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## West Nile Virus Update 2013

Rachel Civen, MD, MPH

Van Ngo, MPH

**F**orty-six persons with West Nile virus (WNV) infection including two fatalities with WNV-associated encephalitis have already been documented through August 22, 2013, compared to 9 reported cases by the same date in 2012, which had the second-highest number of human infections (174).

Since WNV first appeared in Los Angeles County in 2003, the region has seen cyclical 4-year peaks in activity: in 2004, 2008, and 2012. While the total number of human infections is difficult to predict, dead bird surveillance indicates that WNV activity in the South Bay area is higher than usual this season: WNV has been detected in 264 dead birds this year, with the majority located in the South Bay area. Nearly half of this year's human infections in LA County are residents of the South Bay. WNV has also been detected in 221 mosquito pools and 48 sentinel chickens in other locations, including the San Fernando, San Gabriel, and Antelope valleys.

Physicians are encouraged to order WNV tests for all patients with aseptic



CDC/Jim Gathany

meningitis, encephalitis, and nonspecific illness consistent with WNV fever. Persons older than 50 years and immunocompromised individuals are at especially high risk for clinical disease.

Since 2003, blood banks have routinely tested blood donors for asymptomatic WNV infection, and positive tests are reported to the public health department. These reports, along with reports from providers and laboratories, help guide the LA County Department of Public Health and the LA County mosquito abatement districts to prevent further cases by targeting mosquito abatement services and health education. Providers should be aware of proper diagnostic procedures, understand the importance

*continued on page 2 >*

## Resources

- **LA County Department of Public Health – Acute Communicable Disease Control**  
[www.publichealth.lacounty.gov/acd/VectorWestNile.htm](http://www.publichealth.lacounty.gov/acd/VectorWestNile.htm)
- **LA County Department of Public Health – Veterinary Public Health**  
[www.publichealth.lacounty.gov/vet](http://www.publichealth.lacounty.gov/vet)
- **California West Nile Virus Website**  
[www.westnile.ca.gov/](http://www.westnile.ca.gov/)
- **Centers for Disease Control and Prevention**  
<http://www.cdc.gov/westnile/index.html>
- **Greater Los Angeles County Vector Control District**  
<http://www.glacvcd.org>



## Los Angeles County Public Health Laboratory Submitting Sera for West Nile Virus Diagnostic Testing

WNV testing is available at the Public Health Laboratory for individuals with the following signs or symptoms:

- a. Encephalitis
- b. Aseptic meningitis (individuals 18 years of age or older)
- c. Acute flaccid paralysis or atypical Guillain-Barré syndrome
- d. Febrile illness compatible with West Nile fever syndrome:
  - Case must be evaluated by a health care provider.
  - Symptoms associated with West Nile fever syndrome can be variable and often include headache, fever ( $>38^{\circ}\text{C}$ ), muscle weakness, rash, swollen lymph nodes, eye pain, nausea, or vomiting.

For instructions on sending specimens to the Public Health Lab, go to [www.publichealth.lacounty.gov/acd/EpiForms/WNVLabSubForm.pdf](http://www.publichealth.lacounty.gov/acd/EpiForms/WNVLabSubForm.pdf).



of prompt reporting, and educate their patients on how to protect themselves against infection.

### West Nile Virus Serological Screening Tests

WNV screening tests are recommended only for patients with signs or symptoms compatible with West Nile fever, aseptic meningitis, encephalitis, or acute flaccid paralysis. Specimens positive for acute WNV infection from commercial labs generally do not require confirmation by the LA County Public Health Laboratory since there is excellent correlation between WNV-positive tests from commercial laboratories and reference public health laboratories. The Public Health Laboratory is available for initial screening diagnostics and confirmation of ambiguous results on serum and cerebrospinal fluid (CSF) specimens.

### Reporting of Human WNV Cases

Public Health tracks occurrences of West Nile fever, neuroinvasive disease, and infections in asymptomatic blood donors. Physicians and laboratories are required to report all positive laboratory findings of WNV (both confirmed and unconfirmed) to the LA County Department of Public Health within 1 working day. A standard Confidential Morbidity Report (CMR) may be used to report suspected cases; the CMR may be faxed to Public Health's Morbidity Unit at 1-888-397-3778. The CMR is available at [www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf](http://www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf). During normal business hours, a report may also be phoned in at 1-888-397-3993.

