

Physicians Newsletter



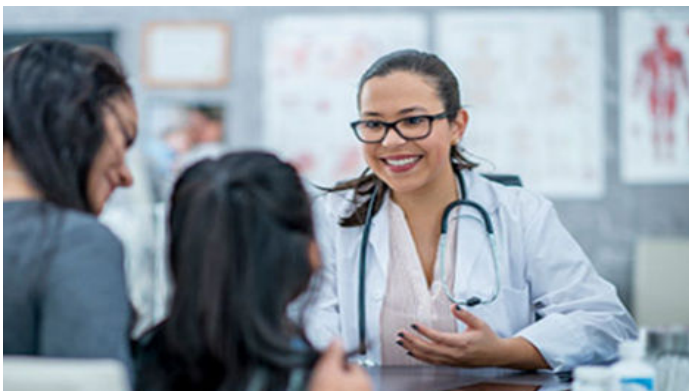
Summer 2024

VFC Program

The Vaccines for Children (VFC) Program is a federally funded program in the United States that provides vaccines at no cost to children who might not otherwise be vaccinated due to inability to pay. The program aims to ensure that all children have access to recommended vaccines to protect them from serious disease such as measles, polio, influenza and many others. Eligible children include those who are uninsured, underinsured (i.e. their insurance doesn't cover vaccines), Medicaid eligible, American Indian or Alaskan Native, or those who are otherwise unable to afford vaccination.

Established in 1994, the VFC program is administered by the Center for Disease Control and Prevention (CDC) and provides vaccines to children who are eligible according to the criteria set by each state. Vaccines provided through the VFC Program are those recommended by the Advisory Committee on Immunization Practices (ACIP). The VFC program plays a crucial role in reducing the burden of vaccine-preventable diseases and improving the health of children across the United States.

When private providers become a VFC Provider the program can provide vaccines at no cost to private providers. The VFC program helps ensure providers can administer vaccine to eligible children regardless of their ability to pay. The VFC Program is highly beneficial to private providers in several ways:



- 1. Access to Free Vaccines:** This allows providers to offer vaccinations to children who might not otherwise receive them due to financial constraints.
- 2. Expanded Patient Base:** This program would allow providers to serve a broader patient base, including uninsured and underinsured – this helps strengthen the provider's relationships with existing patients and potentially attracts new ones.
- 3. Improve Public Health:** By vaccinating children who might not have access to vaccines providers contribute to overall public health by reducing the spread of vaccine-preventable diseases. This, in turn, helps protect the health of the community at large.
- 4. Streamlined Processes:** The VFC Program provides participating providers with resources, training and support to streamline vaccine administration. This includes assistance with vaccine storage and handling, record keeping requirements and reporting procedures – which can help improve overall practice efficiency.

In summary, the VFC Program offers numerous benefits for private providers, including access to free vaccines, expanded patient base, improved public health and streamlined processes. Participation in the program can enhance the ability of private providers to deliver high-quality healthcare services while effectively addressing the vaccination needs of the community.

Tuberculosis Activity

Tuberculosis is a disease caused by the bacteria *Mycobacterium tuberculosis*. Typically, the disease affects the lungs; however, multiple organ systems can become infected, including the kidneys, liver, lymph nodes, brain, and spine. People who are infected with tuberculosis will have varying symptoms based on which parts of the body are infected. An infection with tuberculosis can be fatal if left untreated.

Diagnosis of TB Disease can be used to classify patients with tuberculosis (TB) or latent tuberculosis (LTBI). For detecting suspected cases of TB, signs and symptoms of typical TB, as well as chest radiographs of immunocompetent patients vs. immunocompromised patients, and those with advanced human immunodeficiency virus (HIV) infection should

be utilized. Items required for a diagnosis of TB include a complete medical evaluation (medical history, HIV screening, physical examination, Tuberculin skin test (TST) or interferon gamma release assay (IGRA), chest radiography, and bacteriologic examination of sputum samples – including Acid-Fast Bacilli smear, Nucleic Acid Amplification assay, culture, and drug susceptibility.

DPHD monitors TB activity in the county as well as conducts immigrant investigations, provides screenings, coordinates care and treatment for people infected, and completes Directly Observed Therapy for individuals undergoing treatment.

