

Provider News

A Newsletter for Shasta County Clinicians

Summer 2018

Shasta County Health and Human Services Agency - Public Health Branch

Pediatricians' call to action: Screen children for toxic stress

Momentum for universal screening of Adverse Childhood Experiences (ACEs) in pediatric primary care is growing, and North State physicians are encouraged to learn more.

The National Pediatric Practice Community on Adverse Childhood Experiences (nppcaces.org) is a peer group of providers working together to apply ACEs and toxic stress science to medical practice. The goal is to expand knowledge, build capacity, share resources and shape the field of trauma-informed medical practice. Free membership includes access to the website, monthly communications, webinars, networking and more.

The American Academy of Pediatrics has issued a policy statement that calls on pediatricians to address childhood adversity and toxic stress. Early childhood experiences, toxic stress and environmental factors can potentially impact brain development, stress hormones, and chronic inflammation. As a result, adult diseases could be viewed as developmental disorders that begin early in life due to childhood and

community adversity and toxic stress.

Some 34.8 million children across socioeconomic lines are affected by ACEs in the U.S.

Nadine Burke-Harris, MD's Center for Youth Wellness will host an ACEs conference and pediatric symposium in San Francisco from Oct. 15-17, which will help providers and communities learn about resources and systems to reduce children's exposure to adversity and trauma. Find more at www.aces2018.org.

The Public Health Branch is bringing up a Loma Linda pediatrician this fall, Dr. Marie-Mitchell, who has expertise in whole child assessments administered to parents, which includes ACE questions. For more info contact Nicole Bonkrude, MPH, at 225-5177.

Our ACEs Learning Community has provided 94 ACEs presentations in Shasta County since July 2017. These presentations have reached 1,834 people. To request a training, interested parties can visit

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Syphilis continues to rise: Think, test, treat, tell

Reported cases of early syphilis have increased dramatically since 2013 throughout California and Shasta County. These types are diagnosed within 1 year of infection and are most easily transmissible. Between 2016 and 2017, the number of new early syphilis cases reported in Shasta County nearly doubled from 24 to 46 cases, a more than 700% jump from the six early syphilis cases reported here in 2013.

In 2017, Shasta County had the fifth highest rate of reported early syphilis among reproductive age women, ages 15-44, among California's 58 counties, a higher rate than Alameda, Los Angeles, Sacramento or San Francisco.

The Public Health Branch invited Heidi Bauer, MD, MSPH, Director of CDPH's STD branch, to discuss syphilis during grand rounds here on July 20.

You can find clinical guidelines for treating syphilis at www.cdph.ca.gov/Programs/CID/DCDC/Pages/Syphilis-clinicalguidelines.aspx or www.cdc.gov/std/tg2015/default.htm.

Please remember to think syphilis in all sexually active patient encounters, test for it, and treat it as soon as the

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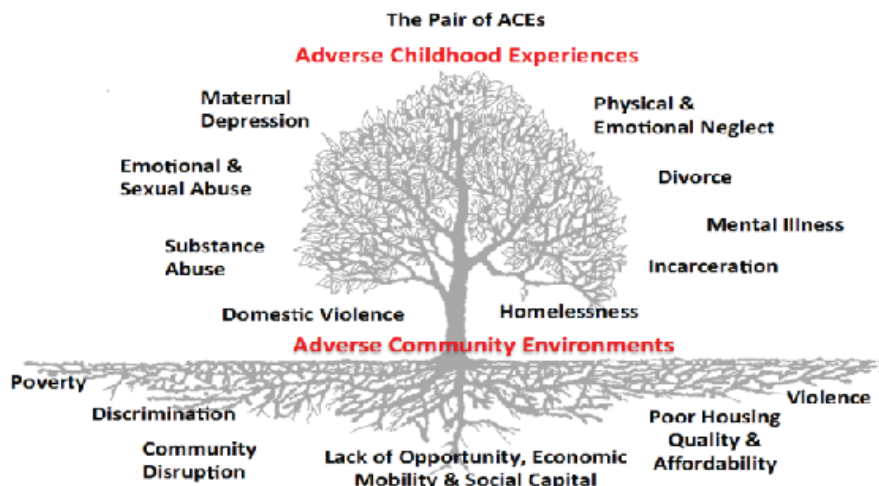
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ACEs... *continued from page 1*

shastastrongfamilies.org and select the “Request an Event” tab. You can also track our efforts on social media by following shastastrongfamilies on Instagram.