### West Nile Virus Prevention

The most effective way for individuals to prevent exposure to mosquito bites and West Nile virus can be summarized as the "Three Ds":

1. **Defend.** Use an EPA-registered insect repellent containing DEET, picaridin, oil of lemon eucalyptus, IR3535, or para-menthane-diol products according to label instructions. Repellents keep the mosquitoes from biting. DEET can be used safely on infants and children who are 2 months of age and older.
2. **Dawn and Dusk.** Mosquitoes that carry WNV bite in the early morning and evening. It is important to use repellent and wear clothing that reduces the risk of skin exposure to mosquito bites at these times. Make sure doors and windows have tight-fitting screens to keep mosquitoes out. Repair or replace screens with tears or holes.
3. **Drain.** Mosquitoes lay their eggs on standing water. Eliminate all sources of standing water on the property, including buckets, old car tires, and pet bowls. Those with ponds should use mosquito fish (available from local mosquito and vector control agencies) or commercially available products to eliminate mosquito larvae. 

**Rachel Civen**, MD, MPH, is a medical epidemiologist, and **Van Ngo**, MPH, is an epidemiologist, Acute Communicable Disease Control, Los Angeles County Department of Public Health.

# Vaccine Administration

## The Right Patient and Documentation

Melanie Barr, RN, MSN

Julia Heinzerling, MPH

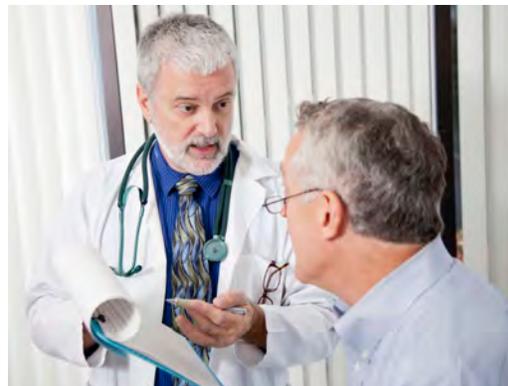
A. Nelson El Amin, MD, MPH

Vaccine administration errors can lead to missed or duplicate vaccine doses, as well as wasted time and vaccine. You can prevent these errors by adhering to the “Six Rights of Vaccine Administration”: the right vaccine, the right patient, the right documentation, the right dosage, the right time, and the right route. This article and accompanying “Ask the Expert” column provide guidance and resources regarding the “right patient” and the “right documentation.” For guidance regarding the other “rights,” see the October 2010, May 2011, and October 2012 issues of *Rx for Prevention*, posted at [www.publichealth.lacounty.gov/rx](http://www.publichealth.lacounty.gov/rx).

### The Right Patient

Administering a vaccine to the “right patient” is extremely important; a vaccine should be given to the patient for whom it was prescribed. Nevertheless, vaccines are sometimes administered to the wrong patient, which leads to missed opportunities to vaccinate, excess doses, and possible harm. Providers and staff can integrate the following practices into their office routine to help avoid such errors.

- Use two methods of verification to confirm a patient’s identity before administering vaccines.
- Start with a verbal identification.
  - When verifying the patient’s identity, do not call him or her by name. Some patients will answer to any name that you use. Instead, ask the patient (or his/her parent) to state his or her full name. Verify the name against the medical record or physician order.



- Avoid addressing a patient by his or her surname only (e.g., Mr. Smith), since patients may share the same surname.
- Ask the patient (or his/her parent) to state his or her date of birth and check it against the medical record or physician order.

When providing vaccines to more than one person at the same time, you run an extra risk of vaccinating the wrong patient. Consider the following practices to minimize this risk in your office and at outreach events.

- Whenever possible, prepare vaccines for only one patient at a time.
- Administer a vaccine as soon as you prepare it.
- Minimize distractions. Don’t speak with others or stop in the middle of giving vaccines. 