STI Testing & Treatment: A Vital Component of Public Health

As healthcare professionals at the forefront of providing quality care to our community, DPHD wants to ensure that you have the most up-to-date information regarding sexually transmitted infections (STIs), particularly concerning testing, treatment, and consent for minors. Here is a comprehensive overview of these topics.

1. Regular Testing: We strongly encourage you to emphasize the significance of regular STI testing to your patients, irrespective of age or sexual activity. Early detection through routine screenings can lead to timely treatment, preventing long-term health complications.

2. Comprehensive Testing: It is important to stress the need for comprehensive STI testing, including chlamydia, gonorrhea, syphilis, herpes, and HIV. Remind your patients that STI testing is not solely based on symptoms but also includes routine screenings.

3. Confidentiality and Minors: Minors have the legal right to consent to STI testing and treatment without the involvement or consent of a parent or guardian. By creating a safe and non-judgmental environment, you can ensure that minors feel comfortable seeking healthcare services and receive the care they need.

4. Partner Responsibility: We urge you to educate your patients about the importance of informing their sexual partners about their STI status. Emphasize that

getting tested and treated together is crucial to prevent reinfection and further transmission.

5. Expedited Partner Therapy (EPT): We would like to bring to your attention the concept of Expedited Partner Therapy (EPT). This approach allows you to provide medication to the patient's sexual partners without an in-person examination. EPT has proven to be effective in reducing the spread of STIs and should be considered when appropriate.

6. Addressing Stigma and Shame: We encourage you to approach discussions about partner testing and treatment with sensitivity and empathy. Recognize that many individuals may feel embarrassed or stigmatized, which can hinder their willingness to engage in testing and treatment. Creating a supportive environment that fosters open communication is crucial in overcoming these barriers.

In conclusion, as healthcare professionals, our role in ensuring access to comprehensive STI testing and treatment is paramount. By promoting regular testing, respecting the confidentiality of minors, and emphasizing the importance of partner testing and treatment, we can collectively reduce the prevalence of STIs and improve public health outcomes in our community.

To Boost or Not to Boost

One in three children ages 4 to 7 years old prematurely transition to using only a seat belt for restraint. Generally, if a child cannot see easily out the window when restrained with a seat belt alone - then they need a boost!

Ohio law requires children to be 8 years old or 4'9" before they are restrained with only a vehicle's seat belt. The problem with the way the law is written is that vehicle seats and seat belts are sized for adults. Children below 4'9" do not "fit" in a seat belt to keep them safe. In the US, most 8-year-old children are not 4'9". This means that although Ohio law allows 8-year-olds to be "legally" restrained by only a seatbelt, they are most likely not "safely" restrained.

Some caregivers and physicians believe that weight determines readiness to abandon the booster seat. Instead, **the proper fit of a seat belt requires a minimum height of at least 4'9"**. In addition, how that height is distributed between legs and torso must allow:

- (1) the child's feet to touch the vehicle floor
- (2) the child's thigh length to fit the pan of the seat so that

the seat belt rests over the thighs and not the stomach
(3) the child's torso length ensures that the shoulder belt crosses the chest and not the neck.

Many caregivers know to seek a car seat installation inspection for their newborns. What caregivers do not realize is that their 4 to 8-year-olds may be at risk for improperly using safety belts in motor vehicles.

We urge physicians to advise caregivers to visit a certified child passenger safety technician (CPST) who can recommend the safest way for their child to ride in their vehicle. The Delaware Public Health District has three CPSTs on staff. In addition, we partner with nearly 20 additional CPSTs in Delaware County to provide this free service on a variety of days and times. In addition, physicians should suggest that caregivers visit SafeKids.org for a variety of safety information.

To find a CPST or request an appointment caregivers should visit DelawareHealth.org or contact us at 740-203-2079 or carseats@delawarehealth.org.



1/3 of kids ages 4-7 prematurely transition to using only a seat belt for restraint.



If your child cannot easily see out the window when restrained with a seat belt – then they need a boost!



Proper fit of a seat belt requires a height of at least 4'9".

Request a car seat safety check to find out if you're ready to boost!


