



# San Joaquin County Public Health Services



## Child Health and Disability Prevention Program Fall 2015 Newsletter

### Message from CMS new Medical Director, Dr. Maggie Park



Hello! I am Maggie Park, and I am the Children's Medical Services Medical Director. I am so happy to have joined San Joaquin County Public Health Services (SJC PHS) in this new role. After working in the Stockton community as a general pediatrician at San Joaquin General Hospital and at Community Medical Centers, I have come to know and respect so many of the County's CHDP providers, and I look forward to meeting more of you.

As we prepare this fall newsletter, classes are back in session and many of our young patients are back in school. Thank you for the work you have done, helping to get these children vaccinated and enrolled! The summer months seem to have flown by, and here we are talking about another flu season! The efforts you make toward influenza prevention truly reflect how primary care providers are a huge part of public health.

Thank you again for the great service you provide to the children in our community, and I look forward to working with you all!

### Influenza Update 2015-2016

The CDC recommends a yearly flu vaccine for everyone 6 months of age and older as the first and most important step in protecting against this serious disease. People should begin getting vaccinated soon after flu vaccine becomes available, ideally by October, to ensure that as many people as possible are protected before flu season begins. However, as long as flu viruses are circulating in the community, it's not too late to get vaccinated. Following are some of the changes for this season:

- 1) Healthy children 2 years and older may receive either inactivated or live influenza vaccine – there is no preferential recommendation this season.
- 2) Two [A (H3N2) and B/Yamagata] vaccine virus strains have been updated.
- 3) The dosing algorithm for children 6 months through 8 years of age has been adjusted.

To view complete articles, please visit: <http://www.cdc.gov/flu/about/season/flu-season-2015-2016.htm> & [2015-2016 Influenza Recommendations](#)

### Shigella Outbreak

SJC PHS has seen an increase in diarrhea due to Shigella in our community. Shigella infection has been confirmed in 120 people this year, with 95 cases having Shiga toxin-producing *Shigella sonnei*. Historically, only about 30 cases of Shigella infection are confirmed annually.

“Regular and frequent hand washing with soap and running water is the single most important preventive measure to interrupt the spread of shigellosis,” said Dr. Julie Vaishampayan, Assistant Public Health Officer.

Healthcare providers are required to report Shigella infections to Public Health Services (PHS). PHS is following up with each diagnosed person to help minimize the risk of spreading the infection to friends, family, and other contacts. People who experience diarrhea for more than two days should see their healthcare provider and ask about being tested for Shigella. This is especially true for people who had contact with someone diagnosed with Shigella. Antibiotics can be prescribed to treat shigellosis and also decrease the time a person can pass the infection to others.

**Health Officials urge everyone to wash their hands well and often and stay home from work or school if they have diarrhea. Spread the word, not the germs!**



*“Even low levels of lead can cause decreased IQ levels and developmental toxicity.”*

Gale Heinrich,  
CLPPP  
Coordinator



## Blood Lead Testing Down in San Joaquin County!

The latest data from the Childhood Lead Poisoning Prevention Branch have been released and show that SJC ranks #15 in the State of California for the number of children with blood lead levels in the 4.5 to 9.5 µg/dL range. This is slightly up from the 2011 data, which showed SJC to be #16 in this category. It remains #11 in the State for the number of children with blood lead levels 9.5 µg/dL and above.

These data also show there was a significant decrease in the number of children tested in 2012 compared to the 2011 data. In 2011, 14,848 children less than six years of age were tested for lead. However, in 2012, this number decreased 16%, to 12,464. Comparing the total number of tested children less than 21 years of age, the data shows 16,031 were tested in 2011 but only 13,179 in 2012. This is a 17% decrease. It is important that the screening regulations be followed and all children receive lead testing per California Department of Public Health, Childhood Lead Poisoning Prevention Branch Regulations (see below).

To see the current data, as well as data for 2007-2009, 2010, and 2011, please visit [clppp.sjcphs.org](http://clppp.sjcphs.org) and click on the “Provider” link.

### Screening for Childhood Lead Poisoning

Per State regulations, health care providers have specific responsibilities when doing periodic health care assessments on children between the ages of 6 months and 6 years. This is a brief summary:

- Children should receive anticipatory guidance at each health assessment from 6 months to 6 years on lead exposure prevention.
- **Children in publicly supported programs ( Medi-Cal, CHDP, WIC, and Head Start) should be tested at both 12 and 24 months of age.** A child missing the 24 month test should receive a lead test as soon as the missing test is noted during the period from 24 months to 6 years.
- For children who are not in publicly supported programs, testing is based on risk assessment. If a child lives or spends a lot of time in a home built before 1978, recently remodeled or with chipped or peeling paint (or the parent is unsure of the age or condition of the home), then the child should be tested for lead exposure.

Suspected lead exposure, parent request, recent immigration from a country with high levels of environmental lead, or change in circumstances that has put the child at risk of exposure are additional reasons to order a blood lead test.

Reference on Screening:

<http://www.cdph.ca.gov/programs/CLPPB/Pages/ScreenRegs-CLPPB.aspx>

For more information about lead or lead screening, please contact Gale Heinrich, San Joaquin County’s CLPPP Coordinator at 209-468-2593 or [gheinrich@sjcphs.org](mailto:gheinrich@sjcphs.org).

