

Tioga County Department of Health

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YOU'RE INVITED

Tioga County

Immunization Coalition Meeting

> December 8th 3:30pm

Patti Lanzo, Tioga County's insurance Navigator, will present on insurance and immunizations.

Janine Fitzgerald from Merck will be leading a discussion on effective communication with the public and providers about immunizations.

RSVP w/ Lisa @ 687-8600 or schumacherl@co.tioga.ny.us

TIOGA MEDICAL MATTERS

What's going on in Tioga County?

December 2015

- Lyme Disease: Please be aware of increased potential of tick bites during this hunting season. The weather has been very warm for November and the ticks are still here.
- **Rabies:** We have had two rabid animals (a cat and a raccoon) in the past few days. Authorization for human rabies post-exposure treatment must be obtained from the county health department where the exposure occurred. If you need to get authorization, and the exposure occurred in Tioga County, call 687-8600 during work hours or 687-1010 off-hours.
- Bed Bugs and Lice: We seem to be getting more calls for these pests. There is a great website for information and webinars on both of these topics which is: <u>http://www2.epa.gov/managing-pests-schools/webinars-about-integrated-pest-management-schools</u>. If you have a patient who lives in Tioga County and needs help with these pests, you can make a referral for a Healthy Neighborhood visit by calling the health department at 687-8600

Updates:

NEW YORK STATE DEPARTMENT OF HEALTH Is Looking For Providers For Its Influenza Surveillance Network

NYSDOH needs you! The NYSDOH is recruiting providers in Tioga County to participate in the Outpatient Influenza-like Illness Surveillance Network (ILINet). In collaboration with CDC, ILINet is a national network of outpatient health care providers who conduct surveillance for influenzalike illnesses (ILI). It is NYSDOH's goal to have AT LEAST ONE PROVIDER from each county to be an ILINet provider, and currently there are no ILINet providers in Tioga County.

What does an ILINet Provider in NYS Do? Each week, providers report to CDC the total number of all patient visits and of those, the number of those patients with ILI. Providers can also submit patient specimens to the NYSDOH Wadsworth Laboratory for influenza and other respiratory virus testing. All shipping supplies and testing fees are paid for by the Program. A subset of the specimens submitted are also tested for antiviral drug resistance.

Why Volunteer? ILINet is the primary source for outpatient influenza surveillance data in NYS and nationally. The information obtained from data and specimen submission is used to guide prevention and control activities, vaccine strain selection, antiviral resistance, testing, and patient care. The most important consideration is that the data provided is critical for protecting the public's health.

For more information, contact: NYSDOH Program Coordinator, Donna Gowie, at 518-473-4439, or <u>donna.gowie@health.ny.gov.</u>

Remember! Now is the time to give influenza and pneumococcal vaccinations.

Before the holiday gatherings, now is the perfect time to promote flu and pneumococcal vaccinations. Remember, it is recommended that people ages six months and up receive the flu vaccinations. There are many different types of flu vaccines including one that can be used for people with severe egg allergies. There is a flu product for most people. Flu vaccination is still considered one of the most effective ways to protect a person from getting the flu.

New York State Public Health Law 2112 prohibits the administration of vaccines containing more than a trace amounts of thimerosal to children less than three years of age and women who know they are pregnant (with certain exceptions).

You can get standing orders for the dosing and spacing of the two pneumococcal vaccines at: www.immunize.org/catg.d/ p3075.pdf.

NYSDOH has developed a great algorithm as well. It has two sheets: one for 19 to 64 year olds and one for 65 years and older. Go to: http://www.health.ny.gov/prevention/ immunization/docs adult 65 pneum vaccine algorithm.pdf

http://www.health.ny.gov/prevention/ immunization/docs/ adult_19_64_pneum_vaccine_algorithm.pdf

Vaccines in the news:

- National Influenza Vaccination Week (NIVW) is December 6-12, 2015: Continue to recommend and administer flu vaccination to all of your patients. Flu is the eighth leading cause of death in the USA. Flu-associated deaths range from a low of 3,000 to a high of 49,000 people every year. Each year, 200,000 people become sick enough to be hospitalized!
- Meningococcal serogroup B meningococcal (MenB) Vaccines: n October, 2015, the Advisory Committee on Immunization
 Practices (ACIP) recommended that adolescents and young adults age 16–23 may be vaccinated with MenB vaccine to provide
 short-term protection against most strains of serogroup B meningococcal disease. The new MenB recommendations are
 classified as Category B, meaning the recommendations allow for individual clinical decision making. (Vaccines with Category A
 recommendations are made for all persons in an age- or risk-factor based group.) The Category B classification enables
 coverage by the Vaccines For Children program and most insurance plans. MenB vaccine should be administered either as a
 3-dose series of MenB-FHbp (Trumenba) or a 2-dose series of MenB-4C (Bexsero). The two MenB vaccines are not
 interchangeable; the same vaccine product must be used for all doses. For more information, go to: www.cdc.gov/mmwr/pdf/
 wk/mm6441.pdf pages 1171–6.
- Easy-to-Read Vaccine Summaries for Parents and for Teens are available as a resource for you to give to your patients. Go to: <u>http://www.immunize.org/handouts/vaccine-summaries.asp</u>. These can be a supplement to the vaccine information sheets that you are required to hand out.
- Health Care Personnel (HCP) Flu Vaccination or Mask use is still a New York State Department of Health requirement. Flu season started. Masks will be required for all unvaccinated HCP once the season has been called "widespread." As of November 6, 2015, Influenza activity level was categorized as geographically sporadic.
- Vaccine Recommendations During Pregnancy: Providers are asked to recommend the influenza vaccine to pregnant patients throughout the current influenza season and to recommend the Tdap vaccination to pregnant patients as they enter their third trimester. Studies confirm that provider recommendation and offer of vaccines are important and increases the likelihood that patients are vaccinated.

Is Your Patient Pregnant? Start Now to Prevent Lead Poisoning

Lead is a poison. Lead Poisoning is caused by breathing or swallowing lead. Lead can cause the fetus to be small for gestational age or be born premature. If a pregnant woman has lead in her body, the lead can be passed to her baby during pregnancy. Even a small amount of lead in the fetus can cause problems with growth and development, behavior, and the child's ability to learn.

The following are some risk factors for lead exposure in pregnancy and should be asked about in one of the initial prenatal visits: Recent immigration from or residency in areas where ambient lead contamination is high; Living near a point source of lead, such as lead mines, smelters, or battery recycling plants (even if the establishment is closed); Working with lead or living with someone who does; Using lead-glazed ceramic pottery; Eating non-food substances (pica); Using alternative or complementary medicines, herbs, or therapies; Using imported cosmetics or certain food products; Engaging in certain high-risk hobbies or recreational activities; Renovating or remodeling older homes without lead hazard controls in place; Consumption of lead contaminated drinking water; Having a history of previous lead exposure or evidence of elevated body burden of lead: and living with someone identified with an elevated lead level (Women who may have exposures in common with a child, close friend, or other relative living in same environment).

During the screening process, if it is discovered that the pregnant woman is found to be at risk of lead poisoning, a blood test is the only way to know if and how much lead is in your patient's body.

GET SMART CMAPAIGN: ANTIBIOTICS AREN'T ALWAYS THE ANSWER

There has been growing antibiotic resistance. Prescribing antibiotics for a viral illness can increase antibiotic resistance. Antibiotic-resistant infections lead to higher healthcare costs, poor health outcomes, and more toxic treatments.

New York State is participating in the GetSmart: Know when antibiotics work Campaign. The week of November 16-22 is the week that the Get Smart Campaign is using to raise awareness of the threat of antibiotic resistance and the importance of appropriate antibiotic use across all health care settings.

Tioga County has been identified as one of the counties that has a large amount of inappropriate prescribing of antibiotics. Over half of antibiotic prescribing in outpatient settings is unnecessary, and most of this inappropriate use is for acute respiratory infections, such as pharyngitis, sinusitis, or bronchitis.

Antibiotics are the most common cause of adverse drug events (ADEs) in children, accounting for 7 of the top 15 drugs leading to pediatric ADE-related emergency room (ER) visits. In adults, ADEs account for 1 out of 5 ADE-related visits to the ER.

Harm can be reduced by improving antibiotic prescribing. A 10% decrease in inappropriate prescribing in the community can result in a 17% reduction in *Clostridium difficile* infection, a severe form of diarrhea usually caused by antibiotic exposure.

Please consider the medication you prescribe when treating your patient's illness. Many patients want an antibiotic because they think an antibiotic will make them feel better. The GetSmart campaign has great resources for providers. They have GetSmart prescription pads that explain effective treatment for a viral illness and they have patient fact sheets. Go to: www.cdc.gov/getsmart or contact the person overseeing New York's GetSmart Campaign: marybeth.wenger@health.ny.gov>site.