DelawareHealth.org/car-seat-safety


Carseats@DelawareHealth.org


(740) 203-2079

Free

Booster seats available to eligible Delaware County residents

Fentanyl Test Strips Available

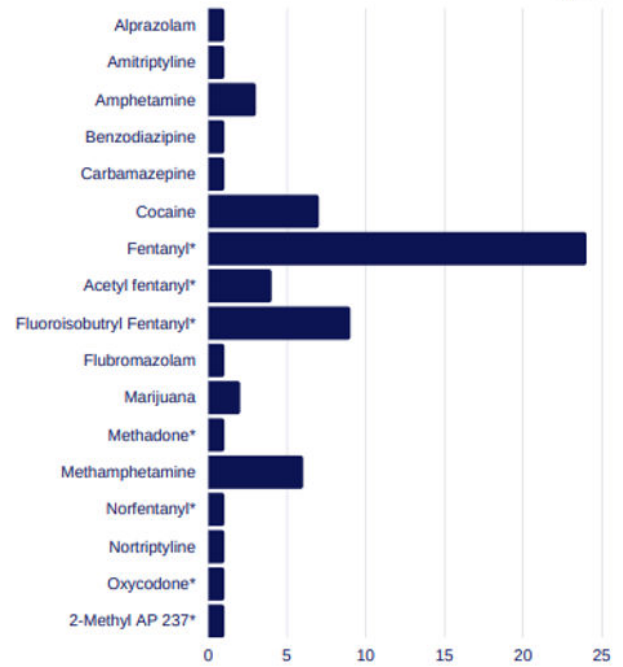
The Health District's Project DAWN program has expanded its offerings to include fentanyl test strips. DPHD has been an established Project DAWN program since 2016 and has provided free naloxone kits to the general public and first responders. In partnership with Mental Health and Addiction Services and Ohio Pharmacy Services, the Ohio Department of Health has made BTNX® fentanyl test strips available at no cost for established Project DAWN sites across Ohio. These test strips have an accuracy of 98% in detecting fentanyl in a drug supply.

In the 2022 Delaware County Annual Accidental Overdose Fatality Report, 80% of the 2022 overdose deaths included fentanyl (see table at right). In April 2023, Ohio law clarified that fentanyl test strips are not illegal drug paraphernalia according to Senate Bill 288.

Fentanyl test strips detect the presence of fentanyl in drugs such as heroin, crack, cocaine, ketamine, meth, MDMA, ecstasy, and pills from nonmedical sources. The strips work by placing a small amount of the drug in water, inserting the strip, and reading the control and test region to determine a positive or negative result. Fentanyl test strips allow people who use drugs to be informed about fentanyl in the drug supply and make decisions to avoid products that are unknowingly laced.

If you are interested in partnering with Project DAWN to distribute fentanyl test strips, please contact Lori Kannally 740-203-2029 or lkannally@delawarehealth.org. The Health District takes walk-ins for fentanyl test strips and naloxone during normal hours of operation.

SUBSTANCES FOUND MOST FREQUENTLY IN THOSE THAT DIED OF AN OVERDOSE ^{*Opioid}



Source: 2022 Delaware County Accidental Overdose Fatality Report

<https://www.delawarehealth.org/wp-content/uploads/2023/08/2022-Overdose-Annual-Report.pdf>

Lyme Disease

The number of Lyme disease cases reported to DPHD in 2023 was more than double the number of cases in 2022.

Lyme disease was also the number one reported disease for the 0-14 years age range in 2023 for the DPHD jurisdiction.

The Health District recommends using the acronym TICKS to aid with protection:

Treat clothing or skin with repellants.

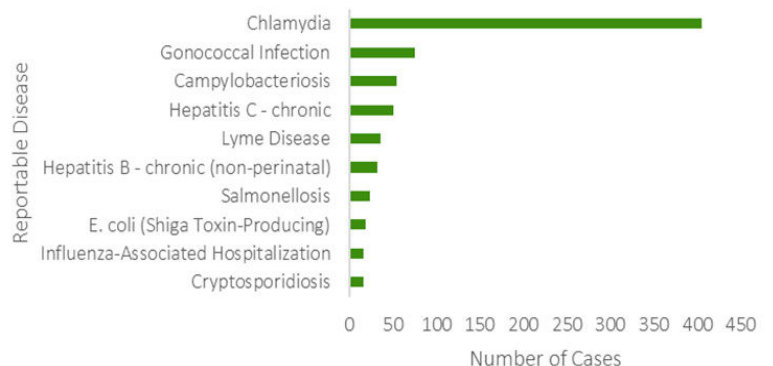
Inspect yourself, clothing, and gear for ticks.

