

San Joaquin County Public Health Services

Child Health & Disability Prevention



Winter 2015 Newsletter

Vaccines for Children (VFC) Policy Change

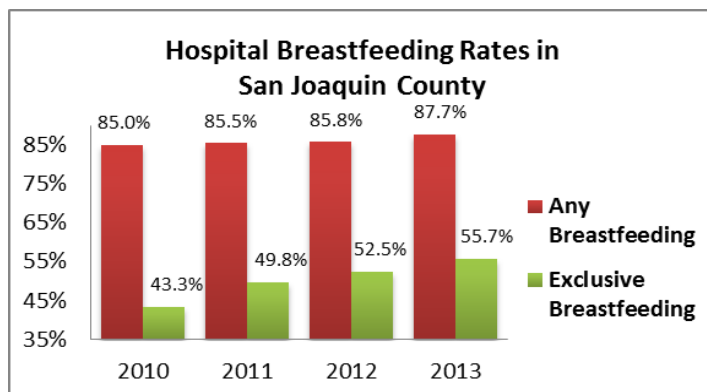
Over the past year, the Centers for Disease Control and Prevention (CDC) has implemented a number of significant operational changes related to vaccine ordering, inventory management, and overall provider participation requirements. One such change was implemented effective August 1, 2014, which requires VFC, 317, and State General Fund (GF) vaccines to be ordered separately and inventories to be kept separate in the refrigerator. This change primarily impacts local health departments and their Health Department Authorized Sites. With these changes:

- Each vaccine lot must be identified by its funding sources (e.g., VFC, Private, 317, State General Fund).
- The vaccine lot selected for the patient must match the patient's eligibility for that vaccine (e.g., a patient who is VFC eligible should be given vaccine from a lot identified as VFC). For more information, visit www.eziz.org/resources/317-communications-for-lhd/.

Closing the Gap in Breastfeeding Rates

In the past several years, the hospital breastfeeding rates in San Joaquin County (SJC) have steadily increased,¹ as shown in the graph below. In addition to improved overall rates, the gap between “any” and “exclusive” breastfeeding rates is closing. This gap indicates the proportion of women whose infants were given something other than breast milk in the hospital despite their decision to breastfeed.

The continued efforts of hospitals, physician offices, WIC clinics, Public Health Services, support groups and community organizations are moving SJC forward. In fact, for many years, SJC has ranked #41 among California counties for in-hospital exclusive breastfeeding rates and jumped to #39 this year. California and county-specific reports detailing these data can be found at <http://calwic.org/focus-areas/breastfeeding/296>.



¹California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2013.

Regional Immunization Data Exchange (RIDE)

RIDE, the immunization registry for Alpine, Amador, Calaveras, Mariposa, Merced, San Joaquin, Stanislaus, and Tuolumne counties, contains over 10.4 million immunization records for over 900,000 people. RIDE is administered by SJC Public Health Services. Health care providers are highly encouraged to utilize the registry as it provides the following benefits:

- Consolidation of immunization records from all providers into one record;
- Ability to print accurate, official copies of patient immunization histories at point of service (yellow and blue cards);
- Help in managing vaccine inventories;
- Produce reminder and recall notifications for patients;
- Recommendations on immunizations due or overdue;
- Reduction in staff time spent manually retrieving and entering immunization information; and
- Ability to document special circumstances, contradictions, or precautions that prevent a child from adhering to the recommended schedule.

For more information, visit www.myhealthyfutures.org.

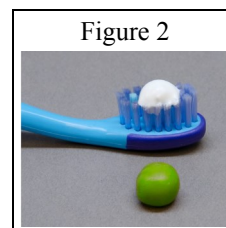
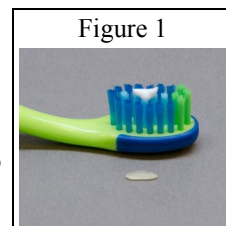


Is Fluoride Toothpaste Safe for Young Children?

Use of fluoride toothpaste has been recommended for more than 50 years to prevent and control dental caries. Recommendations for its use with infants and children have been modified during this time in an effort to maximize the caries-preventive effect and minimize the risk of dental fluorosis. Many researchers have found that brushing with fluoride toothpaste reduces dental caries in school-aged children, but fluoride toothpaste use at an early age can be associated with dental fluorosis. The lack of information regarding safety and efficacy of fluoride toothpaste for children younger than 6 years has resulted in inconsistent messaging within the dental community regarding the recommended use of fluoride toothpaste for young children.

