

## Influenza Update: Seasonal, H1N1, and Vaccination

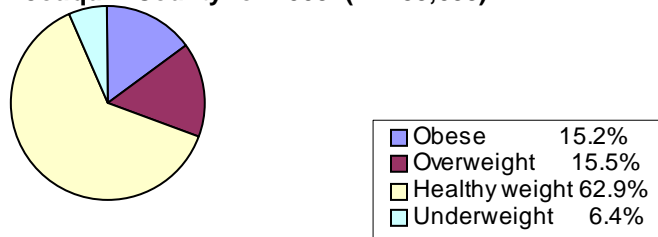
Influenza (flu) activity is currently widespread throughout California and the US—greater than what is typical for this time of year. Just as seasonal flu was winding down in April, a new strain of flu virus appeared—pandemic 2009 (H1N1) or “swine flu”—and has continued circulating since then. Nearly all flu circulating at present is the H1N1. Overall, the severity of H1N1 flu is similar to seasonal flu. Most people who get ill with either kind of flu recover without medical care, but hospitalizations and deaths have occurred. The H1N1 flu has caused greater disease burden in people <25 years than in older people. **Vaccination is the single best way to protect against influenza.** This year is challenging because of separate vaccines against seasonal flu and H1N1 flu. The seasonal flu vaccine doesn't protect against H1N1 flu, and vice versa. The seasonal flu vaccine is important for all children 6 months-18 years, as well as many others. For H1N1 vaccine, initial target groups are: Children/young adults 6 months-24 years; Caregivers/household members of infants <6 months; Pregnant women; Health care workers; & Adults 25-64 with underlying medical conditions--asthma, diabetes, heart disease, cancer, immune suppression, etc. **All children <10 years need 2 doses of H1N1 vaccine to be protected, spaced about 4 weeks apart.**

In early October, >40 local clinical sites received small amounts of H1N1 vaccine in the Live Attenuated Influenza Vaccine (LAIV) intranasal form. Providers who have not already ordered **free** H1N1 vaccine should go to [calpanflu.org](http://calpanflu.org). Necessary ancillary supplies are also provided. CHDP reimburses \$9.00 for administration of H1N1 vaccine, using code “84” on the PM 160 (2 doses payable for children 6 months-9 years). For the CHDP Provider Letter, Vaccine Information Statements in English/Spanish, and other H1N1 resources see <http://www.sjcpchs.org/h1n1/swineflu.htm>. The CDC H1N1 vaccine website for clinicians is <http://www.cdc.gov/h1n1flu/vaccination/professional.html>. Providers with H1N1 questions can contact San Joaquin County (SJC) Public Health at (209) 468-3822.

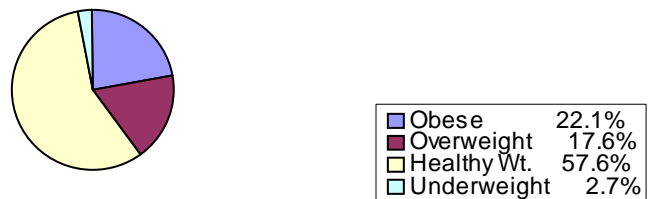
## Pediatric Nutrition Surveillance System Data for '08

The 2008 Pediatric Nutrition Surveillance Survey (PedNSS) from the Centers for Disease Control (CDC), U.S. Health & Human Services, shows combined obesity and overweight rates for SJC's CHDP population to be 30.7% of children <5 years, the same rate as 2007. The rate for those 5-<20 years old dropped very slightly from 39.8% in 2007 to 39.7% in 2008. Overall obesity rates alone dropped in both age categories as shown in the charts on page 2. The Hispanic population in both age categories experienced the greatest reduction in both overweight and obese measurements. Rates increased in several racial and ethnic categories (see page 2). Rates in CA and the USA also dropped slightly for the first time in 12 years. SJC's first rate reduction occurred in 2007 among children aged <5 years. Though still not a trend, the 2007-08 data gives encouragement to local pediatricians, family practitioners, nutritionists, health educators, and personnel in public health, and education, as well as elected officials, who have worked diligently these past years to reduce childhood obesity by changing individual and family behaviors, the environment and government or school policies. However, we must not forget that overweight and obesity are epidemic and will remain so until 80% or more of our children and adolescents have healthy weights.

