

Provider News

A Newsletter for Shasta County Clinicians

Winter 2017-2018

Shasta County Health and Human Services Agency - Public Health Branch

Syphilis cases rising alarmingly in Shasta County

Reported local cases of early syphilis (less than a year duration, the more transmissible forms) continued at a drastic increase through 2017. Shasta County HHSA needs your help to turn around this outbreak of a serious disease. A few things can make a big difference: Think-test-tell us-treat.

1. Think syphilis: We have seen a great increase in syphilis cases in women here, including pregnant women, and in men having sex with women, as well as persistent cases among men having sex with men. Syphilis can present with no or minimal symptoms in anyone sexually active.

2. Test for syphilis: Screening for and confirming an initial diagnosis of syphilis requires blood, both a nontreponemal lab with titer (i.e. RPR or VDRL) and a treponemal lab (i.e. TPPA or FTA-ABS), so it is best to order both tests as part of a reflex algorithm to ensure prompt diagnosis and follow-up. A day-of-treatment titer is important for monitoring titer trends to evaluate treatment success and possible re-infection later. It

is best to use the same type of non treponemal titer to help diagnose and for treatment follow-up for an individual.

3. Tell us: Contact Shasta County HHSA-Public Health Branch promptly: Every case or suspected case of syphilis requires a report to Shasta County HHSA - Public Health Branch within one working day of identification. Prompt reporting allows for earlier contact investigation, one of our best tools for stopping spread. Please provide as much information as is available: contact information (mobile phone, message phone and address) for the patient, pregnancy status, labs, stage of syphilis, signs and symptoms, and any information on sexual partners.

4. Treat
Guidelines for treatment and management of syphilis are at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Syphilis-ClinicalGuidelines.aspx>
Presumptive treatment of patients

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Adverse Childhood Experiences carry heavy impact

The Adverse Childhood Experience (ACE) Study confirms, with scientific evidence, that more adversity early in life increases the risk of physical, mental and behavioral problems later in life in populations. Developed by Kaiser Permanente and the Centers for Disease Control and Prevention in the 1990s, the ACE Study is the largest study of its kind, with more than 17,000 adult participants. The principal investigators were Vincent Felitti, M.D. (Kaiser) and Rob Anda, M.D. (CDC).

ACEs are categories of experiences prior to 18 years old (see graphic, page 3) that are unhappy, unpleasant or hurtful – sometimes referred to as toxic stress or childhood trauma. They have a biological basis, since early experiences can wire brain circuits from an early age, as seen on PET scans of brain areas related to regulation of emotion and memory. Increased number of ACE categories can result in long-term individual and family suffering and huge societal costs. Connections between brain cells are not as robust in children who have experienced trauma, and the connections that are the weakest tend to withdraw at puberty. This is why neglect can do such harm to health

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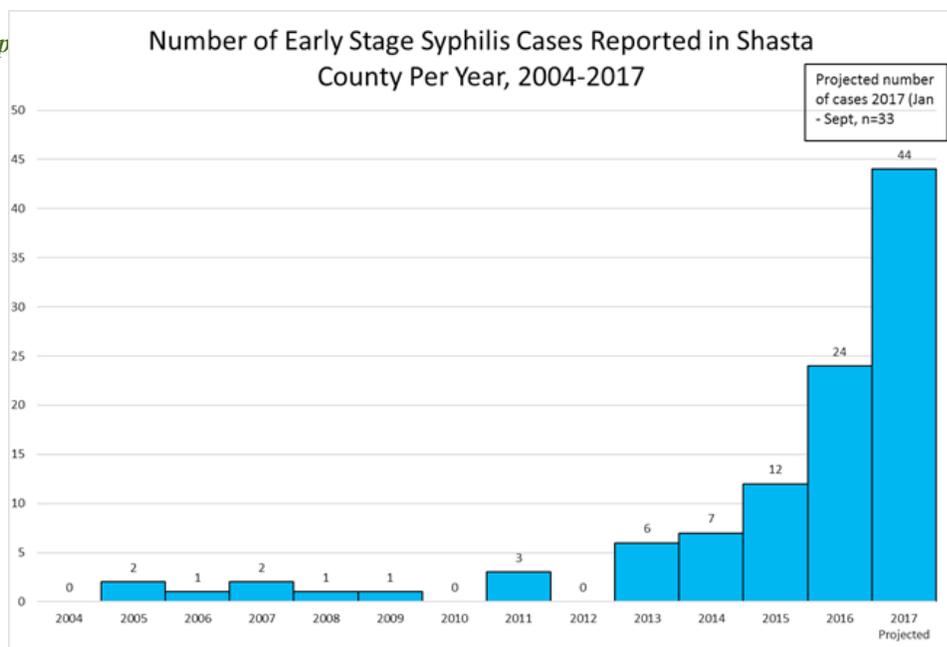
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who had sexual contact with an individual diagnosed with early syphilis is recommended as follows: If the last contact was within 90 days, treat presumptively for early syphilis regardless of lab results. If the last contact was greater than 90 days ago, consider presumptive treatment for early syphilis if lab results are not immediately available and the opportunity for follow-up is uncertain.

