



Contra Costa Health Plan

COMMUNITY PROVIDER NETWORK MEETING

1350 Arnold Drive, Conference Room #103, Martinez

Tuesday, July 27, 2010 7:30 AM to 9:00AM

Continental Breakfast will be served

- | | | |
|-------|--|--|
| I. | Call to order | J. Tysell, MD |
| II. | Approval of Minutes | J. Tysell, MD |
| III. | Medical Director's Report | J. Tysell, MD |
| IV. | HEDIS Report | Kevin Drury
Director of Quality Management |
| V. | Dental Varnish <ul style="list-style-type: none">• Instruction | N. Moultrie, RDH
B. Jacobs, FNP
M. Berkery, RN |
| VI. | Pertussis | B. Jacobs, FNP |
| VII. | Provider Concerns | J. Tysell, MD |
| VIII. | Adjourn | J. Tysell, MD |

Next Meeting – October 26, 2010

Please RSVP: Provider Relations (925) 313-9500

CONTRA COSTA HEALTH PLAN
Community Provider Network – Central/East County
Meeting Minutes – July 27, 2010

Attending:

J. Tysell, MD; Beverly Jacobs, FNP; Terri Lieder MPA; Kamyar Farhangfar, MD; Myhoang Nguyen, MD, Jasbir Rana, MD; Edward Risgalla, MD

Guests: Kevin Drury, Director of Quality Management, Mary Berkery, RN

Discussion		Action	Accountable
I.	Meeting called to order at 7:38 am.		J. Tysell, MD
II.	Approval of Minutes: Minutes approved as submitted.		J. Tysell, MD
III.	Medical Director's Report <ul style="list-style-type: none"> • 1115 Waiver modifies Medi-Cal program. It requires Medi-Cal recipients to join a Health Plan beginning 2/2011 at time of redetermination. • Medi-Cal Optometry benefits reinstated on 7/26/10. 		J. Tysell, MD
IV.	HEDIS Report <ul style="list-style-type: none"> • Introduced by Dr. Tysell as new Director of Quality Management. Kevin shared his past experience and reviewed draft of HEDIS scores. • He stated a complete report will be completed later this year. 		Kevin Drury, Director of Quality Management
V.	Dental Varnish Instruction <ul style="list-style-type: none"> • Eligible reimbursement of \$18.00 through CCHP • Instruction to staff from Mary Berkery, RN and Beverly Jacobs, FNP to individual offices at request of member physicians. • Procedure requires only a small amount of time – can be reimbursed 3x1yr. for each child from first tooth eruption to age 5 yrs. • Physician to purchase dental varnish supplies cost approximately \$1.95 with delivery. • Materials on the product/process provided. 		B. Jacobs, FNP M. Berkery, RN
VI.	Pertussis Concerns: <ul style="list-style-type: none"> • Information shared with providers, re: need to give Tdap to anyone >7yo – 64yo who had been exposed to infants or shared in care of young infants as protection to/from infants. • List of free immunization clinics reviewed. • Upper limit of 64yo has been waived; all ages above 7yo may receive Tdap. 		B. Jacobs, FNP
VII.	Provider Concerns: Admin fee for immunizations is low. Can it be increased?		J. Tysell, MD
VIII.	Adjourn: Meeting adjourned at 9:05 am		J. Tysell, MD

Next meeting – October 26, 2010

HEDIS 2010

	2008 CCHP Final	2009 CCHP Final	2010 CCHP FINAL	2010 RMC Final	2010 CPN Final	CPN Improvement from 2009 (in percentage points)	2010 Kaiser final	MPL ¹
CCHP Medi-Cal Population								
BMI %ile calculated for children			18.49%	11.62%	20.74%		57.14%	2.60%
Nutrition counseling given for children			49.15%	52.70%	40.00%		60%	7.70%
Physical activity counseling for children			38.44%	39.42%	32.59%		54.29%	0.10%
*Yearly well child visit 3-6 yr.	38.90%	77.37%	74.70%	76.61%	75.83%	4.27%	60.47%	64.00%
*Yearly adolescent well visits	80%	47.45%	38.69%	36.40%	37.86%	-3.32%	46.25%	37.90%
*Combo 3 immunizations	91.90%	82.48%	77.13%	86.72%	52.10%	-18.24%	78.43%	62.40%
No antibiotics for Acute Upper Resp. children	80.30%	93.64%	92.76%	94.98%	88.01%	-0.70%	97.70%	81.10%
*First trimester prenatal	61.50%	83.45%	84.67%	86.89%	80.28%	-1.41%	80.56%	78.50%
Postpartum visit 26-51 days	89.40%	68.13%	68.13%	71.91%	61.97%	-1.41%	59.72%	57.90%
No imaging for lower back pain		87.02%	87.14%	86.71%	87.04%		91.67%	72.70%
Breast cancer screening	47.60%	43.68%	56.19%	52.24%	47.06%	0.63%	76.07%	45.00%
*Cervical cancer screening	69.70%	67.88%	69.34%	67.19%	61.64%	-6.85%	82.35%	60.90%
Diabetes Eye Exam 2 yrs.	53%	53.47%	48.54%	56.01%	46.46%	5.22%	26.85%	44.40%
Diabetes screening LDL-C	77.90%	79.38%	78.65%	77.42%	74.75%	-2.57%	86.11%	71.50%
Diabetes LDL <100	42.10%	42.20%	40.69%	39.30%	26.26%		58.33%	27.20%
*Diabetes HbA1c testing	82%	83.03%	85.40%	84.75%	84.85%		87.96%	76.50%
Diabetes HbA1c (>9%) (lower is better)	38%	42.15%	31.75%	25.51%	71.72%		14.81%	>50.6%
Diabetes HbA1c (<8%)		49.09%	52.55%	52.20%	44.44%		60.19%	37.50%
Diabetes Nephropathy screen or treatment	81.20%	82.30%	86.50%	85.92%	85.86%	9.57%	88.89%	
Diabetes BP <140/90		56.20%	53.10%	49.56%	58.59%		58.33%	
Avoidance of antibiotics in adults with acute bronchitis	37.50%	32.50%	31.87%	32.32%	30.67%	1.16%	37.50%	20.20%

* default assignment measure

¹ Minimum Performance Level=last year's 25th %ile, below which an improvement plan is required

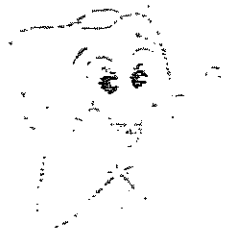


Barniz de Fluoruro

Instrucciones de cuidado en casa

¡El barniz de fluoruro ayudará a su hijo a tener dientes sanos y fuertes! El día de hoy se le aplicó barniz de fluoruro a su hijo. Por favor siga estas instrucciones que le ayudarán a que los dientes de su hijo obtengan el mayor beneficio por la aplicación del barniz de fluoruro.

- ☛ Si, su hijo puede beber agua después de la aplicación, pero no deje que coma nada por 20 minutos después de la aplicación del barniz de fluoruro.
- ☛ No le dé alimentos calientes, duros, crujientes, masticables o picantes a su hijo por el resto del día.
- ☛ Hoy, por el resto del día, no cepille los dientes de su hijo o use hilo dental.
- ☛ Al día siguiente de la aplicación, cepille los dientes de su hijo y use hilo dental.
- ☛ Recuerde que la capa amarilla o blanca del barniz desaparecerá en unas horas.
- ☛ Si su hijo está actualmente tomando suplemento de fluoruro (tabletas o gotas), deje de dárselos de 3 a 5 días después de la aplicación de fluoruro.
- ☛ En su próxima cita al dentista, infórmele de la aplicación de barniz de fluoruro a su hijo el día de hoy. Lleve esta forma como comprobante.



