



Vaccines: Protecting Young Children & the Community

Serious outbreaks of disease can occur within communities when children are not protected against contagious diseases. Parents and providers can make sure children remain healthy by immunizing them according to the Centers for Disease Control and Prevention (CDC) immunization schedule. We can now prevent up to 16 serious illnesses through routinely recommended vaccines. Vaccines have a long record of safety and have increased the lifespan of those living in the United States by 30 years.

Vaccination begins as early as birth, with a goal to protect infants as soon as possible. Immunity from many diseases requires multiple doses over several months or years. Additionally, a booster may be needed for long term immunity.

Spreading out the recommended immunization schedule to avoid giving what seems like a lot of injections can leave children unprotected and increase the number of office visits as well as the num-

ber of vaccinations. Parents and providers who consider delaying or spreading out vaccines are putting children at risk of diseases that are entirely preventable.

Eradication of smallpox and the decrease in vaccine-preventable diseases has made immunizations a huge public health success story. The table on page 2 summarizes these accomplishments.

Following the CDC recommended immunization schedule, 50 years in the making, will continue to be the best protection from these potentially deadly vaccine-preventable diseases.

CDC Recommended Immunization Schedules for Ages 0-18 can be viewed at <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm>

Learn how to address parents' concerns about vaccine safety by viewing "Vaccines-Wading through the Confusion," a webcast featuring a diverse panel of experts & parents <http://www.whychoose.org/webcasts/video.html>. (continued on page 2)

Asthma Snapshots: County/State/Nation

May is Asthma and Allergy Awareness Month. May 6, 2009, marks the 11th annual observance of World Asthma Day. To spotlight asthma, CHDP is providing snapshot data from several local and national sources. USA data is derived from the CDC's Air Pollution and Respiratory Health Branch and Behavioral Risk Factor Surveillance System and the National Asthma Survey of 2005 (<http://www.cdc.gov/Features/dsAsthma/>). Data for San Joaquin Co. (SJC) and the State (CA) comes from the 2005 County Asthma Profile as presented by California Breathing for the California Office of Statewide Health Planning and Development (www.californiabreathing.org).

Asthma is a major public health problem of increasing concern in the USA. Among children, asthma and obesity have the highest prevalence of all chronic diseases.

Selected salient facts from the most recent surveys include:

- Over 15% (103,000 / 676,395) of children and adults in SJC have been diagnosed with asthma. 72% have NOT received an asthma management plan from a health care provider.
- The lifetime prevalence of asthma in SJC is 18.8% of children (5-17) and 16.7% of adults (18-64). The same rates in CA are 18.0% and 13.0%, respectively, and in the USA 8.5% and 6.7%, respectively.
- The lifetime prevalence of asthma for children in SJC is 10.3 percentage points higher than the national rate, and 8.5 percentage points higher than the rate of all people living below the poverty level in the USA.
- Nationwide, current asthma prevalence is higher for children (8.5%) than for adults (6.7%); higher for females (8.1%) than for males (6.2%); higher for those below the federal poverty level (10.3%) than for those at or above that level (6.4% to 7.9%); higher for those residing in the Northeast (8.1%) than for those residing in other regions (6.7% to 7.5%).
- Among children under 18 nationwide, physician office visits due to asthma increased from under 40 visits per 1,000 children in 1990 to 89 visits per 1,000 in 2004 and to the present. The rate is 61 visits in SJC. (continued on page 2)

Vaccines: Protecting Young Children (cont.)

