

Message from CHDP's Medical Director Wendi J. Dick, MD, MSPH, FACPM



San Joaquin County Public Health Services, Children's Medical Services

CHDP NEWSLETTER

Greetings! My name is Dr. Wendi Dick, and I'm the newest member of the CHDP team at San Joaquin County Public Health Services (PHS), serving as Medical Director since June 2008. I also fulfill other duties as an Assistant Health Officer, STD Controller, and Medical Director of PHS Clinics. Although new to this county, I lived in the area some time ago while completing an ob-gyn internship at Travis Air Force Base. I then served as a primary care provider ("flight surgeon") for aviators and their families, before completing a preventive medicine/public health residency at the University of Colorado.

The old adage "an ounce of prevention is worth a pound of cure" (Henry de Bracton, 1268) is a mantra of preventive medicine. Although most provider-patient encounters in the U.S. revolve around diagnosis and treatment, we're now seeing a shift in emphasis from illness to prevention and wellness.

In preventive medicine the "patient" may be an individual or a population. *Primary* prevention is prevention of actual disease, and examples at the population level include fluoridating drinking water, raising cigarette prices, funding a national vaccination program, and building walking and biking trails; examples at the individual level include prescribing fluoride supplements, tobacco cessation counseling, administering vaccinations, and counseling parents to limit their children's screen time.

Secondary prevention efforts — e.g. screening patients for cervical cancer, hearing loss, or obesity — aim to detect disease early and prevent progression. *Tertiary* prevention occurs more "downstream," for example reducing the complications of already established disease such as diabetes.

The CHDP program provides opportunities to focus on "upstream" efforts — to prevent diseases or to identify them early, and a recent report quantifies some of its impact in our county.* During the 1-year period of July 1, 2006-June 30, 2007, CHDP services reached over 61,000 children, making our county one of only 12 in the state to serve greater than 50,000 children. More than 25% of children who received health assessments were identified as having risk reduced, which is defined as an assessment that leads to referral, a return visit, and/or initiation of treatment. Specific assessments that showed the greatest number of risk reductions included vision screening, anemia screening with hemoglobin or hematocrit, dental screening, and TB skin tests.

Thank you to all the providers who deliver CHDP services to children in San Joaquin County. By delivering services that keep children healthy, identifying problems early, and ensuring they're ready to learn, we are working together to improve our community's future—its children.

* CHDP Health Assessment Data for Fiscal Year 2006-07 <http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx>

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HPV Vaccine: Cancer Prophylaxis

More than 100 human papillomavirus (HPV) types have been identified to date. Some HPV types cause cancer of the penis, anus, cervix, vagina, vulva, or head and neck; others cause anogenital warts or recurrent respiratory papillomatosis. The Centers for Disease Control and Prevention (CDC) reports 6.2 million new cases of HPV infection annually with at least 20 million people in the U.S. already infected.

Most men and women will acquire an HPV infection some time during their life. The majority of these infections are without symptoms, transient, and benign. For reasons unknown to science some HPV infections remain persistent and can lead to cervical cancer. The National Cancer Institute (NCI) states more than 11,000 women in the U.S. will be diagnosed with cervical cancer caused by HPV infection and about 4,000 will die from it. During the 2002-2006 period in San Joaquin County, 120 women were diagnosed with cervical cancer and 35 women died.

Over 30 types of HPV are very easily passed from one person to another, and are believed to be the most common sexually transmitted infection in the world. HPV types 16 and 18 cause about 70% of all cervical cancer worldwide. Serious cervical cellular changes may result in surgical procedures potentially damaging the cervix and increasing risks for future pregnancies. HPV types 6 and 11 cause about 90% of anogenital warts and respiratory papillomatosis. Anogenital warts usually do not cause any symptoms; however, they have been associated with itching, burning, or tenderness. Respiratory papillomatosis symptoms include strained, hoarse voice and breathing difficulties.