## Early Childhood Literacy: Going Beyond the Classroom

There are many benefits of reading to young children (ages 6 months to 5 years) beyond healthy together time for parents and their children. Childcare providers are uniquely posed to contribute to encouraging parents to read to their children. Follow these simple steps for ways to begin dialogue:

1. Familiarize yourself with the evidence on the importance of reading, talking, singing, and playing with young children.
2. Encourage parents and other caregivers to read, talk, sing, and play with their young children, beginning at birth.
3. Promote the 5 Rs of early education with young families:
  - a. *Reading* together as a daily, fun, family activity
  - b. *Rhyming*, playing, talking, and singing together often throughout the day
  - c. Building *Routines* for meals, play, and sleep, which help children know what to expect and what is expected of them
  - d. Giving *Rewards* for everyday successes, understanding that praise from those closest to a child is a very potent reward
  - e. Developing *Relationships* that are nurturing, reciprocal, purposeful, and lasting, which are the foundations of healthy early brain and child development
4. Implement a literacy promotion program in your practice. Share anticipatory guidance regarding early literacy and learning to foster a love of books at each visit.
5. Encourage parents of preschoolers to find high-quality early educational opportunities for their child such as preschool or [Head Start](#).
6. Encourage parents and other caregivers to visit their [local library](#) with their children to borrow books and for story time.
7. Provide culturally and age appropriate books and magazines in your waiting room.
8. Encourage caregivers with low literacy levels to share picture books with their children, talk with them about what is happening in the pictures, and possibly even act out stories with them.

**San Joaquin County has an abundance of programs designed to target childhood literacy. For example, the [“Read to Me, Stockton!”](#) program sends a free book to children each month until the age of 5. For a full list of literacy resources in SJC please visit the [SJC Literacy Directory](#).**

To learn more, go to <http://littoolkit.aap.org/forprofessionals/Pages/home.aspx>

*“Michael [10 years old] does not like to read; he'd rather be watching TV or playing games on the computer. It really helps when someone besides me or his teacher encourages him to read.”*

*- Cathy Rowland,*



## VFC-Provided Hib-MenCY-TT Added to CHDP

CHDP procedure code 92 is established for the administration of Vaccines For Children (VFC) program-provided Meningococcal Groups C and Y and Haemophilus b Tetanus Toxoid Conjugate Vaccine (MenHibrix, Hib-MenCY-TT). The four-dose series is administered intramuscularly to infants and children from age 6 weeks through 18 months of age who are at high risk for invasive disease caused by Neisseria meningitidis serogroups C and Y and Haemophilus influenza type b. Hib-MenCY-TT details are as follows:

Medi-Cal Code	CHDP Code	CHDP Description	Age Group	Vaccine Source	Rate
90644	92	Hib-MenCY – TT/ MenHibrix	6 weeks through 18 months	VFC	\$9.00

# Announcements

## SJC PHS on Facebook!!

San Joaquin County Public Health Services is now available on Facebook. Connect with us now on Facebook !



## CA MMIS Health Enterprise

The Department of Health Care Services recommends that CHDP providers frequently check the *NewsFlash* area of the Medi-Cal website for information about major upcoming changes. A new online health information system, **CA-MMIS Health Enterprise (HE)**, is under construction and will be implemented in phases beginning Fall 2015. Additional information for CHDP providers will be available in the *NewsFlash* area and the new [Medi-Cal System Replacement: CA-MMIS Health Enterprise Web page](#), which can be accessed via the Hot News area of the Medi-Cal website.

## New Response Message for CHDP Program

Effective July 31, 2015, the combined number of Medi-Cal Presumptive Eligibility (PE) enrollment periods an individual may receive in any 12 month period is limited. As a result, a new response message has been created for the CHDP program. The response message addresses updated PE requirements for CHDP. The response message, meaning and next steps are as shown below:

**Message:** *You are not eligible for PE because you have already received 2 PE enrollments within the past 12 months. Children under 19 years old are limited to two PE enrollments within the past 12 months.*

**Meaning:** This means that the patient was denied service through the CHDP Gateway, because the patient has exceeded the allowable PE enrollments in a 12-month period.

**Next Steps:** Refer the patient and family to their local social services agency.

The VX 520 POS Device User Guide has been updated to include this response message. The updated guide is available for download on the Point of Service (POS) Device User Guides page of the [Medi-Cal website](#).

The CHDP Gateway Internet Step-By-Step User Guide has also been updated to include this response message. The updated guide is available on the [CHDP Provider Manual](#) and Bulletins page of the Medi-Cal website. Also see the [CHDP Provider Information Notice No.: 15-03](#) for details.

## ICD 10 Update

Effective October 1, 2015, CHDP program provider manual sections will be updated with the International Classification of Diseases, 10th Revision (ICD-10) codes and policy. CHDP provider manual sections will be updated to comply with the Health Insurance Portability Accountability Act ICD-10 transition.

Providers will no longer be able to use ICD-9-CM diagnosis and procedure codes for health care services provided on or after October 1, 2015.

For complete information, visit [CHDP Aug Bulletin](#)

## CHDP Newsletter Team

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