Fluoride Varnish

Home-care instructions

Fluoride Varnish will help your child have strong, healthy teeth! Now that your child had Fluoride Varnish applied today, please follow these directions to help your child's teeth get the most benefit from the Fluoride Varnish.

- ☛ It's ok for your child to drink water, but don't eat for 20 minutes after fluoride varnish application.
- ☛ Don't give foods that are heated (hot), hard, crunchy, chewy, or spicy for the rest of the day.
- ☛ Don't brush or floss child's teeth that day or night.
- ☛ Brush and floss teeth beginning the next morning.
- ☛ Remember that the yellowish or whitish coating will go away.
- ☛ If your child is currently taking fluoride supplements (tablets or drops), stop supplements for 3 to 5 days fluoride varnish application.
- ☛ On your next dental visit, tell the dentist we applied Fluoride Varnish today! Bring this form to show them!



Aplicación del barniz de fluoruro *The Fluoride Varnish Application*



1. Siéntese usted en una silla, mirando a la enfermera. Abraze su hijo/a sentada en sus piernas, con la cara mirando a usted.

Sit in the chair, facing the nurse. Hold your child sitting in your lap, facing you.

2. Recline a su hijo/a sobre las piernas del usted y su cabeza, boca arriba, en las piernas de la enfermera. Con las manos, mantenga los brazos de su hijo cerca de su cuerpo.

Lay your child back on your legs with his head face-up, on the nurse's legs. With your hands, hold your child's arms close to his body.



3. La enfermera cepillará a los dientes o los limpiará con una gaza. La enfermera aplicará el barniz de fluoruro a los dientes con un pequeño cepillo. No duele.



The nurse will brush your child's teeth or clean them with gauze. The nurse will apply the fluoride varnish to your child's teeth with a small brush. It doesn't hurt.

Fluoride Varnish

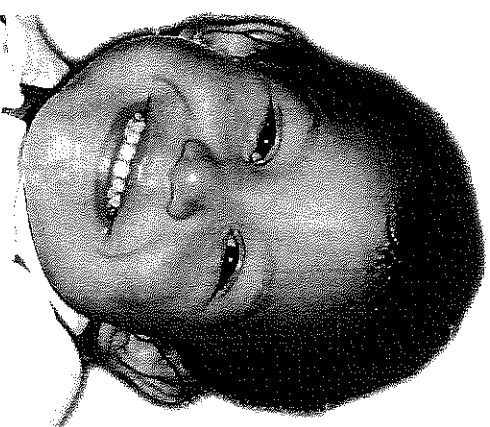
1. Protects teeth against cavities.
2. Makes teeth stronger.
3. Is safe for children of all ages.
4. Is easy and fast to apply.
5. Does not hurt.
6. Is covered by insurance like Medi-Cal and Healthy Families.



**Ask your doctor or WIC
about getting
fluoride varnish
for your child.**

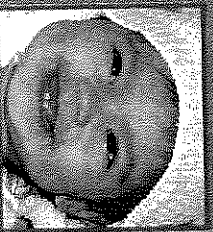
Acknowledgments:
Funded by NIH/NIDCR US4 DE 019285; Lip photo courtesy of: Dr. Reinado
Negron, DDS, Piedmont Pediatric Dentistry; Girl in hat photo courtesy of: SFDPH, CHDP,
Maternal, child and adolescent health; Woman brushing teeth Novastock photo / World
of stock; Other children photos courtesy of Roman Family.

**Fluoride Varnish
For
Healthy Teeth**



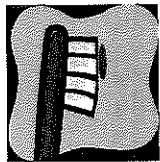
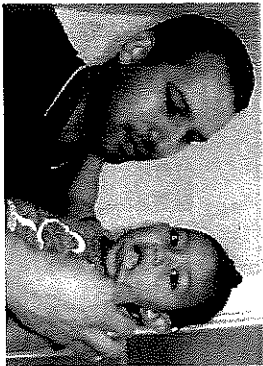
**Read this brochure and
give your child the gift
of healthy teeth!**

1. Baby teeth are important.
2. Children need healthy baby teeth for :
 - * Talking
 - * Eating
 - * Smiling
 - * Helping the jaw grow for space for adult teeth to come in.
3. Baby teeth can get cavities but cavities can be prevented by having fluoride varnish put on teeth every 6 months.
4. Cavities are caused by germs. Like colds, they can spread from person to person.
5. To prevent spreading cavity germs, children should not put things in their mouth that have been in someone else's mouth.



Things to do at home

1. Brush your child's teeth with a dot of fluoride toothpaste daily.



2. Lift the lip to check your child's teeth for white or brown spots every month.



3. Children should not put things in their mouth that have been in someone else's mouth.

4. Let your child sleep with a bottle or sippy cup ONLY if it has just water in it. The last thing that touches your child's teeth before bedtime should be fluoride toothpaste or water.

5. Brush and floss your own teeth daily.



1

Things doctors & dentists can do

1. Check your child's teeth starting at age one.



2. Provide regular check-ups.

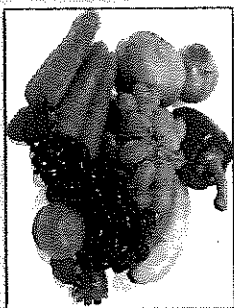
3. Apply fluoride varnish on your child's teeth to prevent tooth decay.



2

Food and snack choices

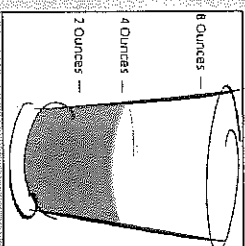
1. Healthy snacks your child can eat are: fresh fruits, fresh vegetables, cheese and plain unsweetened yogurt



2. Give your child tap water when they are thirsty.



3. All sodas, sports drinks, flavored milks and juices have lots of sugar and can cause cavities. Limit these to no more than 4 ounces once a day.



4. Sugar in sweet and starchy foods like cookies, chips, sweetened yogurt and candies can cause cavities. Limit these to less than 3 times a day. Give them with regular meals, not as a separate snack.

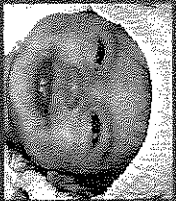


3

¿Sabía usted?

1. Los dientes de leche son muy importantes.
2. Los niños necesitan sus dientes de leche sanos para:
 - * Hablar
 - * Comer
 - * Sonreír

* Ayudar que la mandíbula crezca para que los dientes permanentes salgan.
3. A los dientes de leche les puede dar caries, pero estas pueden ser prevenidas aplicando barniz de fluoruro en los dientes cada 6 meses
4. Las caries son causadas por gérmenes. Así como los resfriados, las caries se pasan de una persona a otra.
5. Para prevenir que las caries se pasen, no deje que sus hijos se meta a la boca cosas que han estado en las bocas de otras personas.



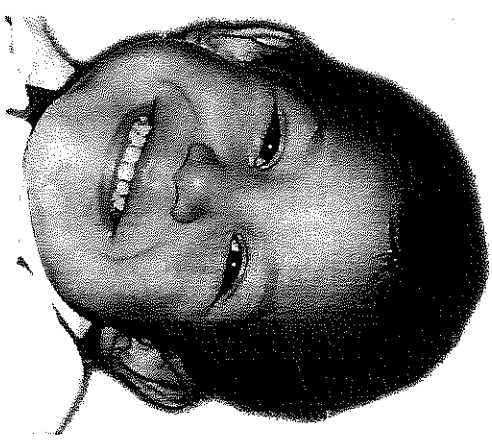
Barniz de Fluoruro

1. Protege los dientes contra las caries.
2. Hace mas fuerte los dientes.
3. Es seguro para niños de todas las edades.
4. Es fácil y rápido de aplicar.
5. No duele.
6. Es un beneficio cubierto por Medi-Cal y Healthy Families.



