



# San Mateo County CHDP Provider Newsletter

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Fall/Winter 2013

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## From the CHDP Medical Consultant

Greetings! It is our pleasure to bring you the Fall/Winter CHDP Newsletter, covering pertussis (as of 11/4/13, there have been 89 cases in San Mateo County [CDPH], a four-fold increase from 2012), Assembly Bill 2109 (personal belief exemptions to immunization), as well as other updates.



Our well-received Immunization Skills Institute for MAs/LVNs holds its next session on February 6, 2014; please register by January 24<sup>th</sup>.

I would also like to take this opportunity to introduce myself as the new CHDP Medical Consultant. I look forward to this new role in public health after having worked in a variety of primary and urgent care/ED settings caring for the underserved in the SF Bay Area for the last 14 years. I can be reached at (650) 573-2492, or by email at [hdelossantos@smcgov.org](mailto:hdelossantos@smcgov.org).

Thank you for your continuing dedication to serving the health care needs of the families of San Mateo County.

-Hannah de los Santos, MD, CHDP Medical Consultant

## Protect Vulnerable Infants from Pertussis

*From the California Department of Public Health (CDPH)*



Pertussis is a continuing threat to Californians, though the magnitude of the threat varies by year as the number of susceptible people in the population waxes and wanes. Over 9,100 cases of pertussis, including 10 fatal infant cases, were reported in California during 2010 - the most in more than a half-century. Consistent with historical cycles of 3-5 years between years of higher incidence, cases are likely to increase between 2013 and 2015 in comparison to 2011 and 2012<sup>1</sup>. In San Mateo County, as of November 4, 2013 there were 89 confirmed, probable, or suspected cases of pertussis, compared to 23 cases in all of 2012.

(Pertussis, Continued on Page 2)

(Pertussis, Continued from Page 1)

### Recognize and Appropriately Treat Pertussis in Young Infants<sup>4</sup>

When pertussis has not been prevented and a young infant is infected, prompt diagnosis and appropriate treatment are critical. However, many young infants with pertussis are seen by clinicians multiple times without a diagnosis of pertussis being considered.

Parents may report episodes where the infant has:

- Gagged or gasped
- Stopped breathing (apnea)
- Turned blue (cyanosis), red or purple in the face
- Vomited after coughing

Very young infants with pertussis may look deceptively well with a runny nose but little or no fever or cough. The lack of fever and the mildness of initial symptoms often results in clinicians underestimating the potential severity of the illness, which leads to a delay in diagnosis and effective treatment.

Pertussis in infants should be diagnosed by culture or PCR using a properly collected nasopharyngeal specimen (swab or aspirate).<sup>5</sup> A high white blood cell count (leukocytosis) of  $\geq 20,000$  cells/mm<sup>3</sup> with  $\geq 50\%$  lymphocytes (lymphocytosis) in any young infant with a cough illness is a strong indication of *B. pertussis* infection.<sup>4</sup>

If pertussis is a possible diagnosis in a young infant, treatment with azithromycin should be started immediately.<sup>6</sup> All young infants (3 months old or younger) with possible pertussis should be admitted to the hospital, and many will require intensive care.

There are no clinical exam findings that help predict which infants will progress to severe, life-threatening disease; all infections in infants, particularly those 3 months old or younger, should be considered serious until observation during antimicrobial treatment suggests otherwise.

### Consider Pertussis Regardless of Age or Immunization Status

Because the pertussis vaccines, DTaP or Tdap, are not completely effective, pertussis can still occur in fully immunized persons, contributing to its spread. Remain alert for the symptoms of pertussis in infants, children or adults regardless of their immunization status, and test for pertussis when symptoms are consistent. Most pertussis infections, especially in adults, are undiagnosed.

### Immunize Pregnant Women with Tdap during Every Pregnancy



Infants younger than two months of age are most susceptible to hospitalization or death from pertussis, but immunization against pertussis is not recommended until at least 6 weeks of age. However, infants can be protected by maternal antibodies that are transferred through the placenta. Early evidence suggests that vaccinating pregnant women with Tdap during the third trimester of pregnancy can prevent pertussis in young infants.