Vaccine-Preventable Diseases: Reduction in Morbidity & Mortality						
Vaccine-Preventable Disease	Pre-Vaccine Annual Average #		Post-Vaccine Reported #		% Reduction: Pre- vs. Post-Vaccine	
	CASES	DEATHS	CASES	DEATHS	CASES	DEATHS
Diphtheria	21,053	1,822	0	0	100%	100%
Measles	530,217	440	55	0	99.90%	100%
Mumps	162,344	39	6,584	50	95.90%	100%
Pertussis	200,752	4,034	15,632	27	92.20%	99.30%
Polio	36,110	3,272	0	0	100%	100%
Rubella	47,745	17	11	0	99.90%	100%
Congenital Rubella	152	Not available	1	0	99.30%	Not available
Smallpox	29,005	337	0	0	100%	100%
Tetanus	580	472	41	4	92.90%	99.20%
Hepatitis A	117,333	137	3,579	18	87%	86.90%
Hepatitis B	66,232	237	4,713	47	80.10%	80.20%
Invasive HiB	20,000	1,000	208	<5	≥99.8%	≥99.5%
Invasive Pneumococcal	63,067	6,500	5,169	4,850	34.10%	25.40%
Varicella	4,085,120	105	48,445	19	88%	81.90%

Source: JAMA, Nov. 14, 2007-Vol. 298, No. 18.

This article was written with information obtained from the American Academy of Pediatrics (AAP), the Centers for Disease Control and Prevention (CDC), the Advisory Committee on Immunization Practices (ACIP), and the Committee on Infectious Diseases (COID), and submitted by Kelly Austin, Senior Public Health Nurse, and Dr. Wendi Dick, Assistant Health Officer, San Joaquin County Public Health Services

ASTHMA SNAPSHOTS (CONT.)

- Among children under 18 nationwide, the asthma death rate increased steadily between 1980 and 1998, but has declined since — falling from 3.0 deaths per 1,000,000 in 1999 to 2.5 per 1,000,000 in 2004. The same rate in SJC in was <5.0, or nearly twice the national average in 2004.
- SJC Asthma risk factors include:
 - SMOKING:** 14% of adults in SJC smoke; 8% of adults and children in SJC are exposed to second-hand smoke.
 - OBESITY:** 29% of adults and adolescents in SJC are medically obese (i.e., over the 95th percentile for BMI).
 - POVERTY:** 14% of the population in SJC have household incomes below the Federal Poverty Level. Their dwellings are often substandard and rife with mold or other toxic materials.
 - WORK-RELATED HAZARDS:** Over 6,700 adults in SJC have work-related asthma, in particular agricultural workers exposed to pesticides and toxic particulate matter. The American Thoracic Society estimates that 15% of all adult asthma is related to workplace hazards.
 - OUTDOOR AIR POLLUTANTS:** Air quality in SJC does not always meet Environmental Protection Agency (EPA) standards or the recommendations of the American Lung Association. Furthermore, monitoring equipment in SJC is not sufficient in number or placement to fully measure ambient concentrations of particulate matter and ozone or to fulfill public health surveillance purposes. Daily Air Quality reports for the SJV are available at <http://www.valleyair.org/aqinfo/forecast.htm>

PARENT EDUCATION FLYER

Five Reasons to Immunize Your Child

Please use the enclosed camera-ready flyer in educating CHDP parents about immunizations and in motivating them to have their children immunized on a timely basis. Under the following headings, the flyer outlines five important reasons why children need to be immunized:

- ◆ Immunizations can save your child's life
- ◆ Vaccination is safe and effective
- ◆ Immunization protects others you care about
- ◆ Immunizations save families time and money
- ◆ Immunization protects future generations.

To download the complete document, visit <http://www.cdc.gov/vaccines/events/niiw> For more information and other educational materials, visit <http://www.cdc.gov/vaccines>.

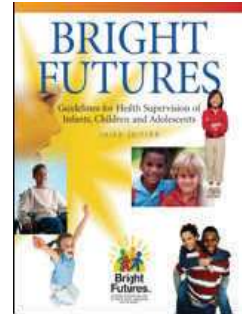
AAP's Bright Futures Now Available Online

Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents—Third Edition provides information to help pediatricians provide superior health care and education in less time while keeping up with medical and social changes that impact infant, child and adolescent health. The guidelines are now available for download from the American Academy of Pediatrics (AAP) *Bright Futures* website. The guidelines are organized into 10 themes common to all stages of development, followed by specific guidance for each of 31 recommended health supervision visits from infancy through late adolescence. Growth charts and the newly revised periodicity schedule are included.