*continued on page 4 >*

## Vaccines Covered Under the National Childhood Vaccine Injury Act

- |                              |                                  |
|------------------------------|----------------------------------|
| • DTaP and DT                | • MMR                            |
| • Td/Tdap                    | • MMRV                           |
| • Hepatitis A                | • Meningococcal                  |
| • Hepatitis B                | • Pneumococcal Conjugate (PCV13) |
| • Hib                        | • Polio                          |
| • Human Papillomavirus (HPV) | • Rotavirus                      |
| • Inactivated Influenza      | • Varicella                      |
| • Live, Intranasal Influenza |                                  |

## TB Test Records Can Be Documented in CAIR

Due to the enactment of Senate Bill 659, providers who use CAIR to record immunizations may now also document tuberculosis test results (tuberculin skin tests and Interferon-Gamma Release Assays) in the registry, after conducting appropriate disclosure.

CAIR users may register to attend a TB-data entry webinar and download disclosure forms and an instructional guide at [www.cairweb.org/tb/](http://www.cairweb.org/tb/).

### The Right Documentation

#### Provider Records

All vaccines given should be documented in the patient's medical record and in the California Immunization Registry (CAIR) if in use. In fact, by law, providers administering any vaccines covered under the National Childhood Vaccine Injury Act (NCVIA) are required to record the following information in the permanent medical record or permanent office log:

- Date of administration
- Vaccine name, manufacturer, and lot number
- Name, address, and title of the person administering the vaccine
- Version date of the Vaccine Information Statement (VIS), which is required to be offered for all vaccines covered under the NCVIA
- Date the patient or parent received the VIS.

This information should be documented at the time that the vaccine is administered, not before. Although not required, it is also good practice to document the injection site/route, any adverse events, and serologic test results related to vaccine-preventable diseases if such tests were ordered.

Finally, as part of a risk management strategy and to support patient education, the American Academy of Pediatrics encourages providers to document vaccine refusals by making a notation in the medical record that consists of the following:

- Any discussion with the patient/parent regarding the risks of refusing vaccination
- Date that you provided the VIS.

If you ask the patient or parent to sign a refusal form ([www2.aap.org/immunization/pediatricians/pdf/RefusaltoVaccinate.pdf](http://www2.aap.org/immunization/pediatricians/pdf/RefusaltoVaccinate.pdf)), file it in the permanent medical record.

#### Patient Records

Maintaining an updated patient immunization record helps patients and parents identify vaccines that are due, assists providers in identifying vaccines given outside of their office, and helps childcare providers and schools confirm compliance with immunization laws. Every time that you administer a vaccine, include the following information on the California Immunization Record (yellow card) or on an adult immunization record:

- Vaccine type
- Date the vaccine was given
- Clinic information
- Date the next dose is due.

In lieu of maintaining a printed yellow card, CAIR users may print an official immunization record from the registry, which saves time and reduces errors.

#### Documentation Resources

- *California Immunization Registry (CAIR)*: Providers may use this web-based system to store and update immunization records and print the official California Immunization Record for children, adolescents, and adults. CAIR is available at no charge to Los Angeles County providers. Information regarding how to join CAIR and user guidelines for documenting vaccines can be found at [www.cairweb.org](http://www.cairweb.org).
- *Immunization Records*: Nonprofit Vaccines for Children (VFC) providers who do not use CAIR may request a limited quantity of blank yellow cards and adult immunization records from the Los Angeles County Department of Public Health, Immunization Program (323/869-8080). Other VFC providers may request yellow cards from their VFC representatives. Adult immunization records may also be ordered at [www.immunize.org/shop/record-cards.asp](http://www.immunize.org/shop/record-cards.asp).

**Melanie Barr**, RN, MSN, is director, Nursing Services, **Julia Heinzerling**, MPH, is policy and advocacy specialist, and **A. Nelson El Amin**, MD, MPH, is medical director, Immunization Program, Los Angeles County Department of Public Health.

#### SOURCES

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## ASK THE EXPERT

In this “Ask the Expert” column, A. Nelson El Amin, MD, MPH, medical director of the Los Angeles County Department of Public Health’s Immunization Program, responds to questions and addresses best practices for providing vaccines to the “right patient” with the “right documentation.”