**Weights of CHDP Population Aged Less Than 5 Years in San Joaquin County for 2008 (n = 33,098)**



**Weights of CHDP Population Aged 5-19 Years in San Joaquin County for 2008 (n = 17,718)**



Source: Tables 16B and 16C (both age groups) for SJC at <http://www.dhcs.ca.gov/services/chdp/Pages/PedNSS2008.aspx>

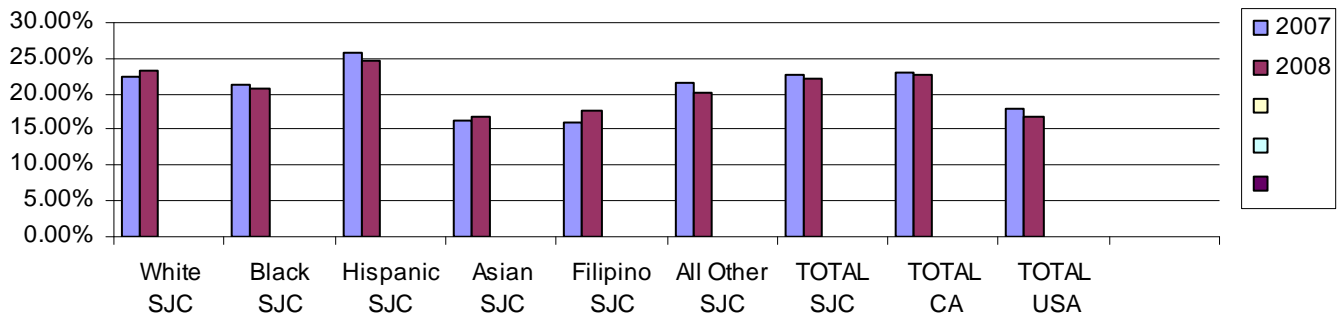
# Felicitades Community Medical Centers, Inc. !

At county, state and national levels, some decreases in obesity were observed in obesity rates among the CHDP population from 2007 to 2008. **Rate reductions occurred countywide among 5-<20 year olds in the Black, Hispanic and All Other population categories, and among <5 year olds in the Asian, Hispanic and All Other populations.** This is the first year reductions have ever been observed in the Hispanic population, let alone that this group experienced the greatest reductions. This is a very hopeful and remarkable sign which may well blossom into a trend for the future. Credit in large part must go to Community Medical Centers, Inc. as their four clinics serve 90% of CHDP's Hispanic population, and 60% of the entire CHDP population in San Joaquin County. The CEO, Director of Clinics, Health Education Director, Health Educators, and hard working Primary Care Physicians are all to be commended. Felicitades! Our hats go off to two pediatricians, in particular: Ana Rivera, MD and Dawnell Moody, MD. These pediatricians initiated Saturday health education and fitness programs for CMC Teens. Bravo! Warm congratulations to all the CHDP providers who helped lower obesity rates among other groups in the entire CHDP population of our county.