To address these issues, the American Dental Association Council on Scientific Affairs conducted a systematic review of the evidence and issued the following recommendations:²

- For children younger than 3 years, caregivers should begin brushing children's teeth as soon as they begin to come into the mouth by using fluoride toothpaste in an amount no more than a smear or the size of a grain of rice (see Figure 1). Brush teeth thoroughly twice per day (morning and night) or as directed by a dentist or physician. Supervise children's brushing to ensure that they use the appropriate amount of toothpaste.
- For children 3 to 6 years of age, caregivers should dispense no more than a pea-sized amount (see Figure 2) of fluoride toothpaste. Brush teeth thoroughly twice per day (morning and night) or as directed by a dentist or physician. Supervise children's brushing to minimize swallowing of toothpaste.
- It is especially critical that dentists provide counseling to caregivers that involves the use of oral description, visual aids and actual demonstration to help ensure that the appropriate amount of toothpaste is used.



Keeping Student Athletes Safe & Healthy

In July 2014, CHDP revised the Health Assessment Guidelines (HAG) to incorporate additional information about the Pre-Participation Physical examination (PPE) in the Additional Assessment Component section 508. A CHDP Provider Information Notice No.14-02 was released informing providers about the updated recommendations regarding use of a consistent approach to the Pre-participation Physical Evaluation History and PPE. The overall goal of the PPE is to assist with the maintenance of the health and safety of child and adolescent athletes in training and competition through the following means:

- Detection of conditions that may be life-threatening or disabling
- Detection of conditions that may predispose an individual to injury
- Meeting legal and administrative requirements of educational institutions

In a policy statement,³ the American Academy of Pediatrics (AAP) recommends the use of "standardized PPE forms and processes to minimize unnecessary variation" as an important step for consideration in the prevention of pediatric sudden cardiac arrest. The CHDP PPE forms provided are modeled closely after the forms that were developed by the AAP and other professional organizations. Similar forms have been adopted by a number of states, cities, and school districts, including Los Angeles Unified School District.

It is recommended that every child participating in strenuous extracurricular activities (e.g., sports, cheerleading, marching band and dance) receive routine PPE screening. Annual performance is recommended prior to participation, though frequency and timing of the PPE may be subject to local school district requirements.

The HAG and forms can be accessed at www.dhcs.ca.gov/services/chdp/Pages/Pub156.aspx.

²American Dental Association. Fluoride toothpaste use for young children. <http://jada.ada.org/content/145/2/190.full>. Published February 2014. Accessed October 27, 2014.

³American Academy of Pediatrics. Pediatric sudden cardiac arrest policy statement. <http://pediatrics.aappublications.org/content/129/4/e1094.full.html>. Published April 2012. Accessed October 27, 2014.

Healthy Food Changes at WIC

On March 4, 2014, the United States Department of Agriculture (USDA) issued a final rule revising the Supplemental Nutrition Program for Women, Infants and Children (WIC) food packages and making further improvements that increase choice, cultural appropriateness and healthy food access for millions of WIC participants. These changes are based on extensive review and recommendations made by the Institute of Medicine in its 2005 report, *WIC Food Packages: Time for a Change*.⁴

Early impact studies show that implementation of the new WIC food packages has improved dietary intake and breastfeeding behaviors of WIC families across the nation, as well as increasing healthy food access in low-income neighborhoods. A noticeable decrease in obesity rates among 2-5 year olds recently reported by the Centers for Disease Control and Prevention (CDC)⁵ may be the best result so far of this large-scale policy change. Below is a snapshot of some of the changes that have been implemented in California:

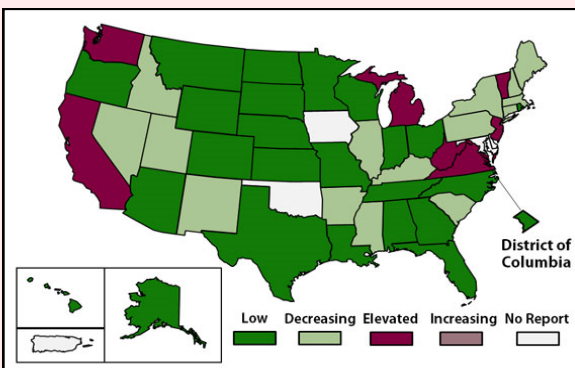
- The Cash-Value Voucher (**CVV**) for **fruits and vegetables** is increased for children from its current \$6 per month to \$8—implemented June 2, 2014
- Only **nonfat and 1% milk** can be purchased with the WIC voucher for women and children over 2 years old—implemented September 29, 2014
- Medical documentation is no longer required for the substitution of **tofu and soy** beverage for WIC children—implemented September 29, 2014

For more information about these and other changes at WIC, visit

<http://www.cdph.ca.gov/programs/wicworks/Pages/default.aspx>.