The Public Health Branch is also informing the community about the “pair of ACEs” (see graphic at right). The tree above the ground represents the symptoms of adverse childhood experiences that can be recognized in a clinical, educational or social service setting. Adverse community environments - represented as the roots of the tree - also contribute to conditions that can increase toxic stress and adverse life experiences.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*, 17 (2017) pp. S86-S93. DOI Information: 10.1016/j.jacp.2016.12.011

The tree image grew out of the need to illustrate the relationship between toxic stress within a family and adversity within a community.

County supervisors endorse drug/sharps takeback bill

The Shasta County Board of Supervisors have put their support behind Senate Bill 212 (Jackson and Ting), which would establish a comprehensive takeback system for sharps and medications.

This bill would help protect Californians from communicable diseases that can be spread by discarded needles, Board Chairman Les Baugh wrote in a letter to the chairman of the Assembly’s Environmental Safety and Toxic Materials Committee. It would

also protect people from harmful medications, which are often stockpiled, flushed, or thrown into the garbage. Leftover drugs have fueled the opioid epidemic and have increased the instances of accidental poisonings. In Shasta County, 21 people died in 2017 and 53 were hospitalized in 2016 because of opioid overdoses. An average of 1,002 opioid prescriptions are dispensed per 1,000 Shasta County residents, compared to an average rate of 508 prescriptions per 1,000 California residents.

This bill would be a groundbreaking step to ensure that Californians have access to safe, convenient disposal methods of sharps and drugs, addressing important public health concerns.

[This bill](#) is also supported by the County Supervisors Association of California, the League of Cities, the California Hospital Association and others. To read it, go to www.leginfo.ca.gov and search for SB-212.

Midlife anxiety may be risk factor for dementia

Clinically significant anxiety in midlife has been associated with increased dementia risk during an interval of at least 10 years, according to a study supported by the British Geriatrics Society.

The findings of this study, conducted by University College London, suggest

that anxiety may be a risk factor for (and not just a symptom of) late-life dementia. More studies are needed to confirm these results, according to the researcher.

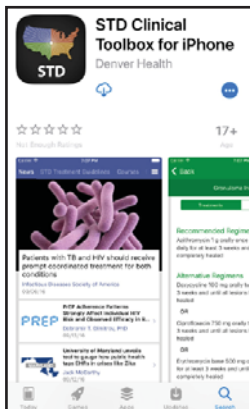
All the studies that were assessed for this report controlled for a variety of demographic, medical and psychiatric

risk factors. Because anxiety is commonly seen in primary care, general practitioners are advised to assess and treat older patients for anxiety and depression. This may reduce a patient’s risk of developing dementia. Find the report at www.bmjopen.bmj.com, then search for "anxiety and dementia."

STD... *continued from page 1*

infection is identified. Report all newly diagnosed infections or reinfections to the Public Health Branch through CalREDIE or confidential fax to 225-5074.

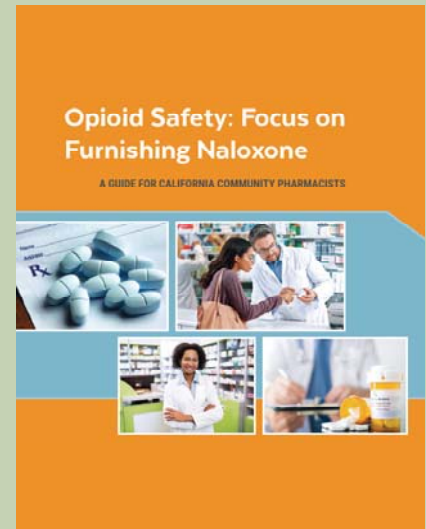
A free STD clinical toolbox app maintained by the National Network of STD Clinical Prevention Training Centers is now available for medical professionals. This app provides the latest STD news, treatment guidelines, educational courses and STD-related conferences. It is available through the App Store or by visiting www.NNPTC.org.



Updated naloxone guide for community pharmacists

A comprehensive guide produced by the California Health Care Foundation covers appropriate use of opioids, explanations of buprenorphine and other FDA-approved medication-assisted treatments, and how to furnish naloxone.

Any community pharmacist may provide naloxone after following a few steps outlined in the guide. This June 2018 update includes the important information that Ordering, Referring, and Prescribing (ORP) registration is **no longer necessary** to bill Medi-Cal for naloxone. Only a National Provider Identifier (NPI) is required. The updated guide is available at <https://www.chcf.org/wp-content/uploads/2018/06/OpioidSafetyFocusFurnishingNaloxone.pdf>.



New diabetes prevention program

Diabetes does not treat all people equally - it increases the risk of heart disease by about four times in women, but only about two times in men. Women are also at higher risk of other complications, like blindness.

