability of healthy and unhealthy options offered in stores that sell tobacco. Tobacco, alcohol and food were analyzed together to provide valuable information to help make the places we shop healthier. 77% of stores in San Luis Obispo County have unhealthy ads compared to 15% advertising healthy products. Statewide, the number of stores selling e-cigarettes has quadrupled in just two years to 45%. In San Luis Obispo County we're even higher with 70% of stores selling e-cigarettes.

For more go to: www.healthystoreshealthycommunity.com



PARTNER WITH PUBLIC HEALTH BEFORE DISASTER STRIKES

To help our county respond and recover quickly from emergencies, the San Luis Obispo County Public Health Emergency Preparedness Program (PHEP) invites healthcare entities to join in planning for disasters. Two ways to do this include: 1) signing a Memorandum of Understanding (MOU) and 2) joining Public Health Emergency Preparedness Advisory Committee (PHEPAC).

The Healthcare Coalition MOU outlines ways to coordinate with the Public Health Department in emergencies. Signing the MOU allows entities to benefit from shared information and resources such as medical personnel, pharmaceuticals, and equipment; as well as assistance with emergent evacuation. The signed MOU may also help some licensed

providers meet requirements for having mutual aid agreements.

PHEPAC membership allows healthcare entities to coordinate with other like agencies from around the county to plan and prepare for times of medical and health disaster. PHEPAC members share information and resources; meet quarterly to foster healthcare partnerships; and participate in local training, drills, and exercises for staff education.

For more information on partnering with Public Health Emergency Preparedness, please contact Elizabeth Merson at emerson@co.slo.ca.us or (805) 781-1077 or visit our Healthcare Coalition website at: <http://www.slopublichealth.org/coalition>.



SAN LUIS OBISPO COUNTY REPORTED CASES OF SELECTED COMMUNICABLE DISEASES

DISEASE	LAST YEAR 2013		CURRENT YEAR 2014	
	QUARTER ENDING 3/31/2013	TOTAL CASES	QUARTER ENDING 3/31/2014	TOTAL CASES
AIDS/HIV	0/2	0/2	1/2	1/2
Campylobacteriosis	6	6	12	12
Chlamydial Infections	155	155	257	257
Coccidioidomycosis	18	18	12	12
Cryptosporidiosis	2	2	4	4
E. Coli	2	2	2	2
Giardiasis	5	5	2	2
Gonorrhea	3	3	29	29
Hepatitis A	1	1	0	0
Hepatitis B (Chronic)	5	5	12	12
Hepatitis C (Community)	10	10	106	106
Hepatitis C (Correctional)	44	44	58	58
Lyme Disease	0	0	0	0
Measles (Rubeola)	0	0	0	0
Meningitis (Bacterial)	0	0	1	1
Meningitis (Viral)	3	3	0	0
MRSA	0	0	0	0
Pertussis	2	2	3	3
Rubella	0	0	0	0
Salmonellosis	4	4	9	9
Shigellosis	1	1	0	0
Syphilis (Primary/Secondary)	1	1	1	1
Tuberculosis	1	1	1	1

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.



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2014 NATIONAL INFANT IMMUNIZATION WEEK AND TODDLER IMMUNIZATION MONTH

An outbreak of measles in California is the worst health officials have seen in two decades. 58 cases have been confirmed so far this year. Last year only 4 cases of measles had been reported. Measles is a highly contagious infection that starts with a fever, cough, runny nose and pink eye before progressing to a rash on the face, upper neck that within a few days spreads down to the rest of the body. A Centers for Disease Control and Prevention report last December found the highest number of measles cases in the past 17 years, with health officials citing philosophical differences with the vaccine for the increase. In San Luis Obispo County, studies have found that 5.78% of parents that have children in childcare have personal belief exemptions and 8.26% of kindergarten students have personal belief exemptions.

Getting children immunized on time is one of the best ways to keep them healthy. April 26-May 3, 2014 was National Infant Immunization Week (NIIW), a time when the nation highlights the importance of timely childhood immunizations. Since 1994, NIIW has served as a call to action for parents, caregivers, and health care providers to



make sure infants are fully immunized against 14 vaccine-preventable diseases. This year's theme, Immunization. Power to Protect, reminded us that babies need a series of immunizations between birth and 18 months of age to protect them from vaccine preventable diseases. NIIW is a great time to recognize and thank parents and providers for providing and promoting timely immunizations. It's also a good time to remind parents, older siblings, and grandparents that they need to be fully immunized, as well. Vaccinating older children and adults help protect children who are too young to be fully immunized.

For more information about immunization and NIIW, visit <http://www.slocounty.ca.gov/health/publichealth/immunization.htm>