Bright Futures guidelines and reference information are at http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html.

Slides and handouts for use and customization in making presentations about Bright Futures are available for download at <http://brightfutures.aap.org>

Bright Futures are the CHDP-recommended substitute for the “Growing Up Healthy” series which has not yet been updated by California Health Care Services.



Thanks for Promoting — and Wearing — Bicycle Helmets!

Anticipatory guidance as provided by CHDP physicians in San Joaquin County plays an important role in reducing our rates of bicycle injury among children. Thanks to the dedicated work of all CHDP providers in promoting the use of bicycle helmets and safety practices, there has been a significant decrease in non-fatal bicycle injuries and zero fatal injuries among children aged 1– 12, since the end of 2004. Average non-fatal injuries in children aged 1- 4 dropped from 2 per year (1991-2004) to 1 per year (2005-2008). In children aged 5-12, average non-fatal injuries dropped from 17 per year (1991-2004) to 9 per year (2005-2008). Adolescents aged 13-20 also had zero fatal bicycle injuries, but their rate of non-fatal injuries remained fairly steady at an average of 6.5 injuries per year throughout the 1991-2008 time period, and were (evenly) split between the 13-15 and 16-20 year-old sub-groups.

According to the CDC, wearing bicycle helmets reduces the risk of head injury by as much as 85% and brain injury by as much as 88%. What better reasons to rigorously promote helmet use among all children and adults? Without anticipatory guidance, helmet ownership and use increases with parental income and education levels up to adolescence, yet decreases with the child's age. Survey results showed that children are more likely to wear a bicycle helmet if riding with others (peers or adults) who are also wearing helmets. In a national survey of children ages 8 to 12, 53% reported that a parental rule for helmet use would persuade them to wear a helmet, and 49% would wear a helmet if a state or community law required it. Let's get this “example” message out to our CHDP parents and families! Let's continue to wear helmets!

Tips to Benefit Patients & Physicians

Did you know that Straight MediCal patients may be followed for weight issues—under weight or over weight? Here's how:

- ◆ **Bill on Straight MediCal form, not on a PM-160.**
- ◆ **Use Evaluation and Management (E & M) code 99211, 99212 or 99213 for office visits.**
- ◆ **Choose descriptive terminology in your charting** which defines the need for follow up weight check visits, i.e.
 - obesity
 - observation for growth and development variations
 - worried well
 - weight gain (excessive)
 - undernourished
 - failure to thrive.

Free Nutrition Patient Ed. Flyers

The Dairy Council of California offers low literacy print materials on its website www.dairycouncilofca.org. All are appropriate for CHDP families. Camera ready masters for unlimited download and up to 300 hard copies of selected nutrition literature are available. Titles of particular interest to CHDP providers include:

- **How to Make a Healthy Meal** (download)
- **Healthy Eating Worksheets for Kids and Teens** (download)
- **Making Meals Matter for the Young Child** (up to 300 hard copies may be ordered)
- **Making Meals Matter for the School Age Child** (up to 300 hard copies may be ordered)

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



The Growing Season Begins. Plant a Garden! Follow the Lead of First Ladies Michelle Obama and Maria Shriver



April

Public Health Week, April 6-12

Building the Foundation for a Healthy America

World Health Day, April 7

Nat'l Infant Immunization Week, April 25-May 2

May

Nat'l Toddler Immunization Month

World Asthma Day = May 6

Asthma & Allergy Awareness Month

Bicycle Safety Month

The First Week of Breastfeeding = May 15

www.breastfeedingcoalition.org

June

California Childhood Obesity Conference

June 9-12

Westin Bonaventure in Los Angeles

"Creating Healthy Places for All Children"

REGISTER

www.childhood-obesity.net or 800-858-7743

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