### Other Close Contacts of Infants

Anyone who lives or works (e.g., parents, siblings, grandparents, child-care providers, and healthcare personnel) with infants younger than 12 months of age should receive Tdap if they have not already done so.<sup>2</sup> ACIP is currently considering whether Tdap boosters are indicated for contacts of infants.

(Pertussis, Continued from Page 2)

## References

1. California Department of Public Health. Pertussis summary reports. <http://www.cdph.ca.gov/programs/immunize/Pages/PertussisSummaryReports.aspx>
2. CDC. Updated Recommendations for Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine in Pregnant Women-Advisory Committee on Immunization Practices, 2012. MMWR, 2013; 62 (7): 131-135. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6207a4.htm>
3. Healy CM, Rench MA, Baker CJ. Importance of timing of maternal Tdap immunization and protection of young infants. Clin Infect Dis 2013;56:539-44.
4. Cherry JD, Harrison R, Bradley JS, Weintrub P, Lehman S, Duthie S, Mason WH. Pertussis in Young Infants – Guidance for Clinicians. June 2011. Available at: [http://www.aap-ca.org/clinical/pertussis/pertussis\\_in\\_young\\_infants.html](http://www.aap-ca.org/clinical/pertussis/pertussis_in_young_infants.html)
5. California Department of Public Health. Pertussis Laboratory Testing. February 2011. <http://www.cdph.ca.gov/programs/immunize/Documents/PertussisLaboratoryTesting.pdf>
6. California Department of Public Health. Pertussis Public Health Investigation. June 2013. <http://www.cdph.ca.gov/HealthInfo/discond/Documents/CDPHPertussisQuicksheet.pdf>

**Pertussis is Peaking: Take Action!** <http://www.cdph.ca.gov/programs/immunize/Documents/Flyer-PertussisPeaking.pdf>

## New VFC Requirements for Thermometers and Temperature Logs

Several new VFC program requirements went into effect as of January 1, 2013, including new requirements for temperature monitoring. Resources are now available, including new temperature logs (existing copies of old temperature logs should be discarded).

### Points to remember:

- Providers must have two thermometers in each unit, a primary and a back-up thermometer. Temperatures must be accurate within +/- 1°F (+/-0.5° C) and they must be digital with digital display placed outside the unit (to allow for temperature monitoring without opening the door). Thermometers must display current temperature, as well as the minimum and maximum temperatures, and have an audible alarm.
- Primary and back-up thermometers must be calibrated **annually**, and each device must be covered by a Certificate of Traceability and Calibration Testing also known as a Certification of Calibration.
- The minimum and maximum temperature readings for each unit must be read and documented **twice each workday**, at the beginning of the day and before the end of the workday. Completed temperature logs must be maintained for **3 years**.

Updated Job Aids and training videos are available at <http://www.eziz.org> with information on how to complete the new temperature logs.

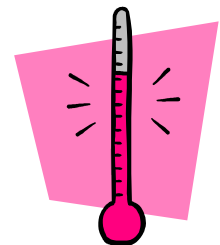
**New temperature logs can be downloaded at:**

[http://eziz.org/assets/docs/VFCletter\\_2013\\_10\\_Temp\\_Monitoring\\_Requirements.pdf](http://eziz.org/assets/docs/VFCletter_2013_10_Temp_Monitoring_Requirements.pdf)

**VFC Participation Requirements at A-glance:**

[http://eziz.org/assets/docs/VFC\\_Letters/2013\\_VFC\\_Requirement\\_Summary.pdf](http://eziz.org/assets/docs/VFC_Letters/2013_VFC_Requirement_Summary.pdf)

**For more information, contact your VFC Rep, or Marcy Spaulding, Immunization Program PHN**





Play audiometry at age 4

## Hearing Screening Tips

According to the California Department of Health Care Services, Play Audiometry is the preferred method when screening children **2.5 to 6 years and children with developmental delay.**