Rise in Cases of Enterovirus D68 in California

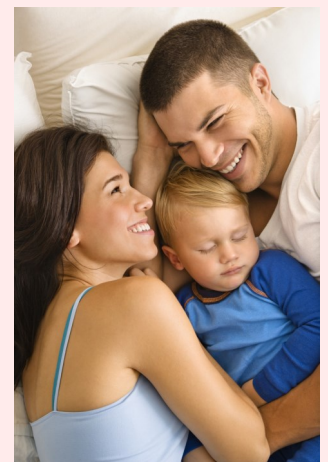
Every year, enteroviruses and rhinoviruses cause millions of respiratory illnesses in children. This year, enterovirus D68 (EV-D68) has been the most common type of enterovirus identified, leading to an increase in illnesses among children and affecting those with asthma most severely. From mid-August to November 6, 2014, CDC or state public health laboratories have confirmed a total of 1,116 people in 47 states and the District of Columbia with respiratory illness caused by EV-D68. Of the 2,300 specimens tested by the CDC lab, about 40% have tested positive for EV-D68. Almost all the confirmed cases this year of EV-D68 infection have been among children. Many of the children had asthma or history of wheezing.



The map to the left shows activity of EV-D68-like illnesses by state. These state assessments are based on data that are currently available, which may include: laboratory test results for EV-D68 and other enteroviruses and rhinoviruses; emergency department visits by patients who had respiratory illnesses similar to those caused by EV-D68 infection; and reports from doctors and healthcare facilities. As seen in the map, California is experiencing elevated activity and health care providers should know and follow CDC's guidelines for clinical evaluation, reporting and treatment, which can be accessed at <http://www.cdc.gov/non-polio-enterovirus>.

"These historic changes create a WIC Food Package more in line with current dietary guidance for healthful eating while still providing essential nutrients to women and children served by WIC."

-California WIC Association



⁴Institute of Medicine. WIC food packages: Time for a change. <http://www.iom.edu/Reports/2005/WIC-Food-Packages-Time-for-a-Change.aspx> Published 2006. Accessed October 31, 2014.

⁵U.S. Centers for Disease Control and Prevention. Obesity rates in 2- to 5-year-olds improve, although overall obesity rates remain unchanged, U.S. study shows. <http://www.sciencedaily.com/releases/2014/02/140226102130.htm>. Published February 26, 2014. Accessed October 31, 2014.

Announcements

Lodi Memorial Hospital is Baby-Friendly!



Lodi Memorial Hospital has been awarded the prestigious international designation of “**Baby-Friendly® Hospital**” by Baby-Friendly® USA. The global initiative, sponsored by the World Health Organization and UNICEF, is designed to improve maternal and child health. After successfully completing a rigorous onsite survey, the hospital was recognized as one that offers an optimum level of care for infants by promoting and encouraging breast feeding and mother/baby bonding.

Lodi Memorial Hospital is the second hospital in San Joaquin County and the Central Valley to receive this designation (St. Joseph’s Medical Center in Stockton was the first in 2012). For more information about **Baby-Friendly® Hospitals** in California, visit the California Breastfeeding Coalition website at www.CaliforniaBreastfeeding.org.

A Message from SJC Health Officer, Dr. Alvaro Garza: Influenza Vaccination for ALL Health Care Workers!!

The U.S. Centers of Disease Control and Prevention (CDC), the CDC Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend annual flu vaccination of all Health Care Workers (HCW). Many flu outbreaks linked to HCW have been documented in hospital wards and long-term care facilities. Conversely, high rates of HCW flu vaccination have been linked to improved patient outcomes, reduced absenteeism, and reduced flu infection among staff.

California state law (Health & Safety Code §1288.7 / Cal OSHA §5199) requires either flu vaccination or the signing of a declination statement for all acute care hospital workers and most health-care personnel, including clinic and office-based staff.

The role that you and other HCW play in preventing flu-related illness and death is invaluable. Please set a good leadership example by getting flu-vaccinated every year and help spread flu facts instead of the flu to your families, friends, co-workers, clients, patients, and communities. Thank you for everything you do every day to get and stay healthy and to improve everyone’s lives in our communities and county.

New Location for PHS-WIC

San Joaquin County
Public Health Services’
Main WIC Office has moved to:

**620 North Aurora Street, Suite #2
Stockton, CA 95202**

**NEW Mailing Address:
P.O. Box 2009**

Stockton, CA 95201-2009

Phone # 209 468 3280

Fax# 209 468 8573

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CHDP quarterly newsletters are not intended to take the place of the CHDP Provider Manual, Provider Information Notices (PINs), or any other official correspondence from the California Department of Health Care Services. For article contributions, topic suggestions and mailing list updates, please contact Surbhi Jayant at 468-3082 or sjayant@sjcphs.org.