Pregúntele a su doctor o en su oficina de WIC sobre como obtener **Barniz de fluoruro** para sus hijos.

Barniz de fluoruro para dientes sanos

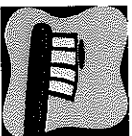


¡Lea este folleto y déle a su hijo una sonrisa saludable!

Recomendamos:
Financiado por NIH/NIDCR U54 DE 019285; Foto levantado labio es cortesía de Dr. Reinoldo Negron, DDS, Piedmont Pediatric Dentistry; Niña en gorro cortesía de SFDPP, CHDP, Maternal, child and adolescent health; Mujer cepillándose los dientes Novatock/photo/ World of Stock; Fotos de otros niños cortesía de familia Roman.

Cosas que puede hacer en casa

1. Cepille los dientes de su hijo con un punto de pasta dental con fluoruro.



2. Una vez al mes, separe el labio para revisar si su hijo tiene manchas blancas o cafés en sus dientes.



3. No deje que su hijo se meta a la boca cosas que han estado en las bocas de otras personas.
4. Permita que su hijo duerma con biberón o taza, solamente si contiene agua. Pasta dental con fluoruro o agua debe de ser lo último que toque los dientes de su hijo antes de dormir.

5. Cepíllese sus propios dientes y use hilo dental todos los días.



Cosas que hacen los doctores y dentistas

1. Revisar los dientes de su hijo desde su primer año de edad.



2. Hacer chequeos regulares.

3. Aplicar barniz de fluoruro en los dientes de su hijo para prevenir las caries.

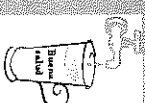


Comida y bocadillos sanos

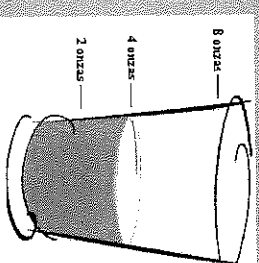
1. Algunos bocadillos saludables que puede dar entre comidas son: queso, yogur simple, frutas y verduras frescas.



2. Déle agua del grifo a su hijo cuando tenga sed.



3. Todas las sodas, jugos, gatorade, leche y aguas de sabor contienen mucha azúcar y pueden causar caries. Dar menos de 4 onzas una vez al día.



4. El azúcar en dulces y comidas con carbohidratos como galletas, yogur azucarado, y dulces pueden causar caries. Limite estos a menos de 3 por día. Déselos con las comidas, no como bocadillos.



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Oral Health Training for Primary Care Providers



Padmini Parthasarathy, MPH


Children's Oral Health Program
Public Health Division, Contra Costa Health Services


June 23, 2008



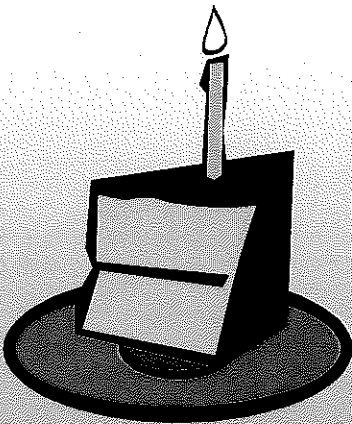
A Silent Epidemic

- Dental disease is the most common chronic and infectious disease affecting children in the U.S.
- Five times more common than asthma
- 7% of Contra Costa children miss school because of a dental problem







National Policy




- All children should see a dentist by age one or six months after the eruption of the first tooth
 - American Academy of Pediatrics
 - American Academy of Pediatric Dentistry




What are Early Childhood Caries (ECC)?

ECC is an infectious and transmissible disease; however, it is preventable




- Previously known as Baby Bottle Tooth Decay (BBTD) or Nursing Caries
- Can appear as soon as the first tooth erupts (around 6 months of age)






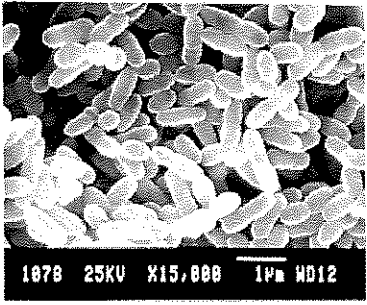
ECC is an infectious, transmissible disease

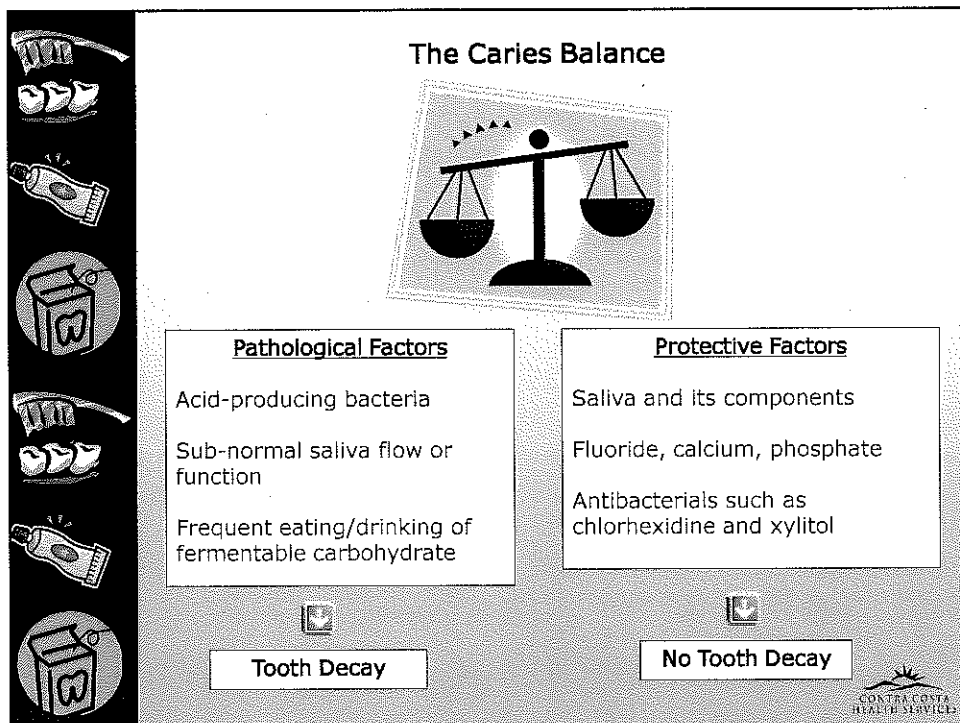
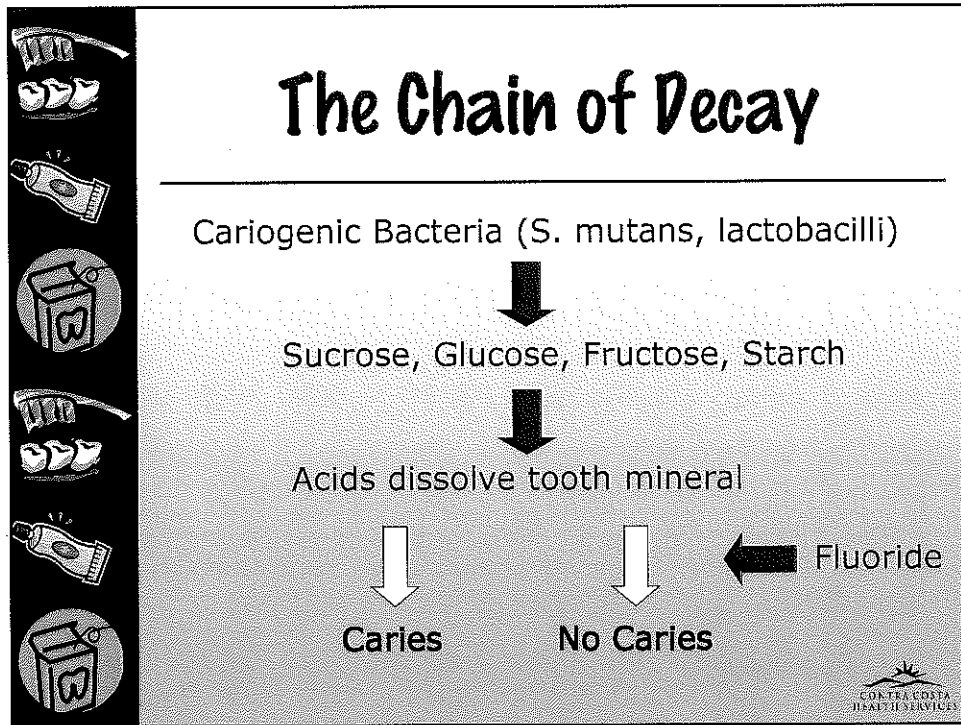
- Mutans streptococci, lactobacilli, and other acid-producing bacteria
- Transmission is both vertical and horizontal