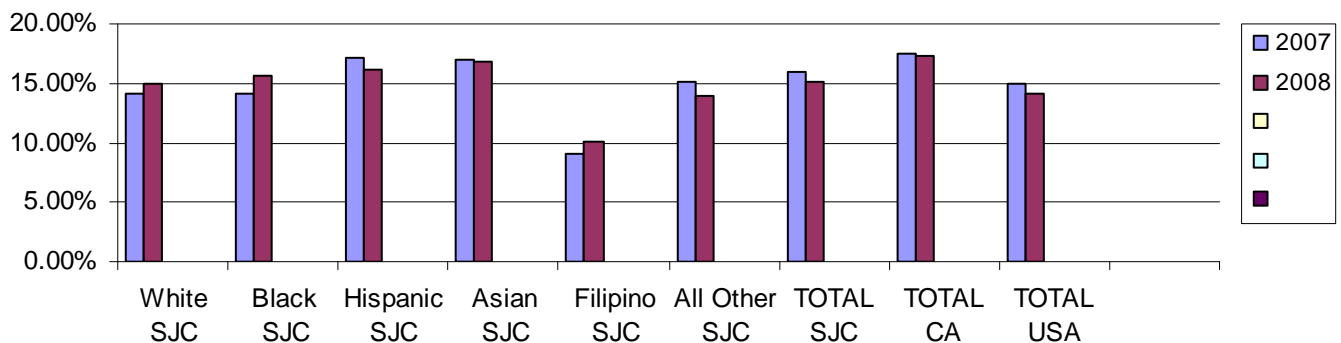
**Rate increases among 5-<20 year olds occurred in White, Asian, and Filipino populations, and among children <5 years in White, Black and Filipino populations.** Here, one observes a rise among Whites and Filipinos in both age groups. Our efforts must now focus on these population groups without losing sight of all other groups. CHDP has tools and materials to use in patient education and anticipatory guidance sessions. Please use them and let us know which work best with your families. Also note the upcoming seminars in obesity and diabetes on page 4.

NOTE: Child obesity is defined as a body mass index (BMI) percentile  $\geq$  the 95th percentile for age and gender on pediatric growth charts. Overweight is defined as BMI percentile  $\geq$  the 85th but less than the 95th percentile for age and gender on the same. Growth charts are based on a population of children who are growing normally, in which, by definition, 15% are at or above the 85th percentile.

**Obese 5-19 Year Olds by Population Groups in San Joaquin County, and by Total Populations in San Joaquin County, California, & USA 2007 & 2008**



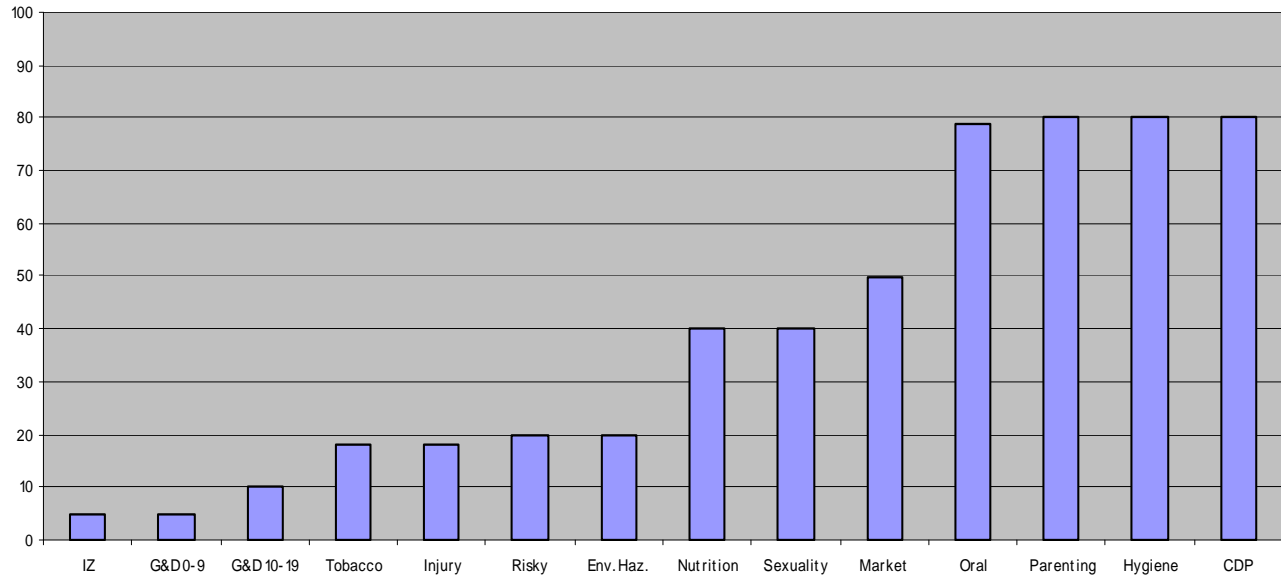
**Obese Aged Less Than 5 Years by Population Groups in San Joaquin County and by Total Populations in San Joaquin County, California, and USA 2007 & 2008**