Currently there is no cure or treatment that can completely get rid of HPV infection. Consistent condom use may help prevent and protect against HPV infection. Guidelines of the American College of Obstetricians and Gynecologists (ACOG), the American Cancer Society (ASC), and the U.S. Preventive Services Task Force (USPSTF) recommend an annual Pap test for cervical cancer screening within 3 years of sexual activity or by age 21. for all females.

Vaccine manufactured by Merck called GARDASIL helps prevent HPV infection caused by four types of HPV: types 6, 11, 16 and 18. GARDASIL, ideally administered prior to sexual debut, was approved by the Food and Drug Administration (FDA) on June 8, 2006, for use in females aged 9-26 years. GARDASIL is a VFC benefit for eligible females up until their 19th birthday. GARDASIL is currently recommended for females aged 11-12 years in a 3 dose series administered 2 and 6 months after the first dose. Doses administered at intervals shorter than minimum intervals should not be counted as valid and therefore should be repeated.

The use of HPV vaccine does not eliminate the need for Pap tests since about 30% of cervical cancers are caused by HPV types not included in the GARDASIL vaccine.

Extended age indicators for GARDASIL are currently being sought by vaccine manufacturers. Additionally, GlaxoSmithKline (GSK) is seeking approval for their HPV vaccine. Merck funded a study demonstrating 90% efficacy of GARDASIL in preventing HPV in males and is seeking approval from the FDA. As a result of this study, the CDC plans to meet in June 2009, to discuss GARDASIL use in males.

Health care providers play a vital role in sharing information about HPV and HPV vaccine. Parents and patients will likely follow the recommendations of providers. Please help prevent HPV infection and cervical cancer caused by persistent HPV infection by recommending HPV vaccine for all eligible patients.

This article was written with information obtained from the World Health Organization, the CDC's Advisory Committee on Immunization, American Academy of Pediatrics, ACOG, NCI, ACS, USPSTF, Consumer Reports.org, the Henry J. Kaiser Family Foundation, Science Daily, Medicine Net.com, National Institute of Allergy & Infections Diseases, Merck & Co., Children's Hospital of Philadelphia, U.S. National Library of Medicine, National Institutes of Health, Infections Disease in Children, National Foundation of Infectious Disease, Recurrent Respiratory Papillomatosis Foundation, and the American Social Health Association. Submitted by Kelly Austin, Senior Public Health Nurse, Immunization Coordinator, San Joaquin County PHS.

CHDP Program Letters & Provider Information Notices Since January 1, 2009:

<u>Letter</u>	<u>Notice</u>	<u>Release</u>	<u>Title</u>
09-05		3-13-09	Report of Distribution Form CHCS 4504
09-04	09-04	3-13-09	Revised CHDP Eligibility Determination Table Effective April 1, 2009
09-03	09-03	2-25-09	Children's Treatment Program Termination (CTP)
09-02		2-25-09	CHDP Health Assessment Providers Who are Lead Proficient with Clinical Laboratory Improvement Amendments (CLIA) Certificate of Waiver. NOTE: This CHDP Program Letter SUPER CEDES CHDP PL No.: 07-03
09-01	09-01	1-30-09	Registration Information for Virtual Town Hall Webcast

To review these notices and letters, please go to:
<http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx>

Awesome Eligibility Workers

Children who enter the foster care system often come with significant medical and dental concerns that require immediate attention. The best way to obtain appropriate and timely health care for these children is to enroll them in fee-for-service MediCal. This enrollment process is done by a team of foster care eligibility workers (EWs) that are specially trained to manage the unique and challenging insurance issues that foster children face.

In San Joaquin County, the EW team is led by Frank Hernandez. Frank and his ten EWs may be “behind the scenes,” but their contribution to obtain the care that foster children need is invaluable. Not only are the EWs instantly available whenever needed, their expertise in resolving insurance problems within the complex MediCal system is an immeasurable asset

to the foster care system. They show great compassion and concern toward the children and the serious nature of the medical problems the children encounter. If a solution is possible, EWs will make it happen.