You may refer patients to the YMCA's new Diabetes Prevention Program, which helps adults at high risk of developing type 2 diabetes adopt and maintain healthy lifestyles by eating healthier, increasing physical activity, and losing a modest amount of weight. Patients must:

- Be at least 18 years of age
- Have a Body Mass Index of at least 25, or 22 if Asian; AND
- Have prediabetes (A1C must be 5.7%-6.4%, Fasting Plasma Glucose must be 100-125 mg/dL or 2-Hour 75gm glucola Plasma Glucose must be 140-199 mg/dL)
- OR prediabetes determined by clinical diagnoses of gestational diabetes during previous pregnancy.

Interested participants should email pasbill@sfymca.org to set up an intake interview and learn more about the one-year program.

Grand rounds discusses pain management

Alternative pain management will be the topic of grand rounds at Mercy Medical Center on Friday, Oct. 12. Fasih Hameed, MD, family practice faculty and Director of Integrative Medicine at Petaluma Health Center, an expert on alternative pain management, will be speaking. Mark your calendars!

Opioid abuse impact in the U.S. is increasing exponentially. Learn more about local medical professionals' efforts to stem this problem by visiting the local NoRxAbuse coalition's web page at www.norxabuse.org.

Year-end morbidity and mortality reports

Inside this issue of Provider News are the Health and Human Services Agency's year-end morbidity and mortality reports for the calendar year 2017. The mortality report shows the primary medical conditions that led to the death of Shasta County residents in 2017. Heart disease and cancer continue to top the list. The morbidity report shows the number of cases of selected communicable diseases.

These local health statistics are compiled by the Health and Human Services Agency's Outcomes, Planning, and Evaluation Unit.

**Shasta County Health and Human Services Agency -
Public Health Branch**
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Return Service Requested

In brief

New warmline offers free substance use phone consultations

The University of California at San Francisco's Clinical Consultation Center offers free, confidential clinician-to-clinician telephone consultation focusing on substance use evaluation and management. The

Substance Use Warmline, (855) 300-3595, offers consultation Monday through Friday, between 7 a.m. and 3 p.m. Consultations are for healthcare providers only. Learn more at www.nccc.ucsf.edu/clinical-resources/.

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Shasta County Health Officer Andrew Deckert, MD, MPH, announces his retirement

After more than 25 years of service to Shasta County, Health Officer Andrew Deckert, MD, MPH, is retiring August 8, 2018.

Before Shasta County, Dr. Deckert worked as Health Officer in other counties, emergency rooms, community and migrant health centers, and private family practice. He has served on numerous boards of directors and governing

councils. He has been a champion for improving the public's health in general, and has been an advocate for chronic disease and injury prevention, including through the built environment, policy change and health equity.

The Health and Human Services Agency is grateful for Dr. Deckert's service and wishes him the best in his retirement. You can wish him

well at adeckert@co.shasta.ca.us until Aug. 8.

Karen Ramstrom, DO, MPH, will serve as interim health officer. She can be reached at kramstrom@co.shasta.ca.us or 530-225-5595.



TABLE OF SELECTED COMMUNICABLE DISEASES[‡]

Condition	Shasta County Cases [%]					
	2012	2013	2014	2015	2016	2017
AIDS diagnosis	3	10	4	2	2	2
Campylobacteriosis	16	21	30	19	16	27
Chlamydial infections	582	590	674	644	649	567
Coccidioidomycosis	0	0	1	0	2	0
Cryptosporidiosis	1	1	2	1	0	2
<i>E. coli</i> O157:H7/STEC*	3	4	5	5	8	4
Encephalitis Viral ^φ	2	1	0	0	0	0
Encephalitis Other	0	0	0	0	0	0
Giardiasis	5	5	3	8	6	7
Gonococcal infections	172	251	377	367	275	201
<i>H. influenzae</i> invasive disease [#]	0	0	0	0	0	0
Hepatitis A	0	3	2	0	1	1
Hepatitis B, acute	0	1	1	0	0	1
Hepatitis B, chronic	12	12	15	35	20	19
Hepatitis C, acute	2	0	0	1	0	0
Hepatitis C, chronic	252	290	333	337	207	131
HIV	3	10	8	3	7	2
Legionellosis	0	0	0	0	1	2
Listeriosis	0	0	0	1	1	0
Lyme disease	1	0	0	0	0	0
Malaria	5	2	0	0	0	0
Measles	0	0	1	0	0	0
Meningitis, viral	2	0	1	0	2	0
Meningitis, bacterial ^{<}	1	2	3	1	2	0
Meningococcal infections	1	1	0	0	2	1
Mumps	0	0	0	0	0	0
Pertussis	1	7	22	3	18	1
Rabies, animal	0	0	0	0	0	0
Salmonellosis (non-typhoid)	16	25	30	26	26	35
Shigellosis	0	1	0	2	2	0
Syphilis (P&S ^{&} , Early Latent)	0	6	7	12	24	45
Tuberculosis	1	4	1	4	1	1
West Nile Virus – Asymptomatic [^]	0	0	1	0	0	0
West Nile Fever	0	1	0	1	0	0
West Nile Neuroinvasive Disease	1	0	2	1	1	1

[‡] Disease reporting uses the calendar year.