Colonization

- Can begin even before the eruption of teeth








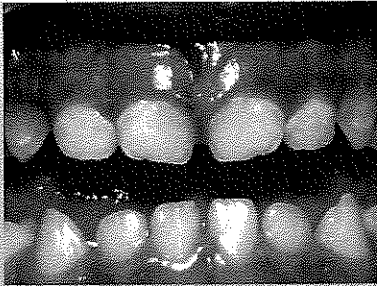
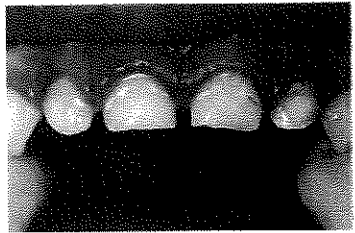


White Spot Lesions


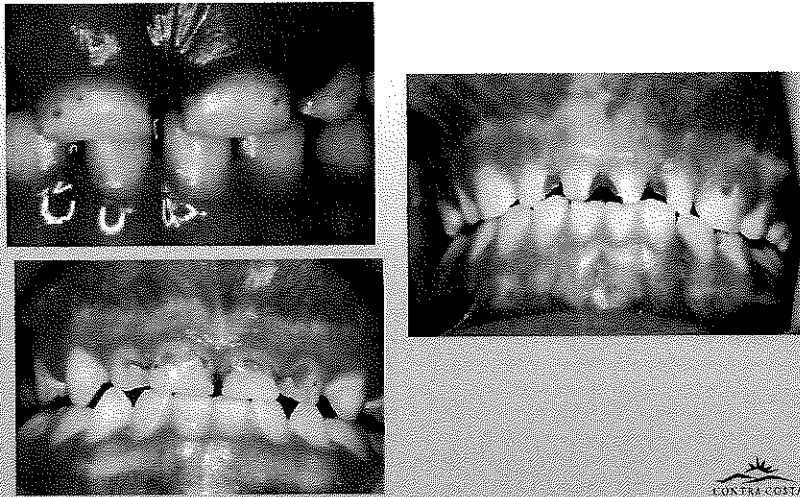

- The first visible sign of tooth decay
- Reversible




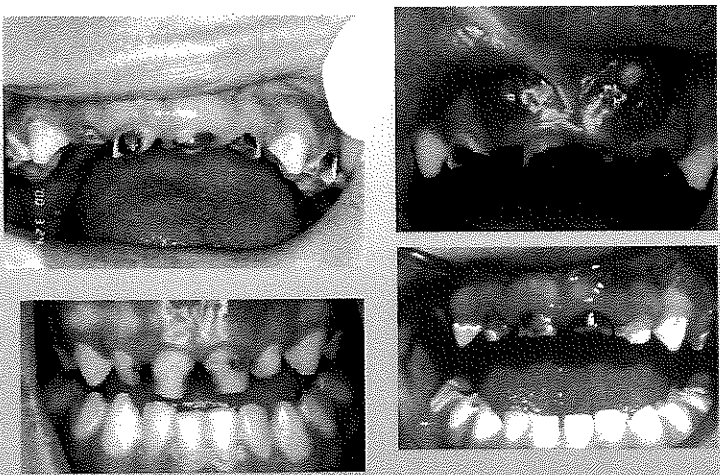

White Spot Lesions




Mild/Moderate ECC





Severe ECC






Risk Factors for Caries


- Having a mother with a high caries rate or a high bacterial count of cavity-causing germs
- Demonstrable caries, plaque, demineralization, and/or staining
- Sleeping with a bottle or breastfeeding throughout the night



Risk Factors for Caries



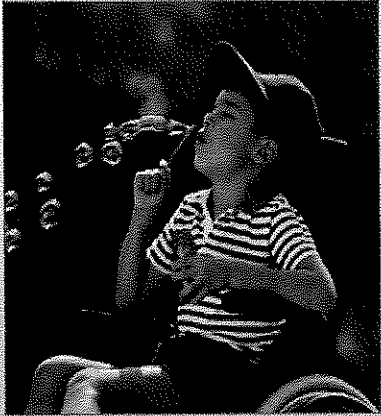
- Being a later-order offspring
- Low socioeconomic status
- Lack of access to dental care






Children with Disabilities and Other Special Needs


- Reduced saliva flow
- Sweetened medications
- Competing medical needs




The Effects of ECC





- Loss of primary teeth
- Pain
- Infection
- Self-esteem






Loss of Primary Teeth


- Primary teeth are important for:
 - Nutrition
 - Speech development
 - Holding spaces for permanent teeth
- Untreated decay in primary teeth can lead to decay in permanent teeth



Pain



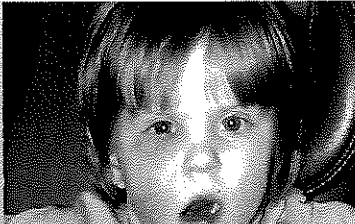

- Children learn to live with the pain
- Missed preschool and school days
- Inability to concentrate; impairs school readiness
- Can affect sleep and overall health and well-being







Infection


- Failure to thrive and delayed growth patterns



Self-esteem

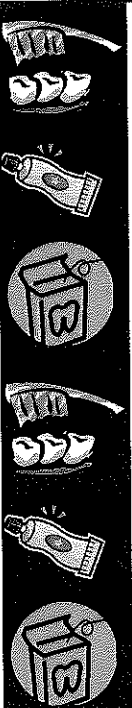

- Stainless steel crowns
- Unattractive smiles



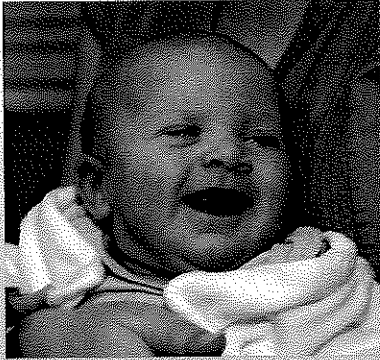


Prevention of Dental Decay


- Regular dental visits starting at age 1
 - Referral by medical providers
- Oral hygiene
- Fluoride
- Dental Sealants
- Healthy feeding practices
- Modifying caregiver's oral health: Xylitol