Clean and disinfect any area where a tick was removed.

Keep record of the date the tick was removed.

Shower or wash off as soon as possible after coming indoors.

Top 10 most reported diseases in 2023 for all age groups in DPHD jurisdiction.



West Nile Virus

West Nile virus (WNV) continues to effect Ohioans throughout the state and is a risk to Delaware County residents. In 2023, there were 16 WNV human cases in the state and 1,476 mosquito samples that tested positive for WNV. In Delaware County, there were no human cases, but the Health District did identify 78 mosquito samples that tested positive for WNV. These statewide numbers are the highest human cases and mosquito sample positives since 2018.

WNV is a Class B reportable disease, meaning it is to be reported by the close of the next business day. A case of WNV for disease reporting is defined as:

Probable

o Neuroinvasive disease: A case that meets all of the following:

- Meningitis, encephalitis, acute flaccid paralysis, or other acute signs of central or peripheral neurologic dysfunction, as documented by a physician **and**
- Absence of a more likely clinical explanation. Other clinically compatible symptoms of arbovirus disease include: headache, myalgia, rash, arthralgia, vertigo, vomiting, paresis, and/or nuchal rigidity, and
- With virus-specific IgM antibodies in CSF or serum but with no other testing.

o Non-neuroinvasive disease: A case that meets all of the following:

- Fever (chills) as reported by the patient or a healthcare provider and
- Absence of neuroinvasive disease and
- Absence of a more likely clinical explanation. Other clinically compatible symptoms of arbovirus disease include: headache, myalgia, rash, arthralgia, vertigo, vomiting, paresis, and/or nuchal rigidity, and
- With virus-specific IgM antibodies in serum but with no other testing.

Confirmed

o Neuroinvasive disease: A case that meets the following:

- Meningitis, encephalitis, acute flaccid paralysis, or other acute signs of central or peripheral neurologic dysfunction, as documented by a physician and
- Absence of a more likely clinical explanation. Other clinically compatible symptoms of arbovirus disease include: headache, myalgia, rash, arthralgia, vertigo, vomiting, paresis, and/or nuchal rigidity, and
- Isolation of virus from, or demonstration of specific

viral antigen or nucleic acid in, tissue, blood, CSF, or other body fluid or

- Four-fold or greater change in virus-specific quantitative antibody titers in paired sera or
 - Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen or
 - Virus-specific IgM antibodies in CSF, with or without a reported pleocytosis, and a negative result for other IgM antibodies in CSF for arboviruses endemic to the region where exposure occurred.
- o Non-neuroinvasive disease: A case that meets the following:
- Fever (chills) as reported by the patient or a healthcare provider and
 - Absence of neuroinvasive disease and
 - Absence of a more likely clinical explanation. Other clinically compatible symptoms of arbovirus disease include: headache, myalgia, rash, arthralgia, vertigo, vomiting, paresis, and/or nuchal rigidity, and
 - Isolation of virus from, or demonstration of specific viral antigen or nucleic acid in, tissue, blood, or other body fluid excluding CSF or
 - Four-fold or greater change in virus-specific quantitative antibody titers in paired sera or
 - Virus-specific IgM antibodies in serum with confirmatory virus-specific neutralizing antibodies in the same or a later specimen.

The Health District will continue efforts to identify and eliminate vector-borne disease when found in mosquito populations. This involves surveillance, education, source reduction, and larval and adult mosquito control. Surveillance efforts occur throughout the mosquito season and involves mosquito trapping, testing, and logging of mosquito complaints. Source reduction occurs year-round and includes educating the public about dumping standing water. During the spring and summer months larval control is conducted by treating waterways that collect water in a way that mosquitoes can't breed. When positive mosquito samples are identified or human cases are found, the Health District will activate adult mosquito control efforts.

If you have a positive patient or have an area that you believe is breeding mosquitoes, please call the Health District at 740-368-1700 for assistance.