[%] Because the incidence of many communicable diseases is low, case numbers may vary from year to year without the difference being statistically meaningful. Episode date is used for case counting which is the earliest of the following: Date Received, Date of Diagnosis, Date of Onset, Specimen Collection Date, or Date Created.

* STEC – Shiga Toxin-producing *E. coli* other than *E. coli* O157.

^φ Includes viral not caused by arboviruses, fungal, parasitic, and bacterial infections.

[#] *Haemophilus influenzae* invasive disease must occur in a patient under 5 to count as a case.

[<] Bacterial other than *H. influenzae* (<5 years old) and *N. meningitidis*

[&] P&S – Primary and secondary stages of Syphilis

[^] Includes presumptively viremic blood donors and other asymptomatic positive tests

Summary of Primary Medical Conditions* Leading to Death
Shasta County Resident Deaths, January 1 – December 31, 2017*

Cause of Death	Medical Condition*	Number	Percent[@]
Chronic Diseases	Heart disease	568	24.3%
	All Cancers	454	19.4%
	Lung Cancer	(114)	(4.9%)
	Colorectal Cancer	(44)	(1.9%)
	Liver Cancer	(23)	(1.0%)
	Breast Cancer	(21)	(0.9%)
	Prostate Cancer	(21)	(0.9%)
	Malignant Melanoma	(5)	(0.2%)
	Cervical Cancer	(1)	(0.0%)
	Other cancer ^{&&}	(225)	(9.6%)
	Chronic Lower Respiratory Disease (CLRD)**	196	8.4%
	Stroke	97	4.2%
	Other chronic diseases [#]	721	30.9%
TOTAL CHRONIC DISEASES	2,036	87.2%	
Communicable Diseases	Pneumonia & Influenza	50	2.1%
	Septicemia	19	0.8%
	Enterocolitis due to Clostridium difficile	12	0.5%
	Other Communicable Diseases ^{&}	23	1.0%
	TOTAL COMMUNICABLE DISEASES	104	4.5%
Unintended Injuries	All Drug Poisonings [~]	32	1.4%
	Poisoning, opioids alone	4	(0.2%)
	Poisoning, polysubstance with opioids	18	(0.8%)
	Poisoning, polysubstance without opioids	2	(0.1%)
	Poisoning, single substance non-opioid	8	(0.3%)
	Motor Vehicle Collision	29	1.2%
	Fall	19	0.8%
	Other Unintended Injuries [§]	35	1.5%
TOTAL UNINTENDED INJURIES	115	4.9%	
Intended Injuries	Suicide	55	2.4%
	Firearm	(27)	(1.2%)
	Drug Poisoning [~]	(3)	(0.1%)
	All other suicides	(25)	(1.1%)
	Homicide	9	0.4%
	TOTAL INTENDED INJURIES	64	2.7%
Other[^]		16	0.7%
TOTAL[@]		2,335	100.0%

*based on 2,332 final and 3 pending cause of death

@ May not add up to 100% due to rounding

&& Other Cancers include kidney, ovarian, thyroid, etc.

** Such as chronic obstructive pulmonary disease, emphysema, chronic bronchitis, pneumonitis and asthma.

Such as diabetes, liver and other digestive disease, kidney disease, and Alzheimer's disease

& Such as chronic viral hepatitis and AIDS

~ Drug Poisoning counts are preliminary, and include alcohol and other drugs with abuse potential

§ Such as drowning, suffocation, cut/pierce, fire/smoke, firearms, and drug mental disorder.

^ Includes Injury (Undetermined Intent), Iatrogenic, and Pending Causes of Death

NOTE: According to the Centers for Disease Control and Prevention (CDC), about 50% of all deaths are preventable. Of the preventable deaths, the most significant causes are tobacco use, poor diet, physical inactivity, alcohol/drug abuse, microbes, toxic agents, firearms, irresponsible sexual behavior, and unsafe use of motor vehicles.