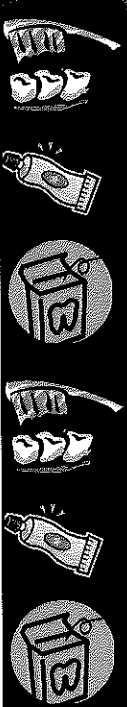


Oral Hygiene: Infants






- Before teeth come in, wipe gums clean with gauze or washcloth, before or after last feeding at night








Oral Hygiene: "Lift the Lip"

- When teeth are in, "lift the lip" monthly to check for chalky white spots or brown spots



Oral Hygiene: Brushing

- Begins when first tooth erupts
- An adult should help brush a child's teeth until child is around 8 years old





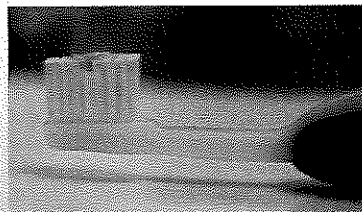
Fluoride


- Naturally occurring mineral that prevents tooth decay
- Topical fluorides strengthen erupted teeth by incorporating into the surfaces of teeth
- Systemic fluorides are ingested and become incorporated into developing tooth structures before teeth are erupted



Fluoride Toothpaste




- Encourage daily use in the morning and before bed
- A small pea-sized dab is the appropriate amount
- Apply toothpaste across width, not length of toothbrush



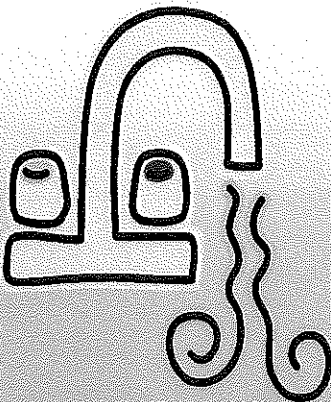


Fluoride Varnish


- Brown resin that sets on contact with moisture in the mouth
- Prevents ECC
- Easy application
- Contains 5% of NaF




Community Water Fluoridation





- Only about 30% of Californians have fluoridated drinking water (vs. 67% nationwide)
- All of Contra Costa is fluoridated *except* Bay Point, Byron, Knightsen, and Brentwood






Healthy Feeding Practices


- Eat healthy foods and avoid sticky, starchy foods between meals
- "Brush now" vs. "Brush later" foods
- Don't let infants and toddlers go to bed with a bottle or sipper cup or carry one around during the day, unless it contains only water



Anticipatory Guidance


- Take home messages for caregivers
- Oral health and hygiene
- Oral development
- Fluoride adequacy
- Oral habits
- Diet and nutrition
- Injury prevention








Knee to Knee Examination

Step 1

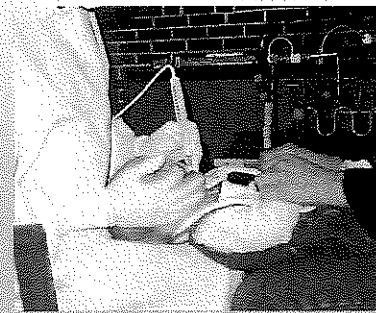


Step 2






Knee to Knee Examination

Step 3





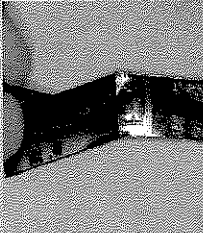
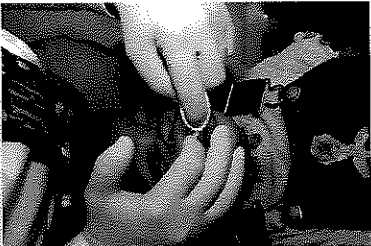
Step 4






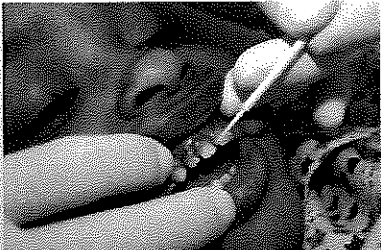
Fluoride Varnish Procedure


1. Dry teeth lightly with a gauze square.
2. Open the packet of varnish.
3. Stir varnish with applicator.



Fluoride Varnish Procedure



5. Begin with lower teeth. Do the outsides of all teeth and then the insides.
6. Repeat with the upper arch.
7. Develop a pattern that works for you.






Access to Oral Health Care


- 21.3% of children in California do not have dental insurance (2005 CHIS)
- Many employers do not cover dental insurance
- Lack of dentists and specialists accepting Medi-Cal
- County and community clinics overburdened
- Need more dentists to see young children and pregnant women



Children's Oral Health Program (COHP)



- Founded in 1977; part of FMCH Programs
- Funded primarily by the CA Children's Dental Disease Prevention Program
- Serves children preschool-6th grade, as well as special ed students through age 19





Children's Oral Health Program (COHP)

- Schools that have at least 50% of children enrolled in free and reduced-price school meal program (at or below 185% FPL)
- Free and reduced-price school meal program: Federally assisted meal program that provides nutritionally balanced, low-cost or free lunches to children each school day.
- 130% FPL and below = Free meals
131-185% FPL = Reduced-price meals




COHP Services





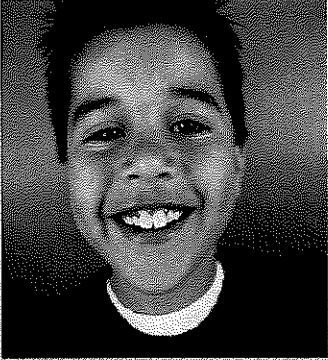
- In-class dental health education, including tooth-brushing instruction
- Toothbrushes, toothpaste, floss
- Screenings at school sites
- School-based sealant clinics






COHP Services

- Bi-yearly fluoride varnish applications for communities with sub-optimal fluoridation
- Teacher and parent workshops
- Care coordination

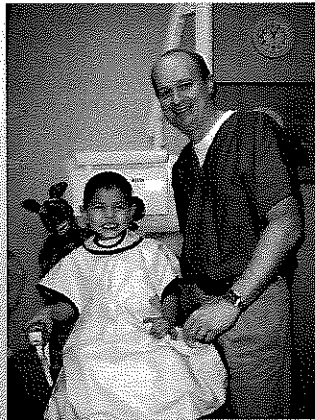


Review of Key Messages

- Oral health is integral part of total health
- Dental disease is very common
- Dental disease is infectious and transmissible, but it is preventable in many ways
- Dental visit by age one
- Access to care barriers can be very significant, especially for low-income families



Contact COHP



- Call **925-313-6280** for referrals to care coordination or any questions
- Website:
www.cchealth.org/services/dental
 - Denti-Cal provider list
 - Dental clinic info
 - Online resources



Erika Jenssen/PH/HSD/US
07/14/2010 10:32 AM

To Beverly Jacobs/CCHP/HSD/US@HSD

cc

bcc

Subject Pertussis treatment

<http://cchealth.org/topics/pertussis/providers.php>

Here is the information on our website:

California is experiencing a peak year for pertussis, its worst since 2005. As of June 30, 2010, California has had more than five infant deaths, all of whom were less than three months of age.

So far in 2010, Contra Costa County has had 53 reported cases, with several cases needing hospitalization.

