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Elevated Lead Levels

**October 21st - 25th is
National Lead
Poisoning Prevention
Week**



Today, childhood lead poisoning is considered the most preventable environmental disease among young children, yet approximately half a million U.S. children have blood lead levels above 5 micrograms per deciliter.

Tioga County had 54 children with lead levels over 5 mcg/dL in 2013 & 2014. Be sure to test all your one and two year olds and high risk children for lead!

What's going on in Tioga County?

LYME DISEASE is beginning to slow down in Tioga County!

- For the summer months of June, July, and August, Tioga County had 112 reported cases of Lyme disease, most of which have been confirmed. For the entire year of 2014, there were only 64 cases, and for the three month summer period in 2014, there were 40 cases.

Legionnaires' Disease

- Legionnaires Disease is in the national news and statewide. There are many cases associated with cooling towers (especially in NYC and in the Bronx and Cortland). NYSDOH is instituting regulations and inspections of cooling towers throughout the state requiring that all cooling towers be tested. NYSDOH is advising that health care providers question any patient in your practice with Legionnaires' Disease regarding their travel history (especially to NYC or to Cortland). If any is noted, please contact Tioga County Health Department at 687-8600. Tioga County has one case of Legionnaires' Disease but it is not associated with one of these cities.

Updates:

Flu Facts

The 2015-2016 influenza vaccine composition:

- ⇒ **Influenza A:** A/California/7/2009 (H1N1)-like virus, and A/Switzerland/9715293/2013 (H3N2)-like virus,
- ⇒ **Influenza B:** B/Phuket/3073/2013-like (Yamagata lineage) virus and for Quadrivalent vaccines the 2nd B strain is: B/Brisbane/60/2008-like (Victoria lineage) virus, which is the same Victoria lineage virus recommended for quadrivalent formulations in 2013-14 and 2014-15. This vaccine represents changes in the influenza A (H3N2) virus and the influenza B virus as compared with the 2014-2015 season.
- ⇒ Recommendations: Flu vaccination is still recommended for anyone age 6 months and older, and vaccination should not be delayed to procure a specific vaccine preparation if an appropriate one is already available. For further information go to: <http://www.cdc.gov/mmwr/preview-mmwrhtml/mm6430a3.htm>. We have faxed you the guidance document.
- ⇒ **START TO VACCINATE AS SOON AS YOUR FLU VACCINE ARRIVES! Remember an average of 3,000 to 49,000 people die every year of the flu.**

New Sexually Transmitted Disease Treatment Guidelines

On June 5, 2015, CDC published the "**Sexually Transmitted Diseases Treatment Guidelines, 2015.**" With more than 20 million cases of STDs occurring in the United States each year, it is critical for healthcare providers to have access to scientifically-sound, evidence-based diagnostic, treatment and prevention recommendations to help reduce the burden of these infections. **The 2015 Guidelines updates include:**

- ⇒ Alternative treatment regimens for *Neisseria gonorrhoeae*;
- ⇒ Use of nucleic acid amplification tests for the diagnosis of *Trichomonas vaginalis*;
- ⇒ Updated recommendations for diagnostic evaluation of urethritis;
- ⇒ The role of *Mycoplasma genitalium* in urethritis/cervicitis and treatment-related implications;
- ⇒ An additional treatment option for genital warts;
- ⇒ Updated HPV vaccine recommendations and counseling messages;
- ⇒ Screening recommendations for gonorrhea and chlamydia;
- ⇒ Screening recommendations, including Hepatitis C, for men who have sex with men; and Information on the clinical management of transgender individuals.

For the complete document, go to: <http://www.cdc.gov/std>

Vaccines in the news:

- **On June 30, 2015 California legislation eliminates personal belief or religious exemptions for vaccinations to attend public or private schools.** Mississippi and West Virginia are the other two states that allow only medical exemptions. New York State is considering eliminating religious exemptions.
- **The U.S. experiences first measles death in twelve years.** The death was of a Washington State woman who *had several other health conditions and was on medications that contributed to a suppressed immune system. She went to a local medical facility at the same time as a person who later developed a rash and was contagious for measles.* For more information, go to: <http://www.doh.wa.gov/Newsroom/2015NewsReleases/15119WAMeaslesRelatedDeath>
- **Meningococcal B vaccine.** The Advisory Committee on Immunization Practices (ACIP) recommendations for MenB vaccination are for certain persons aged ≥10 years at increased risk for meningococcal disease should receive MenB vaccine. For more information, go to: [June 12 issue of MMWR](#), pages 608–612.
- **Meningitis vaccine will be mandatory for New York State public and private school in 2016.** A meningitis vaccine will soon be required for students entering seventh or 12th grades in New York State in September, 2016. A single dose is recommended by the Centers for Disease Control at age 11 or 12 with a booster at age 16. More than 20 states require this vaccine. About 1,000 people annually get the disease and up to 15 percent die.
- **Spacing of Pneumococcal vaccines:** ACIP voted to change the recommended interval between PCV13 and PPSV23 from the current “6–12 months” to “1 year or longer” for healthy persons age 65 years and older (that is, the interval will be 1 year or longer regardless of whether PCV13 or PPSV23 is given first). The recommended interval between PCV13 and PPSV23 for persons younger than age 65 years at increased risk of invasive pneumococcal disease was not changed. ACIP reiterated that PCV13 and PPSV23 should not be administered at the same visit.
- **Pennsylvania pharmacists now permitted by law to vaccinate children as young as age nine years against influenza.** During the 2013–14 flu season nearly 40 percent of Pennsylvania children did not receive vaccination. The stated goal by the bill's sponsors is to expand access to influenza vaccine.
- **Patients/parents rate provider recommendation of vaccines most important in decision in getting the vaccines.** How you communicate with parents during routine well child visits is critical for fostering parental confidence in the decision to vaccinate their children.

WHAT ARE WE GOING TO DO WITH CHILDREN WITH LEAD LEVELS LESS THAN 10MCG/DL?

New York State Public Health Law requires medical providers to do several things regarding lead:

1. Test all children at age 1 and again at age 2 with a blood lead test
2. Assess all children ages 6 months to 6 years at every well child visit (at least once a year) for risk of lead exposure and obtain a blood lead test if there are any positive responses to any of the questions; and
3. Provide anticipatory guidance to all parents of children less than 6 years old as part of routine care. That would include healthy nutrition; good hand washing; damp mopping; identifying sources of lead exposure (especially lead-based paint in the homes built prior to 1978 and renovation and remodeling older homes), and bringing lead home from work and hobbies (to name a few).

Until recently, lead levels lower than 10mcg/dL have not required intervention from the primary care providers. As more evidence is becoming available, there is growing concern that lead as low as 5 mcg/dL can be associated with adverse health effects, including cognitive effects. The CDC has lowered the “lead poisoning” rate to 5mcg/d from 10mcg/dL. At this point, 10mcg/dL is still considered the “lead poisoned” rate in New York State.

Currently, it is recommended that any capillary lead level greater than 8 mcg/dL obtained with the Lead Care II device be confirmed with a venous level. The New York State Department of Health guidelines for case management of children with blood lead levels (BLLs) of 5-9.9mcg/dL direct providers to share education with parents on ways to reduce exposure risk. Repeat testing should be done in 3-6 months, depending on the child's lead poisoning risk. It is important to remember that even mildly elevated lead levels can quickly become more serious if the child continues to be exposed.

The lead testing rates in Tioga County are still low. About 50% of the children are tested at 1 year of age and 43% are tested at 2. This is way below the goal of testing at least 90% of the children at 1 and 80% at two. Tioga County Health Department staff is contacting all families with children with BLLs of 5 mcg/dL and greater. From 2013 to September, 2015, there have been 66 children identified with BLLs of 5 – 9 mcg/dL and 18 children with BLLs of 10 mcg/dL or greater.

October 25th-31st is National Lead Poisoning Prevention Week (NLPPW). Please use the month of October to assess and test all of the children in your practice ages 6 years and under for lead and raise awareness of the consequences of lead poisoning. This year's NLPPW theme, "Lead-Free Kids for a Healthy Future," underscores the importance of testing your home, testing your child, and learning how to prevent lead poisoning's serious health effects.

If you have any questions or concerns, please contact one of the Lead Poisoning Prevention staff at 687-8600.