Our phone number is (530) 225-5591 and our confidential fax number (530) 225-5074. We are also happy to help answer any questions or address any concerns regarding your cases.

The National Network of STD Clinical Prevention Training Centers offers an



online clinical consultation network for licensed healthcare professionals and STD program staff. Information

is offered as clinical decision support and is advisory in nature. To access the network, go to www.stdccn.org.

Rx Opioid Epidemic: When Prescriptions Outnumber People

Last year the national drug overdose epidemic, largely driven by opioids, took more lives than all Americans who died in the Vietnam War. Shasta County lost 213 lives to opioid overdose between 2007 and 2016. Shasta County prescribers wrote 1,159 opioid prescriptions per 1,000 residents in 2016 – more opioids than people! We are double the state rate of opioid prescriptions per 1,000, and our County’s 2016 opioid overdose death rate was also double the state rate. At a recent community event, Shasta County Health Officer Andrew Deckert, MD, MPH, explained that while positive steps are being made toward combatting opioid abuse, the harms caused by opioids are vast and there is much more to be done.

Beyond overdose deaths, opioids increase a range of health problems including mind and mood changes, myocardial infarction, sexual

dysfunction, osteoporosis, falls, car crashes and more. Opioids have limited efficacy for many conditions such as back pain and arthritis. Opioids affect all ages and classes. In California, 62% of prescription opioids are paid for by private insurance and only 5% by Medi-Cal. Emergency room visits for opioid poisonings among 15-24 year olds in Shasta County have increased 87% in six years.

While our opioid situation may seem bleak, there are many efforts being carried out locally. In Shasta County, physicians have been educated on safer prescribing, community events have been held to increase awareness, over 7,000 pounds of medications have been collected at disposal sites, new disposal kiosks have opened in Owens Pharmacies, physicians have been trained to provide Suboxone, Aegis has opened a methadone dispensing clinic,

and naloxone is becoming increasingly accessible. Thanks to these efforts and others, the rate of opioid prescriptions in Shasta County has decreased 15% between 2012 and 2016, the rate of opioid poisonings decreased 30% between 2008 to 2016, and the rate of “doctor shopping” has decreased 90% among Shasta residents between 2009 and 2016.

We must build on these successes to promote the safer use of both opioids and benzodiazepines, a particularly deadly combination when used together. As providers, we can be educated on alternative pain management, safer prescribing, opioid tapering, better patient education on opioid risks, using the lowest dose and duration feasible, prescribing naloxone when appropriate, working on organizational guidelines, and joining NoRxAbuse.org, a local coalition of professionals working on these issues.

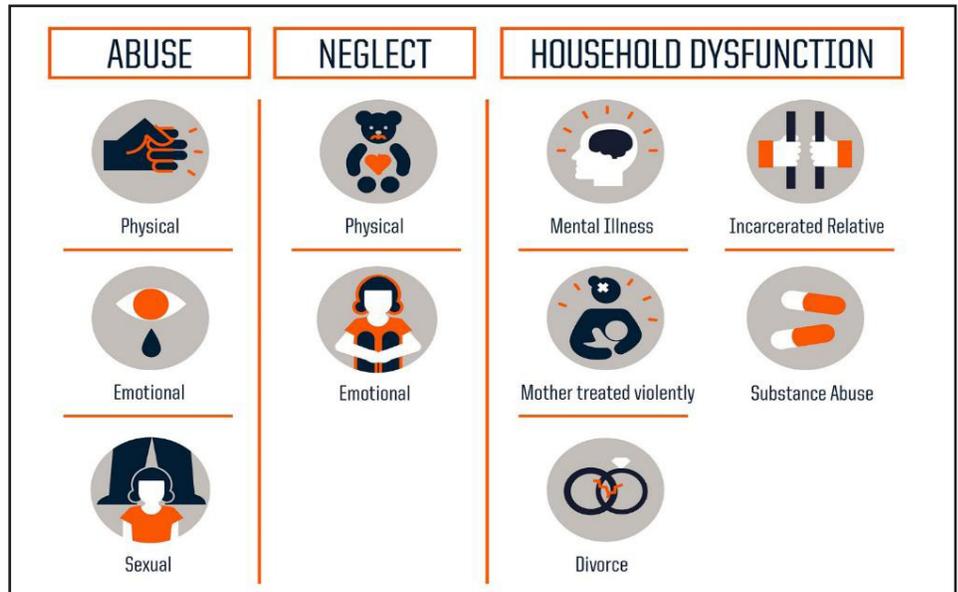
ACE... *continued from page 1*

and social functioning. In many cases, adults exhibiting “bad” health behaviors are adapting to childhood ACEs.