A. Nelson El Amin

**Q:** We have two patients with the same name who receive services at our clinic. We recently recorded one of these patient’s vaccines in the wrong California Immunization Registry (CAIR) record. Should we delete the incorrect record from CAIR?

**A:** Yes, delete the vaccinations that were entered into the wrong patient’s immunization record and document the vaccinations in the appropriate patient’s CAIR immunization record.

Accurate documentation can help prevent administration errors and decrease the cost associated with excess vaccine doses. To prevent future documentation errors, conduct a thorough patient search prior to entering the vaccines that you administered. A record is considered a match only if the patient’s first name, last name, date of birth, AND mother’s first name all match. If all match except the mother’s name, check the patient’s address. If the address matches, then you can consider it a match.

After entering the patient’s vaccination history, check the patient’s name and date of birth against the doctor’s order to ensure the patient’s information is correct.

Finally, provide the patient/parent/guardian with an updated record to ensure he or she has the most current and accurate vaccination record.

**Q:** When we administer more than one injection in a limb, what is the best way to document the injection site in the medical record?

**A:** Document each vaccine using the same acronym for the vaccination site. For example, if you administer DTaP and Hib in the patient’s right thigh, document “RT” to indicate the vaccination site.

When administering more than one vaccine, remember to separate the injection sites by 1 inch or more, if possible, so that if one vaccine causes a local reaction, it does not interfere with the injection site of the other vaccine. Free online vaccine administration training sessions are available at <http://eziz.org/eziz-training/>.

**Q:** If a patient has already had chickenpox, how should we document this on the immunization record and in CAIR?

**A:** A patient’s history of chickenpox disease should be documented on the California Immunization Record (yellow card) by checking the “Had disease” box or writing “Varicella, had disease” over the varicella immunization date section. Providers who use the CAIR can document disease history by checking the “Had Chickenpox” box on the Patient Immunization History page. In both instances, proof of disease history must be confirmed by a physician or nurse practitioner and documented accordingly.

**Q:** We’ve vaccinated a few adolescents against hepatitis B and HPV without their parents’ consent. Should we do anything special to document vaccines that are given to teens without parental consent?

**A:** To protect a minor’s privacy and remain compliant with HIPAA regulations, hepatitis B and HPV vaccinations administered without parental consent should be documented in a place other than the child’s permanent medical record. For example, when minors consent to receive hepatitis B and HPV vaccines and have other vaccinations recorded in CAIR, providers should not enter the hepatitis B and HPV doses into CAIR. Instead, providers may use the Immunization Record and History Form (IMM-542P) to document the vaccinations and maintain the record in a separate file. The immunization record should be kept in a place where it can be easily retrieved upon the minor’s return to the clinic. A copy of the Immunization Record and History can be found on the EZIZ website at <http://eziz.org/assets/docs/IMM-542P.pdf>.

**Q:** How should we document a parent’s refusal to vaccinate his or her child? Do we need to ask the parent to sign a refusal form?

**A:** A parent’s refusal to vaccinate is important and should be documented in the child’s medical record. The American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention encourage documentation of the health care provider’s discussion with parents about the benefits of immunization and the risks associated with remaining unimmunized. Documenting the conversation can also serve as a reminder to revisit the issue at subsequent visits.

The AAP has developed a form for health care providers to use when documenting parent refusal. This form should not be considered a legal document without the advice of a lawyer, but can serve as a guide for documenting your discussion. The form, along with additional resources regarding parent refusals can be found on the AAP website at <http://www2.aap.org/immunization/pediatricians/refusaltovaccinate.html>. 

## Influenza Season Marked by Highest ILI Visits to ER in Several Years

The 2012-13 influenza season in Los Angeles County was moderately severe with the highest percent positive of influenza-like illness (ILI) visits seen in Public Health's reporting emergency departments in the past 6 seasons, according to the latest issue of *Influenza Watch* (Vol. 7, Issue 14). This issue, which summarizes this past influenza season (September 30, 2012 through July 20, 2013), reports that there were 3,163 positive flu tests (11%) out of a total of 28,642 flu tests from Public Health's contributing sentinel sites. In addition, there were 69 confirmed flu deaths, including 7 pediatric deaths.