## Anticipatory Guidance Challenges: Spring 2009 Survey Results

The chart below illustrates the top anticipatory guidance challenges as reported by 100 CHDP providers throughout San Joaquin County who participated in CHDP's Spring/Summer 2009 Survey. The Top Four Challenges are: Chronic Disease Prevention, Hygiene & Health Behaviors, Parenting, and Oral Health & Dental Services. The Next Three are: Marketplace & Consumer Health Hazards, Human Sexuality, and Nutrition. Next to Least Challenging topics are: Environmental Health Hazards, Risky Behaviors, Injury & Violence Prevention, and Tobacco Health Hazards. Least challenging topics are: Growth & Development and Immunizations. CHDP hopes to offer its providers a series of peer-led seminars addressing the Top Four Challenges in collaboration with San Joaquin General Hospital and Community Medical Centers, Inc. in early 2010.

Top Challenges in Anticipatory Guidance - 2009 - Physician Responses



## Studies Linking Obesity and Asthma: The Asthma Gene

“There’s up to three times the risk of being asthmatic if you are obese: the more obese, the greater the risk. We know that obese asthmatics who lose weight see large improvements in their asthma symptoms.” This statement was made by Dr. Michael Rolph, leader of the Asthma Research Project at The Garvan Institute in Sydney, Australia, and principal at The Cooperative Research Centre for Asthma and Airways, on August 12, 2006, the day before his research findings were published.

Dr. Rolph and his colleagues found that a fatty acid binding protein called aP2, which is already known for its role in diabetes and obesity, is also present in the lung where it is crucial in controlling inflammation in asthma. The scientists used a technique called gene profiling to discover novel genes that regulate airway inflammation and found very high levels of aP2 in human lung cells that had been tricked into thinking they were undergoing an asthma attack. Researchers were very surprised to find aP2 in the lungs, and then looked into what would happen when this gene was removed in mouse models. They discovered that mice without aP2 are protected from asthma attacks. These findings suggest that blocking aP2 function is a novel approach to the treatment for both asthma and other inflammatory diseases. [Shum BOV, Mackay CR, Gorgun CZ, Frost, M, Kumar RK, Hotamisligil GS, Rolph, MS; “The

adipocyte fatty acid-binding protein aP2 is required in allergic airway inflammation,” *Journal of Clinical Investigation*, August 2006.] [Later printed in the *Journal of Asthma*, February 2007.]

Subsequent research findings both amplifying and complementing the Garvan Institute study, were published by scientists at the University of Michigan in the March 2008 edition of *Findings*, a School of Public Health publication.

Most recently, the CDC reported two studies identifying associations between childhood obesity and asthma. See <http://www.cdc.gov/obesity/childhood/consequences.html>.

An ongoing longitudinal study at the Pediatric Asthma Clinic of San Francisco General Hospital in California reports corroborating data to the CDC studies, ten years (1999-2009) into its long term time span. The study is grant funded by the USPHS and the American Lung Association’s YES, WE CAN campaign.

Research on the asthma gene aP2 itself continues as a part of genomic studies at several top universities in the USA and Australia, including Stanford, Harvard, the University of Michigan, and the Garvan Institute. Manipulation of the asthma gene gives great hope for a future cure of many inflammatory diseases as well as asthma.



## An Apple a Day . . . Keeps the Doctor Away !

### October

Children's Health Month  
Diabetes Awareness Month

CHDP Vision Training, Oct. 6th, Call 953-3644  
FAMILY ASTHMA CAMP, Oct. 16-18 at Yosemite  
Nat'l Park, \$25/Family, [www.yosemiteridge.org](http://www.yosemiteridge.org)  
Call 559-297-0533

### November

APHA Annual Conference  
Water & Public Health: The 21st Century Challenge  
11/07-11/09 in Philadelphia  
Root Vegetable Month and Thanksgiving

### December

World AIDS Day—December 1  
Toy Safety Month - Buyer Beware

### 2010

Plan Ahead to Attend  
10th Annual NICHQ Forum in March  
National Initiative for Children's Healthcare Quality  
[www.nichq.org](http://www.nichq.org)

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