Health care providers can protect the lives of their patients by taking the following steps:

Clinical Action Steps to Prevent Pertussis and Pertussis-associated Complications

Think pertussis

Consider the diagnosis of pertussis in your patients and their close contacts:

- Inform your staff to increase awareness to patients calling for advice/appointments with the symptoms listed below:
 - Paroxysmal cough characterized by bursts of rapid cough
 - High-pitched, inspiratory "whoop"
 - Apnea and/or Cyanosis (especially age < 3 months)
 - Post-tussive vomiting or gagging
 - Between paroxysms of cough, infant may appear healthy.
 - Unvaccinated infants may have a marked lymphocytosis indicative of pertussis.
- Symptomatic persons should be offered priority access to care and separated from others.
- Immunized children can get pertussis. Vaccine is 60-90% effective in preventing moderate to severe pertussis and immunity to 6-12 years after vaccination.
- **Young infants:** The diagnosis of pertussis is often delayed or missed because of a deceptively mild onset of runny nose. The illness may be undetectable or mild. Illness may present as apnea, hypoxia or seizures. After a few days, mild illness may suddenly transform into a severe illness with a blood cell count of $\geq 20,000$ cells/mm³ with $\geq 50\%$ lymphocytes is a strong indication of pertussis.
- **Adolescents and adults:** Most cases are not diagnosed. A misdiagnosis of bronchitis or asthma is common. The patient may

sensation or of sweating. Leukocytosis/lymphocytosis is not likely to occur in this population.

Test for pertussis

Delays in recognition of pertussis may contribute to adverse clinical outcomes:

- Promptly obtain nasal aspirate (preferred specimen) or nasopharyngeal swab for PCR and/or culture. [Click here for specimen](#)

Treat for pertussis

Delays in treatment before or after hospitalization may increase the risk of fatal illness:

- **Young infants:** Because pertussis may progress rapidly in young infants we suggest that you treat suspected and confirmed cases monitor them very closely, and consider hospitalization in a facility that has direct access to intensive care (especially if the infant's blood cell count may increase substantially during the illness. Almost all fatal cases have extreme leukocytosis with lymphocytosis and hypertension).

- Treat cases and prophylax close contacts promptly. [Treatment and prophylaxis information by age group.](#)

Report pertussis

Prompt reporting supports prevention and control efforts:

- To assist in preventing additional cases, please report promptly suspected and confirmed cases of pertussis to Contra Costa F&E and/or fax: (925) 313-6465.

Prevent pertussis

Assess pertussis immunization status, and use every patient encounter to vaccinate:

- Studies have shown that half of the infants with pertussis are infected by their parents, particularly their mothers. Pregnant women should be vaccinated before pregnancy, during pregnancy, or after giving birth. Fathers may be vaccinated at any time, but preferably before the birth of the child.
- All close contacts to infants and health care workers should be immunized against pertussis with Tdap or DTaP vaccine, as appropriate.
 - All contacts < 7 years old who have not received at least 4 doses of Tdap, or for whom it has been over 3 years since the last dose (DTaP doses should be spaced by 4 weeks).
 - All contacts 10 through 64 years old should receive one dose of Tdap.
- [Post this flyer in your office for your staff.](#)
- Vaccinate for pertussis at the earliest opportunity, especially during hospitalization for birth and clinic visits for wound management.

General pertussis information in English and Spanish for your patients is available at <http://cchealth.org/topics/pertussis>. Information on immunization clinics is available here: <http://cchealth.org/immunization>.

Download the California Department of Public Health's [Pertussis Health Advisory poster.](#)



News Release

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

CONTACT: Al Lundeen
Mike Sicilia
(916) 440-7259

FOR IMMEDIATE RELEASE

July 19, 2010
PH10-048

CDPH BROADENS RECOMMENDATIONS FOR VACCINATING AGAINST PERTUSSIS: IMMUNIZATION KEY TO CONTROLLING WHOOPING COUGH

SACRAMENTO – To protect Californians against the current epidemic levels of pertussis (whooping cough) health experts at the California Department of Public Health (CDPH) today broadened recommendations for immunizing against pertussis and reiterated the importance of getting vaccinated.

“We are facing what could be the worst year for pertussis that this state has seen in more than 50 years,” said CDPH Chief of the Center for Infectious Disease Dr. Gilberto Chávez, who also is the state’s epidemiologist. “We are urging health providers to broaden their use of the pertussis vaccine and we are urging Californians to take the simple step of getting vaccinated to prevent pertussis.”

In addition to the typical series of childhood pertussis immunizations, CDPH now recommends an adolescent-adult pertussis booster vaccine (Tdap) for:

- anyone 7 years and older who is not fully immunized, including those who are more than 64 years old,
- women of childbearing age, before, during, or immediately after pregnancy, and
- other people who have contact with pregnant women or infants.

“Considering that immunity from pertussis vaccine or disease wears off and that most adults are susceptible to pertussis, now is the time for Californians to get immunized to protect themselves and their families,” said Chávez. “In particular, all family members and caregivers of infants should get the booster vaccine.”

California physicians expressed support for the new expanded vaccination guidelines. “Pediatricians are extremely concerned about the pertussis epidemic in California,” said Kris Calvin, Chief Executive Officer of the American Academy of Pediatrics, California. “We appreciate and fully support CDPH’s efforts.” Family physicians are equally concerned. “The new recommendations will help tremendously in addressing pertussis

prevention,” said Jack Chou, M.D., president of the California Academy of Family Physicians. “We support the efforts of the California Department of Public Health.”

Pertussis has reached an epidemic level in California. For the first six months of this year, 1,337 cases of pertussis were reported, a five-fold increase from the same period last year when 258 cases were reported. In addition, approximately 700 possible cases of pertussis are under investigation.

Five infants, all under three months of age, have died from pertussis this year. Unimmunized or incompletely immunized young infants are particularly vulnerable.

The pertussis vaccination series can begin when an infant is 6 weeks of age. Infants, however, are not adequately protected by vaccination until the initial series of three shots is complete. The series of shots that most children receive wears off by the time they finish middle school. Neither vaccination nor illness from pertussis provides lifetime immunity. For new mothers and anyone with close contact with infants, CDPH is providing Tdap vaccine at birthing hospitals, community health centers, Native American health centers and local health departments.

A typical case of pertussis in children and adults starts with a cough and runny nose for one-to-two weeks, followed by weeks to months of rapid coughing fits that sometimes ends with a whooping sound. Fever is rare.

California has taken the following steps to combat pertussis:

- Confirmed pertussis to be at epidemic levels in California, in line to break a 50 year record for recorded cases.

- Implementation of a free postpartum tetanus, diphtheria, and pertussis (Tdap) program for hospitals with funds from the American Recovery and Reinvestment Act (ARRA).

- Promoted the infant “cocooning strategy,” wherein individuals in close contact with infants are vaccinated.

- The development of bilingual educational materials for distribution to local public health departments, hospitals, and healthcare providers; news releases to inform the public, and conducting statewide round-table meetings with ethnic media.

- Development of clinical guidance materials to 14,000 healthcare providers as well as the California Medical Association and the California Hospital Association.

- Partnering with the federal Centers for Disease Control and Prevention (CDC) on a pertussis investigation in the Central Valley region.

Complete information about the Department’s response is available at <http://www.cdph.ca.gov/programs/immunize/Pages/TdapExpansionProgram.aspx>.

www.cdph.ca.gov





Pertussis Vaccination Recommendations 2010

SUMMARY: CDPH recommends that all patients indicated for immunization against tetanus, diphtheria or pertussis be immunized with:

- DTaP if age 6 weeks through 6 years; or
- Tdap if age 7 years and older.

The only reasons not to provide Tdap are documentation of a prior dose or a valid contraindication. Health care facilities and providers should institute policies to achieve these recommendations.