### Here are some helpful screening tips to consider:

- Visually demonstrate all verbal instructions, remember that English may not be the child's first language.
- Use phrases such as: **"We are going to play..."** instead of **"Do you want to play?"**
- Use **one** word to identify tone, "birdie, beep, noise, or sound"
- For children **> 6 years old** attempt the **hand raising technique**
- Wait 3 minutes if the child is uncooperative, and if screening is still unsuccessful, stop screening and attempt again in 2 to 6 weeks.
- Instruct parents on the game so they can practice with their child at home.
- Referral can be made to **California Children's Services** if the child has met the "does not pass" criteria for 2 screenings at least 6 weeks apart.
- Lastly, don't forget that CHDP requires all children to have an audiometric screening at **each CHDP visit starting at age 3.**

All staff who are conducting hearing screenings should attend a CHDP training on audiometric screening which includes information on play audiometry. Keep an eye out for upcoming training dates.



For more information, contact  
 Marcy Spaulding, PHN at 650-573-2245 or  
[mbspaulding@smcgov.org](mailto:mbspaulding@smcgov.org)



**Assembly Bill No. 2109: Immunization Exemption**

<b>What is AB 2109?</b>	The new legal requirements for personal beliefs exemptions (PBE) to immunizations required for school or child care.
<b>What documents must be provided to the school or child care facility?</b>	<b>A one page form available at:</b> <a href="http://eziz.org/assets/docs/CDPH-8262.pdf">http://eziz.org/assets/docs/CDPH-8262.pdf</a>  This form covers the following requirements: 1) A letter or affidavit requesting an exemption that states that the required immunization (s) are contrary to their beliefs, and 2) A statement signed and dated by a health care practitioner and parent indicating that the practitioner has provided, and the parent has received, information about the benefits and risks of immunizations and the risks of vaccine-preventable diseases.
<b>When does this new law go into effect?</b>	Effective January 1, 2014
<b>Who do the new requirements apply to?</b>	All students newly admitted to a California school, kindergarten through 12th grade (K-12), and students advancing to 7th grade, and children newly admitted to a child care facility. All public and private schools and child care facilities.
<b>Who can sign the personal beliefs exemption form or other personal beliefs exemption documentation?</b>	The following types of health care practitioners are authorized by law to sign personal beliefs exemption documentation if they are licensed and/or credentialed in California:  <ul style="list-style-type: none"> <li><input type="radio"/> Medical Doctor (MD)</li> <li><input type="radio"/> Doctor of Osteopathic Medicine (DO)</li> <li><input type="radio"/> Nurse practitioner (NP)</li> <li><input type="radio"/> Physician assistant (PA)</li> <li><input type="radio"/> Naturopathic doctor</li> <li><input type="radio"/> Credentialed school nurse</li> </ul> <p>The parent, legal guardian, or emancipated minor must also sign the documentation required to obtain a personal beliefs exemption.</p>
<b>When can personal beliefs exemption documents be signed?</b>	The personal beliefs exemption documentation must be signed no sooner than six months before a student is admitted to a child care facility or K-12, or before advancing to 7th grade. The date of admission or advancement is the first day of attendance at the school or child care, not the day of registration.
<b>Are exemptions for religious reasons allowed?</b>	Yes, the standard personal beliefs exemption form includes a check box for exemptions due to religious beliefs. Please refer to the following link for specifics: <a href="http://www.shotsforschool.org/pbe-faq/">http://www.shotsforschool.org/pbe-faq/</a>
<b>Where can I obtain more information?</b>	AB 2109 (Pan), Chapter 821, Statutes of 2012 , amending Health & Safety Code, Section 120365 <a href="http://leginfo.ca.gov/pub/11-12/bill/asm/ab_2101-2150/ab_2109_bill_20120930_chaptered.pdf">http://leginfo.ca.gov/pub/11-12/bill/asm/ab_2101-2150/ab_2109_bill_20120930_chaptered.pdf</a>  FAQs: <a href="http://www.shotsforschool.org/pbe-faq/">http://www.shotsforschool.org/pbe-faq/</a>

**PM160 Tip of the Month:  
Follow Up Code 5 - Referral**

**CHDP Care Coordination Staff are helping to make sure children with a Follow Up Code of 5 get the care they need.**

**Some tips:**

- Ensure parents understand the reason for referral.
- Whenever possible, help our families by contacting the specialist to let them know you are referring the child.
- Use a code 5 only when a child is being referred for the first time, or is being re-referred. If the child is already being seen, use code 1 ("under care")
- Include the diagnosis/ reason for referral in the "Comments/Problems" section.
- Be sure to name the clinic (and/or provider) to which you are referring the child, and include a phone number.