Harvard researchers studied almost 200 adults less than 25 years old and found those who had suffered maltreatment in childhood (ranging from parent verbal aggression to harsh corporal punishment) had about 6% less volume in key parts of their hippocampus, which is involved in memory. This underscores the potential for hard wiring the brain negatively.

People who experienced 4 or more ACE categories were 5 times more likely to be alcoholic and 3 times more likely to marry an alcoholic. Other risk factors include increases in suicide attempts, using drugs, being depressed and having a variety of chronic illnesses. People with 6 or more ACEs died nearly 20 years earlier on average than those with zero ACE categories. In Shasta County, 29 percent of respondents to a 2012 survey reported 5 or more ACEs, compared with 9 percent in other parts of the country.

Preventing ACEs and their intergenerational transmission is the greatest opportunity to improve the well-being of human populations. The



cumulative effects of ACEs reflect a powerful opportunity for prevention – no matter if you are working to prevent heart disease or cancer, end homelessness or hopelessness, or improve business profitability. By aligning a portion of our work around the common goal of preventing the accumulation of ACEs and moderating their effects, we will reduce the multitude of health and social issues facing our county.

We encourage you to work within your sphere of influence to tell everyone you know about ACEs. There are four major lessons learned from those who’ve been implementing practices based on ACEs science, and educating

their clients, patients, students and prisoners about ACEs:

- It engages people you serve by helping them understand their own lives
- It empowers people
- It changes their understanding of others’ behavior
- It opens a channel for them to tell you what they need

To request a presentation on ACEs for your organization, visit www.shastastrongfamilies.org or contact Kelly Keith at 245-6840. If your practice is interested in screening for ACE among some patients in your practice, contact Andrew Deckert, MD, MPH at 225-5594.

HHS - Public Health Adopts Strategic Plan

Following the development of the Shasta County [Community Health Improvement Plan \(CHIP\)](#) in 2016, HHS - Public Health Branch aligned its newly developed Strategic Plan with the three identified CHIP priorities: Harmful Substance Use, Mental Wellness, and Chronic Disease. The primary prevention strategies we will focus on are: Reduce Adverse Childhood Experiences (ACEs), Reduce Chronic Disease (specifically addressing pre-diabetes and harmful substance use), and Increase Effectiveness and Efficiency. The full plan will be posted on the HHS website in February.

Medical Board to review overdose deaths

The Medical Board of California (MBC) has entered an agreement with the California Department of Public Health to review death certificate information for cases in which a medical examiner has determined the cause of a patient’s death to be overdose involving at least 80 morphine-equivalent units. The MBC is cross-checking that information with the CURES database to identify physicians who prescribed medication to those patients. The MBC initially reviewed cases from 2012-2013, and intends to review 2014-2015 and 2016-2017 as data becomes available.

**Shasta County Health and Human Services Agency -
Public Health Branch**
2650 Breslauer Way
Redding, CA 96001

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Return Service Requested

In brief

Learn more about Suboxone: Free online Suboxone training is being offered for any MD, DO, NP or PA by the American Osteopathic Academy of Addiction Medicine. Training sessions are offered in real time with an instructor, and prescribers can attend from the convenience of home or office. One is available early morning the 2nd Saturday of the month; another at 5pm the 4th Wednesday of the month. Find a schedule and registration information at www.aoaam.org/?page=PCSSMAT.

Go Smoke Free: A new ordinance recently made all HHSA campuses smoke-free to provide a safer, cleaner, and healthier environment for staff and clients. Want to do the same? We can help. Contact Manuel Meza at 229-8467.

Diabetes Prevention Program: You can now begin referring to the Shasta Family YMCA's Diabetes Prevention Program, a covered service for Medi-Cal patients. Classes begin in September. To request referral forms for your office, email ymcadpp@sflymca.org. If your patient has prediabetes, please refer them to this program, which will help reduce their chances of developing Type 2 diabetes and provide them tools for living happier, healthier lives. The lifestyle change program emphasizes reducing body weight and increasing physical activity. The program will give updates to providers on their patients' progress.

To qualify for the program, patients must:

- Be at least 18 years of age

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- Have a Body Mass Index of 25 or higher, or 22 or higher if Asian
- Have prediabetes as verified by a blood test or by a qualifying risk score via www.doihaveprediabetes.org.