The EW team is an essential part of the foster care medical system. Foster children would not get the care they need and deserve without them. The CHDP program, especially the foster care nurses, would like to express a warm thank you and great appreciation to this wonderful team for all they do everyday “behind the scenes.”

By Sue Gibson, PHN, CHDP Foster Care Coordinator

Management of Heatstroke and Heat Exhaustion

Each year, millions of people are exposed to the dangers of extreme heat. Outdoor laborers compose the largest percentage of patients with heat-related illnesses. Athletes, children and the elderly also are frequently affected. If a patient is suffering from heatstroke, rapid diagnosis and effective cooling are crucial, because the condition triggers a series of metabolic events that may progress to irreversible injury or death.

Heat-related illnesses typically are categorized as heat exhaustion or heatstroke. Heatstroke is divided further into classic and exertional forms. Classic heatstroke is caused by environmental exposure and results in core hyperthermia above 40°C (104°F). Exertional heatstroke is a condition primarily affecting younger, active persons. It is characterized by rapid onset—developing in hours—and frequently is associated with high core temperatures. Heat exhaustion is a more common and less extreme manifestation of heat-related illness in which the core temperature is between 37°C (98.6°F) and 40°C.

Heatstroke: Heatstroke is a much more severe entity than heat exhaustion. The diagnosis of heatstroke rests on two critical factors: hyperthermia and central nervous system dysfunction. Heatstroke is a medical emergency, and mortality can approach 10 percent. It is essential that clinicians recognize the signs of heatstroke and initiate cooling rapidly. When appropriate treatment is provided without delay, survival can approach 100 percent.

Complications of Heatstroke: Heatstroke must be viewed as multisystem failure. Central nervous

is associated with poor prognosis. Rhabdomyolysis caused by tissue destruction is common and results in myoglobinuria and risk of renal injury. Hepatocytes may be damaged, causing coagulopathy and hepatitis. Myocardial muscle may be damaged and result in arrhythmias or even cardiac arrest.

Prevention: Physicians should encourage their patients to protect themselves by maintaining adequate hydration, avoiding heat exposure, wearing loose, light clothing, and monitoring their exertion level. Athletes should be advised to acclimatize for at least three to four days before exerting in the heat. Because a heat injury releases an inflammatory cascade that may increase risk on subsequent days, patients should be protected from exposure to heat for 24 to 48 hours following a mild injury.

The National Weather Service has produced a Heat Index chart that can aid physicians in evaluating heat danger. It is inserted with this newsletter and may be posted. Find the full document, including charts showing the signs and symptoms and treatment of heat-related illness, are at the following site: <http://www.aafp.org/afp/20050601/2133.pdf>

Excerpted by Stacy Sher from an article by Jales L. Glazer, M.D., *Maine Medical Center, Portland Maine* (Am Fam Physician 2005; 71:2133-40, 2141-2. Copyright © 2005 American Academy of Family Physicians.

**Child Health & Disability Prevention Program
Children's Medical Services
San Joaquin County Public Health Services
2233 Grand Canal Blvd., Suite 212, Stockton, CA 95207**



Summertime Vegetables = Vitamins = Zest in your Mouth & Zip in your Step!



June 30
CHDP Audiometric Workshop

July 30
CDC Immunization Update

July
Water Safety Month
Immunizations for Kindergarten Entry
Well Child Check-Ups for First Grade Entry

August
World Breastfeeding Week, August 1-7
Nat'l Immunization Awareness Month

September
Second Hand Smoke Prevention Month

CHDP TEAM

Medical Director: Wendi J. Dick, MD, MSPH, FACPM,
Assistant Health Officer, San Joaquin County

Deputy Director: Suzanne Garrison, PHN

Administrator: Marianne Hernandez, MSN

CHDP Provider Relations: Jay Chevalier, PHN
Donna Skidgel, PHN

CHDP Foster Care Coordination: Sue Gibson, PHN
Mary Amoruso, PHN

CHDP Outreach & Support: Xia Lo
Sandy Smith
Fatima Hinojosa

CHDP Public Health Educator: Dianna Stern, M.Ed, MPH