**Thank you for helping us be effective members of your care team!!**



## CHDP Provider Spotlight: Coastside Clinic

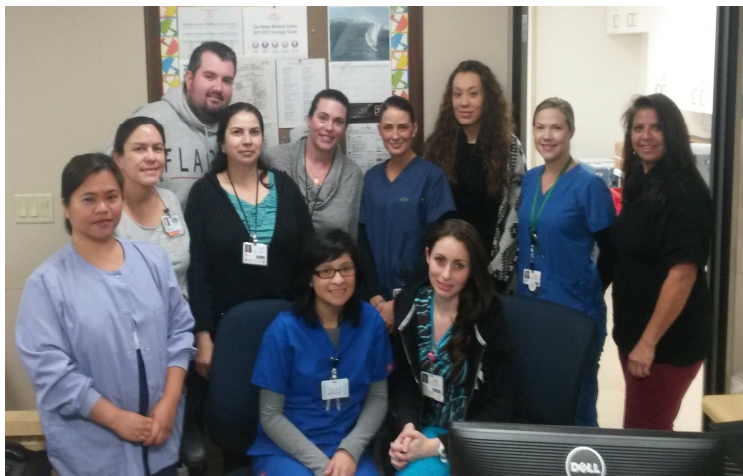
### Coastside Clinic (Half Moon Bay, CA)

Coastside Clinic first opened in 1999 as an idea generated by Dr. Rebecca Ashe, a resident of Half Moon Bay who was working as an adult primary care physician at San Mateo Medical Center. Dr. Ashe noticed that as she drove Highway 92 into San Mateo, her patients were driving "over the hill" to SMMC. The clinic started with one nurse, one Patient Services Assistant, and Dr. Ashe seeing adult primary care patients one day a week in a small corner of the second floor of a building near Highway 1 in Half Moon Bay.



In 2003, the clinic hours expanded to 3 days a week and included OB/GYN care. In 2009, Coastside Family Practice closed and left hundreds of children without pediatric care. Coastside Clinic expanded again to provide pediatric primary care two days a week. That same year, Coastside Clinic applied and was awarded 1.7 million dollars from the Health Resources Service Administration (HRSA) to renovate the space formerly occupied by Coastside Family Practice. Construction began in April 2011 and was completed in November 2011.

The newly renovated clinic, which opened officially in January 2012, is 9,000 square feet and includes a spacious waiting room, a conference room, 10 exam rooms, an optometry exam room, several offices, 4 dental bays, and a staff lounge. With the additional space and staffing, clinic volume nearly tripled in the first year of operation. Coastside Clinic now offers pediatric and adult primary care 6 days a week, including Thursday evenings and Saturdays. OB/GYN services are available Thursday-Saturday, and dental services are provided Wednesday-Friday. The clinic also offers CPSP (Comprehensive Perinatal Services Program), nutrition education, diabetic education, and soon will have optometry services. The space is also utilized by Health System programs including Community Health Advocates, Benefits Analysts, WIC, and our community partner, RotaCare. Additionally, the clinic is in the planning phase of an outreach project to provide services to the south coast areas, including Pescadero and La Honda.