PRIORITY POPULATIONS: CDPH recommends that all patients without documentation of full immunization against pertussis be fully immunized at the earliest opportunity, particularly:

Women of childbearing age: CDPH recommends that all women of childbearing age be vaccinated with Tdap, preferably before pregnancy, but otherwise during or after pregnancy -- pregnancy is not a contraindication to vaccination (1, 4). The American Academy of Pediatrics (AAP) recommends that unvaccinated pregnant adolescents be given the same consideration for Tdap vaccination as non-pregnant adolescents (1). The Advisory Committee on Immunization Practices (ACIP) prefers Tdap vaccination in the immediate postpartum period (4). AAP, ACIP, and the American College of Obstetricians and Gynecologists (ACOG) recommend that, when given during pregnancy, it is preferable to administer Tdap during the second or third trimester to minimize the coincidental association of Tdap vaccination with adverse outcomes, which occur most often during the first trimester (1, 2, 4, 6).

Other close contacts of infants: CDPH recommends that birth hospitals and other immunizers provide Tdap to all close contacts of infants without documentation of Tdap vaccination, especially parents and childcare providers. Contacts should be immunized before mother and baby are discharged after birth, regardless of when the contacts received any prior doses of Td.

Health care personnel: CDPH recommends that all health care personnel, particularly those who have direct contact with infants and pregnant women, be immunized with Tdap to protect their patients and themselves. Effective September 1, 2010, the [Cal/OSHA Aerosol Transmissible Disease Standard](#) requires all hospitals, outpatient medical facilities, and other employers covered by the standard to offer Tdap immunization to their employees who may be exposed to pertussis. Employees who decline to be vaccinated must sign a declination form.

Patients with wounds: CDPH recommends that providers administer Tdap (instead of Td or TT) whenever tetanus toxoid is indicated for wound management in patients 7 years of age and older.

VACCINATION INTERVAL: When the risk of contracting pertussis is elevated, as at present, ACIP and AAP recommendations permit any interval between doses of Td and Tdap. In contrast to the grave potential risks of susceptible persons becoming infected and transmitting pertussis to vulnerable infants, the most common adverse reaction to tetanus or diphtheria vaccines is a local reaction at the injection site, which may be more likely after an increased number of prior doses (9); however, recent studies and reports suggest that doses of Tdap given after previous Td or DTaP are well tolerated at intervals as brief as 1-18 months (3, 7, 8). An undocumented history of immunization with Tdap or Td is not a valid reason to avoid or delay administration of Tdap.

CONTRAINDICATIONS: The only contraindications to immunization with Tdap, both rare, are:

- a documented history of anaphylaxis after receipt of Tdap, DTaP or their ingredients; or
- encephalopathy occurring within 7 days after immunization against pertussis that was not due to another identifiable cause (5, 6).

USE BEYOND LICENSED AGE GROUPS IS PERMITTED BY LAW:

7-9 Years: CDPH recommends administration of Tdap to children 7 through 9 years of age whenever vaccination against tetanus, diphtheria, or pertussis is indicated. Existing data suggest that the use of Tdap at these ages is safe (7, 10); in Canada, Tdap is licensed for persons 4 years of age and older.

65+ Years: CDPH recommends administration of Tdap to persons 65 years of age and older. Local and systemic events after Tdap vaccination have been reported less frequently in adults less than 65 years than in adolescents (5, 11). Published data on the safety and vaccine efficacy of Tdap in persons 65 years and older are limited. Even if the immunogenicity of Tdap is found to decline with age, any additional protection provided could help to limit transmission and protect the vulnerable.

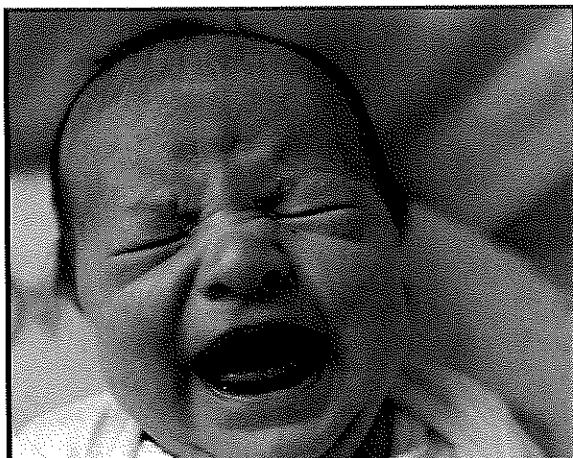
Use of Tdap beyond licensed age groups may or may not be covered by private insurers.

RATIONALE: Pertussis (whooping cough) is highly contagious and is spread by inhalation of respiratory droplets or aerosols. A high level of community immunity is needed to reduce the incidence of pertussis, but immunity from immunization or disease wanes over time. Most children vaccinated for pertussis before kindergarten are susceptible again by early adolescence. Tdap immunization rates in adolescents and adults are currently low.

As a result, pertussis continues to circulate widely, resulting in the hospitalization and death of young infants who are too young for routine immunization with DTaP. As of July 15, 2010, there have been five reported 2010 infant deaths due to pertussis in California. Close contacts, most often mothers, are the most common known source of pertussis in infants (12). Thus, vaccinating household contacts, health care personnel, and child care workers against pertussis is recommended at least 2 weeks before their contact with young infants (5, 6). Increasing community immunity through widespread immunization will also decrease the chances that vulnerable infants will be exposed to pertussis. Immunization will also prevent debilitating cases of pertussis in older children, adolescents, and adults.

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Pertussis is Peaking: Take Action!

Think pertussis

Consider the diagnosis of pertussis in your patients and their close contacts

Young infants: The diagnosis of pertussis is often delayed or missed because of a deceptively mild onset of runny nose. There usually is no fever. Cough may be undetectable or mild. Illness may present as apnea, hypoxia or seizures. After a few days, mild illness may suddenly transform into respiratory distress. A white blood cell count of >20,000 cells/mm³ with >50% lymphocytes is a strong indication of pertussis.

Adolescents and adults: Most cases are not diagnosed. A misdiagnosis of bronchitis or asthma is common. The patient may report of episodes of a choking sensation or of sweating. Leukocytosis/lymphocytosis is not likely to occur in this population.

Test for pertussis

Delays in recognition of pertussis may contribute to adverse clinical outcomes

Obtain nasal aspirate (preferred specimen) or nasopharyngeal swab for PCR and/or culture promptly.

Treat for pertussis

Delays in treatment before or after hospitalization may increase the risk of fatal illness

Young infants: Because pertussis may progress rapidly in young infants we suggest that you treat suspected and confirmed cases promptly with azithromycin, monitor them very closely, and consider hospitalization in a facility that has direct access to intensive care (especially if the infant is <3 months of age). Almost all fatal cases have extreme leukocytosis with lymphocytosis, pneumonia, and pulmonary hypertension.

Reduce Transmission

Report pertussis—*Prompt reporting supports prevention and control efforts*

Report suspected and confirmed cases of pertussis promptly to your local public health department to assist in preventing additional cases.

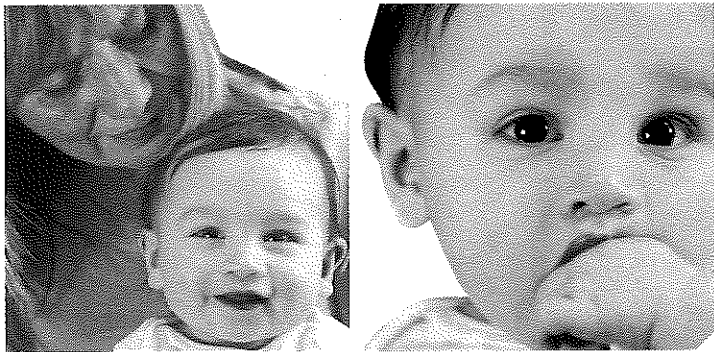
Prevent pertussis—*Assess pertussis immunization status, and use every patient encounter to vaccinate*

—All close contacts to infants and all health care workers should be immunized against pertussis with Tdap or DTaP vaccine, as age appropriate.