Rabies Exposure Reporting

In 2023, 313 people submitted a rabies exposure report to the Environmental Health (EH) Division of the DPHD. A rabies exposure is any possible contact with or penetration of skin by the teeth or possible contamination of, but not limited to, scratches, open wounds, abrasions or mucus membranes with the saliva or potentially infectious material of a suspected rabid or susceptible animal. In other words, if the family dog or cat scratches or bites you it's considered a rabies exposure.

Report all rabies exposures within 24 hours of occurring to the local health department where the exposure occurred. Once the report is received at DPHD it is the responsibility of the EH Division to issue a 10-day quarantine order to the owner of the animal. A letter is sent to the owner and includes a form to be completed by the veterinarian at the conclusion of the quarantine. The completed form is returned to EH and the case is complete.

Rabies testing is performed only when necessary, such as finding a bat in the house, a raccoon is involved in an attack, or a family surrenders their pet and does not want to follow thru on the 10-day quarantine process. DPHD does not take family pets who are involved with a reported exposure and is not involved with vicious dog laws.

Adult Alcohol Consumption

The Health District's Community Health Assessment (CHA) published in 2022 revealed that 33% of Delaware County adults self-reported they had five or more alcoholic drinks (for males) or four or more alcoholic drinks (for females) on a single occasion in the past month, with "single occasion" being defined as a two-hour time frame. Additionally, the 2022 CHA data showed that adult binge drinkers were most prevalent among males, ages 30-64 years old. This definition meets the criteria for binge drinking and is up from the previous 2018 CHA when 22% of adults participated in binge drinking. It is important to note that Delaware County had a larger percentage of binge drinkers compared to Ohio and U.S rates, and the Healthy People 2030 objective as of 2021.

The 2020-2025 U.S Dietary Guidelines for Americans who drink alcohol recommends that: men should consume no more than two standard drinks a day, and women should consume no more than one standard drink a day. The National Institute of Health informs us



The victim receives a letter from EH advising them that the risk of contracting rabies is low. But if the exposure is from a stray animal which cannot be caught for testing, a discussion about rabies post-exposure prophylaxis with their physician and the Rabies Control Team at DPHD is recommended.

To report rabies exposure within DPHD, scan this QR code to access the form:



that a standard drink is defined as; 12 ounces of beer, ale, or hard seltzer, 8-9 ounces can or bottle of malt liquor, 5 ounces of wine, or 1.5 ounces of spirits such as gin, rum, tequila, vodka, or whiskey. These dietary guidelines are for those without any other contraindications; individuals who are taking medications that interact with alcohol, or those who are managing a medical or mental health condition that can be made worse by drinking, should avoid drinking alcohol entirely.

The Health District encourages Delaware's local physicians to help screen for potential substance use disorders to direct patients to the appropriate treatment services. For more information on how to re-think alcohol consumption, please visit the National Institute of Health website to access a free 20-page booklet, "Rethinking Drinking: Alcohol & Your Health." And visit DelawareHealth.org/healthy-active-lifestyles to learn more about how the agency is addressing binge drinking in Delaware County.

FREE ENTRY



LEAD AWARENESS WORKSHOP



Join the Delaware Public Health District and the U.S. EPA for a free workshop featuring two sessions designed to share information and resources on minimizing lead exposure.



Monday | Sept. 23, 2024



**470 S. Sandusky Street
Delaware, OH**

Session one | 9-11am

Lead 101 for Healthcare Providers & Others

- Introduction to lead.
- Speakers from EPA & Pediatric Environmental Health Specialty Units.
- Two CEUs offered for this session. A fee of \$18 will apply for those seeking CEUs.

Session two | 1-3pm

Lead Professionals Roundtable

The following agencies will share resources on combatting childhood lead poisoning:

- Ohio EPA
- Ohio Department of Health
- Ohio Healthy Homes Network
- City of Columbus
- Ohio Department of Development
- Black Child Development Institute
- Fair Shake Legal Services
- Regional WIC offices



Scan QR code to register!

Or visit
go.delawarehealth.org/LeadWorkshop



For more information, contact CSU@DelawareHealth.org | (740) 368-1700



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Delaware OH 43015

Summer 2024

Physician's Newsletter



**Delaware Public
Health District**
Dedicated to your health