**Coastside Clinic Staff**

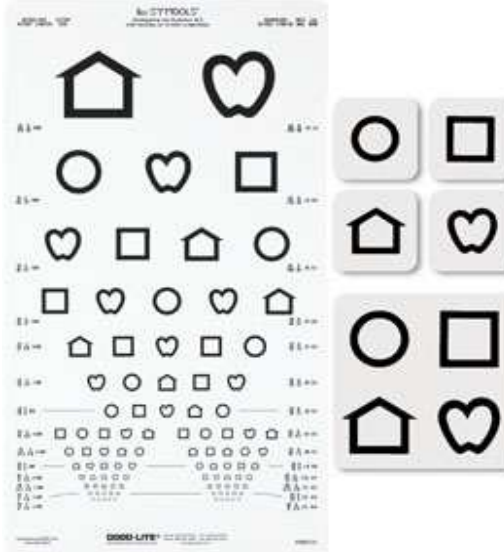
The clinic is comprised of Pediatricians, Adult Primary Care doctors, Nurse Practitioners, an OB/GYN doctor, Ambulatory Care Nurses, LVNs, Medical Assistants, Patient Services Assistants, a Charge Nurse, a Dentist and Dental Assistants. The Coastside Clinic staff are very committed and passionate about providing care to this remote, yet scenic area of San Mateo County. The hours of operation are Monday through Saturday 8 am- 5 pm, except Thursday when the clinic is open until 8 pm. The clinic number is 650-573-3941.

## Vision Screening for Ages 3-5: the LEA chart

*Both the HOTV and LEA symbols charts are acceptable for the CHDP vision screening for children ages 3-5 years. However, Prevent Blindness Northern CA (PBNC) has new guidelines that you may want to consider when purchasing new charts. See below from the PBNC Newsletter, September 2013.*

The LEA chart won't stop children from guessing, but their results will be more reliable!

PBNC protocol has changed, and the LEA chart must be used instead of the HOTV chart for testing visual acuity of 3-5 year old children for screeners in our program. Because the LEA chart symbols blur equally, the shapes and figures are much harder to differentiate when blurry. Therefore, children have a harder time guessing correctly, yielding more accurate test results.



LEA symbols chart and response cards

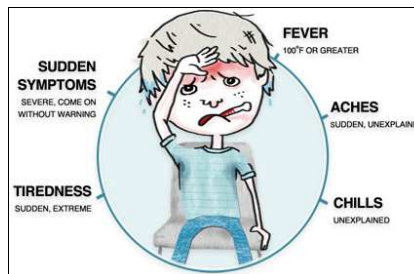
If a child has to guess, it is likely they cannot see! The HOTV symbols are very distinct so children who cannot see clearly may still be able to guess correctly when being tested for visual acuity.

## Seasonal Flu Prevention Tips

**It's that time of the year again where the flu virus is most common. Here are some helpful reminders to help you and your patients prevent the spread of influenza.**

Remember to...

- Wash your hands frequently
- Avoid touching your face
- Cover your mouth and nose when coughing or sneezing
- Avoid sharing objects
- Finally, listen to your body. Stay home if you have a fever or are coughing.



### Trainings for CHDP Provider Offices:

#### Using the WHO Growth Charts to Assess Children from Birth to 2 years

Contact: Yvette Rivas Bedrosian, CHDP Nutritionist (650) 573-3924

yrbedrosian@smcgov.org



#### Oral Health Assessment and Referral

Contact: Rachelle Salvana, CHDP Dental Coordinator (650) 573-2248

rsalvana@smcgov.org



**Thursday, February 6, 2014  
10:00 am - 2:00 pm**



**For:** Medical Assistants, LVNs, and others wanting to improve/update their immunization skills

**Where:** 225 37th Avenue, Room 100, San Mateo

**Fee:** \$5.00 payable at the door

**Register by:** January 24, 2014

**Space is limited - Register today!**

**For more information/to register, contact:**  
Robyn Ziegler, MPH, Immunization Program at  
(650) 573-2878 or rziegler@smcgov.org

**Topics covered include:**

- Best practices
- Vaccine storage and handling
- Vaccine preparation and administration
- Needle selection
- Injection sites
- Routes of administration
- Immunization documentation
- Techniques to use with children, teens, and adults

For questions or comments, contact  
Marcy Spaulding, PHN  
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mspaulding@smcgov.org

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Find us Online!  
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**SAN MATEO COUNTY  
HEALTH SYSTEM**