Peak activity occurred during the last week of January and the beginning of February. During that time, almost 30% of visits among participating emergency departments were ILI-related and 13 deaths occurred—the highest number in a week. Relative to last season, there were more influenza-attributed deaths across all age groups especially in the elderly (Table 1). The typical bimodal peak of ILI activity that LA County has seen in the past was not observed in 2012-13; rather, the majority of influenza activity occurred from late December to early February. Consistent with previous years, type A flu dominated the 2012-13 season, specifically the more virulent H3N2 strain. There were a total of 50 community respiratory outbreaks, 9 confirmed as influenza.

## Increased Fatal Cases

During the 2012-13 influenza season, LA County experienced a substantial increase in fatalities attributed to flu compared with the previous two seasons. The past three flu seasons have been predominated by type A influenza (H3N2); however, for the 2012-13 season, a different strain emerged, antigenically characterized as A/Victoria/361/2011. This contrasts to the previous two seasons, which were primarily of the Perth lineage, A/Perth/16/2009. Despite the Victoria strain being included in the 2012-13 season vaccine, LA County identified the highest number of flu deaths since the H1N1 pandemic season, reflecting a moderately severe season.

Consistent with last season, those 65 and older comprised the majority of deaths (53%). The Centers for Disease Control and Prevention found a low vaccination efficacy rate for those over 65 years old, which suggests a failure to mount a sufficient immune response. During normal seasonal flu years, 90% of deaths nationally occur in those over 65 years old.

Comorbid factors remain similar to previous years, with high blood pressure and overweight/obesity continuing to be top risk factors.

To read the current issue or back issues of *Influenza Watch*, go to [www.publichealth.lacounty.gov/acd/FluSurveillance.htm](http://www.publichealth.lacounty.gov/acd/FluSurveillance.htm).

**Table 1. Demographic Characteristics of Influenza Fatalities by Flu Season, LA County, 2009-2013**

	2012-13 N(%)	2011-12 N(%)	2010-11 N(%)	2009-10† N(%)
Median	68	64	45	48
Range	0-100	0-104	0-92	0-94
Age (years)	0-5	5 (7)	2 (8)	4 (9)
	6-17	2 (3)	2 (8)	2 (5)
	18-40	4 (6)	2 (8)	14 (33)
	41-64	22 (32)	6 (25)	19 (44)
	65+	36 (52)	12 (50)	4 (9)
	17 (13)			
Gender	Female	35 (51)	14 (58)	23 (53)
	Male	34 (49)	10 (42)	20 (47)
Race	Hispanic	28 (42)	12 (50)	26 (60)
	White Non-Hispanic	25 (37)	5 (21)	9 (21)
	Black	8 (12)	4 (17)	4 (9)
	Asian/Pacific Islander	6 (9)	3 (12)	4 (9)
SPA	1: Antelope Valley	3 (4)	0 (0)	1 (2)
	2: San Fernando	18 (26)	4 (17)	16 (37)
	3: San Gabriel	8 (12)	2 (8)	4 (9)
	4: Metro	12 (17)	5 (21)	3 (7)
	5: West	8 (12)	2 (8)	1 (2)
	6: South	7 (10)	3 (13)	6 (14)
	7: East	6 (9)	4 (17)	8 (19)
	8: South Bay	7 (10)	4 (17)	4 (9)
<b>Total Fatalities</b>	<b>69</b>	<b>24</b>	<b>43</b>	<b>127</b>

†2009-10 season is missing race data for n=12 and SPA data for n=4

## Department of Public Health Releases 2011-2012 Annual Report

The Los Angeles County Department of Public Health has just published its 2011-2012 Annual Report, which features the major achievements of the department's many programs. The theme of this latest publication is "Improving Health in LA County."



Through eye-catching infographics and feature articles, this 42-page annual report tells the story of how the department has improved health in Los Angeles County. Features include emergency exercises that keep our staff prepared to respond quickly in the event of a disaster, the creation of a food recall webpage that alerts consumers and retailers about contaminated foods, vital records data that enables the department to spot health trends and improve population health, the numerous surveys conducted each year to discover baseline data and trends, and the Nurse-Family Partnership program that provides hope for teen moms and their babies. Additionally, it provides an update on the department's obesity and tobacco prevention work as part of the Community Transformation Grant.