—Vaccinate for pertussis at the earliest opportunity, especially during hospitalization for giving birth and at clinic visits for wound management, checkups or acute care.



Parents:



Protect
Yourself
and Your
Children
from
Whooping
Cough!

Why Whooping Cough is Serious:

Whooping cough (also known as pertussis) is a contagious disease that can be passed easily from person to person. It is very serious for babies and can cause them to cough so much that they cannot breathe. Hundreds of babies are hospitalized each year for whooping cough, and some die from it.

Whooping cough can cause adults or teens to have severe coughing that leads to vomiting or broken ribs. They can be hospitalized for pneumonia and miss weeks of work or school. Even worse, they can spread whooping cough to the babies at home.

Ways to Protect Yourself and Your Family:

Get Your Tetanus Booster (Tdap)

Everybody in the family should be immunized against whooping cough to protect themselves and the baby at home. Parents should ask their doctor for the new Tdap vaccine that includes a tetanus and diphtheria booster and also protects against whooping cough.

Make Sure Your Children are Up-to-Date on Their Immunizations

Children 10 years of age and older can also get the new Tdap booster. Infants and toddlers need four shots against whooping cough, and a booster before starting kindergarten.

Cover Your Cough and Wash Your Hands

Whooping cough is spread by coughing. Remind everyone to cover their mouths when coughing and to wash their hands often.

Protect yourself. Protect your family.

Get Immunized!



Have questions?

Visit www.GetImmunizedCa.org or call the Centers for Disease Control and Prevention Hotline: 1-877-554-4625.



Padres:



¡Protéjense
y protejan
a sus
hijos
contra
la
tos ferina!

¿Por qué es seria la tos ferina?

La tos ferina es una enfermedad contagiosa que se puede pasar fácilmente de una persona a otra. Es muy seria para los bebés porque puede hacer que tosan tanto que no puedan respirar. Cientos de bebés son hospitalizados todos los años por la tos ferina y algunos mueren a causa de ella.

La tos ferina puede producir una tos tan grave en los adultos o en los adolescentes que haga que vomiten o que se les quiebren las costillas. Pueden ser hospitalizados por neumonía y perder semanas de trabajo o de escuela. Pero lo peor de todo es que pueden transmitir la tos ferina a los bebés en casa.

Maneras de protegerse y de proteger a su familia:

Ponerse la vacuna de refuerzo contra el tétanos (Tdap)

Todos los miembros de la familia deben ser vacunados contra la tos ferina para protegerse a sí mismos y proteger al bebé en casa. Los padres deben pedir a su médico la nueva vacuna Tdap, que incluye refuerzos contra el tétanos y la difteria, y también protege contra la tos ferina.

Verificar que sus hijos estén al día con las vacunas

Los niños de 10 años de edad y mayores se pueden poner la nueva vacuna de refuerzo Tdap. Los bebés y los niños pequeños necesitan cuatro dosis contra la tos ferina y una dosis de refuerzo antes de empezar el jardín de niños.

Taparse la boca al toser y lavarse las manos

La tos ferina se transmite al toser. Recuerde a todos que se tapen la boca al toser y que se laven las manos a menudo.

**Protéjense y protejan a su familia.
¡Vacúnense!**



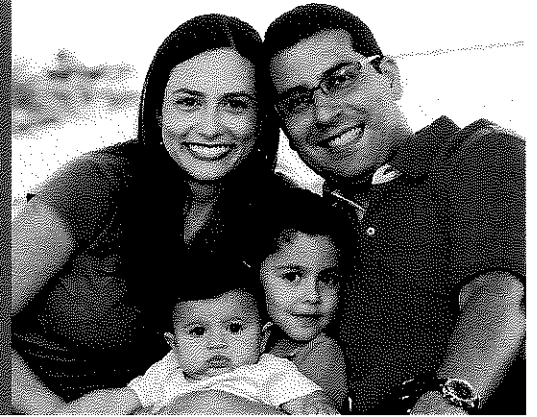
¿Tiene preguntas?

Visite www.GetImmunizedCa.org o llame a la línea especial de los Centros para el Control y la Prevención de Enfermedades: 1-877-554-4625.



Whooping Cough

Be Aware. Treat It Early.



What Is Whooping Cough?

- Whooping cough disease (also called pertussis) causes coughing fits that make it hard to breathe.
- It spreads easily when someone with the disease coughs or sneezes.
- It can kill young babies.

Whooping Cough Signs and Symptoms

Early Symptoms

Often, symptoms start mild and are like a common cold:

- runny nose
- sneezing
- low or no fever
- mild cough

Symptoms After 1-2 Weeks

Symptoms can get worse fast and can last for months. They include bad coughing attacks that may lead to:

- vomiting
- a red or blue face
- a “whoop” sound
- problems breathing
- extreme tiredness
- sweating spells

Symptoms in Infants Are Different

Infants younger than 6 months old often do not have a typical cough. In the early stages, infants may:

- gasp or gag
- stop breathing
- get very tired
- have seizures

Symptoms can get worse very fast. Often, babies need to go to the hospital for care.

Treat Whooping Cough Early

Call Your Doctor If You or a Family Member:

- Are around someone who has whooping cough or a bad cough
- Have any symptoms of whooping cough

Your Doctor May Prescribe an Antibiotic Medicine

Early treatment with antibiotic medicine can:

- Keep you from getting sicker
- Prevent you from spreading the disease to others
- Be given to infants and other household members to prevent them from getting sick

If You Have Whooping Cough:

- Stay home. Avoid contact with others until you have finished treatment.
- If you are caring for an infant, have an adult who is not sick, feed, hold, and care for your baby.

Whooping Cough Shots Prevent the Disease

- Everyone needs to be up-to-date on their whooping cough shots (DTaP for kids younger than 7 years; or Tdap for older ages).
- Newborn babies are too young for the shots.
- Immunity from the disease or the shots wears off, so people 11 years and older need a booster shot.

Know the Symptoms. Call Your Doctor.

www.getimmunizedca.org

Contra Costa Health Services
cchealth.org



**FREE Tetanus, Diphtheria (Td)
or Tetanus, Diphtheria, Pertussis
(Tdap) Vaccine**

*Gratis—Vacuna de Tétano y
Difteria (Td) ó Tétano,
Difteria Y Tos Ferina (Tdap)*



Receive free Tdap/Td vaccine!

**Bring this coupon to any of the
Public Health
Immunization Clinics.**

*Recibirá vacuna de
Tdap/Td Gratis!*

*Traiga este cupón a cualquiera
de las clínicas de vacuna.*

**First come, first served!
¡Personas son atendidas conforme llegan!**



**Contra Costa Public Health
Immunization Program
925-313-6767
cchealth.org**

CLINIC SITES

Brentwood Public Health
171 Sand Creek Road, Suite A
Brentwood, CA
Tuesday/Martes 1:00—4:30pm

Concord Public Health
2355 Stanwell Circle
Concord, CA
Friday/Viernes 1:00—4:30pm

Pittsburg Public Health
2311 Loveridge Road
Pittsburg, CA
Wednesday/Miércoles 1:00—4:30pm

Richmond Public Health
39th & Bissell Avenue, 1st Floor
Richmond, CA
Monday/Lunes 1:00—4:30pm

No appointment is needed.
Clients are seen on a first come,
first served basis. Please come
early, as we stop accepting
clients when the clinic is full.

*No hay que hacer cita. Se
atienden a los clientes conforme
llegan. Favor de llegar tem-
prano porque las clínicas cierran
cuando están llenas.*