Also highlighted is a bulleted list of additional accomplishments, the department's priorities, a colorful map of the Area Health Offices, photos and addresses for the department's 14 health centers, and listings of reports published and awards won during the fiscal year.

The annual report may be viewed and downloaded from the department's website at [www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov).

## Study Shows Declines in Sugar-Sweetened Beverage Consumption Among Children in LA County

Children in Los Angeles County are drinking fewer sodas and sugary drinks, according to a new study, "Declines in Sugar-Sweetened Beverage Consumption Among Children in Los Angeles County, 2007 and 2011," published in the August 8 issue of *Preventing Chronic Disease*.

The percentage of children who consumed 1 or more sugar-sweetened beverages daily has decreased from 43.3% in 2007 to 38.3% in 2011. Despite progress, the percentage of children who consume a soda, sports drink, or energy drink daily remains high.

"While the slight decline in consumption demonstrates that we're going in the right direction," said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer, "there is still significant work to be done when more than 1 in 3 of our children is drinking a sugary drink every day and more than 1 in 5 children is obese."

The study analyzed information from the Los Angeles County Health Survey conducted in 2007 and 2011 and found the percentage of children who consumed 1 or more sugary drink per day was highest among children aged 12 to 17 and

lowest among those aged 5 years or younger. Further, the percentage was higher among Latino and African American children than among white and Asian/Pacific Islander children.

Obesity rates have increased in tandem with consumption of sugary drinks over the past 30 years. "The health consequences related to excessive consumption of sugary drinks are serious: the extra calories in these beverages may lead to obesity, diabetes, heart disease and some cancers," said Dr. Fielding.

## Public Health Campaigns

Over the past several years, national, state, and local efforts have included the following:

- California enacted legislation in 2007 to prohibit the sale of most sugar-sweetened beverages on school campuses. In LA County, this policy was accompanied by intensive education on sugary drinks in schools, preschools, childcare sites, and other community settings.
- The "Rethink Your Drink" public education campaign launched in 2009 and encouraged individuals to be more aware of nutrition facts, labels, and the calories consumed from sugar-sweetened beverages.
- The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), which serves more than 50% of children younger than 5 years of age in LA County, has provided intensive bilingual education on sugary drinks since 2007.
- In 2012, the LA County Department of Public Health began a "Sugar Pack" public education campaign, asking residents "You Wouldn't Eat 22 Packs of Sugar, Why Are You Drinking Them?" that includes an online sugar calculator that allows residents to learn how many packs and pounds of sugar they consume in sugary drinks each week, as well as how much these drinks cost over time.

The Los Angeles County Department of Public Health is working closely with childcare providers, schools, cities and employers to increase access to healthy foods and beverages in high-need communities.

The full report, "Declines in Sugar-Sweetened Beverage Consumption Among Children in Los Angeles County, 2007 and 2011," is available by visiting the Centers for Disease Control and Prevention's website at [http://www.cdc.gov/pcd/issues/2013/13\\_0049.htm](http://www.cdc.gov/pcd/issues/2013/13_0049.htm). The Los Angeles County Health Survey may be viewed at <http://publichealth.lacounty.gov/hasurveyintro.htm>.

For more information on nutrition and healthy eating, connect with Public Health's Choose Health LA online, which provides information on chronic disease and injury prevention publichealth efforts in LA County. Visit Choose Health LA on Twitter @ChooseHealthLA, on Facebook, and at [www.ChooseHealthLA.com](http://www.ChooseHealthLA.com). 

*Rx for Prevention* is published 10 times a year by the Los Angeles County Department of Public Health. If you would like to receive this newsletter by e-mail, go to [www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov) and subscribe to the ListServ for *Rx for Prevention*.

# Rx for Prevention

Promoting health through prevention in Los Angeles County

## Upcoming Training

Learn about the CDC's National Diabetes Prevention Program and the many programs that already exist in Southern California. Join us for this event, cosponsored by the LA County Department of Public Health.

### Southern California Diabetes Prevention Symposium

Friday, September 20, 2013  
8 am-12 noon

Recreation Park - Aquatics Center,  
Second Floor  
208 Park Avenue  
San Fernando, CA 91340

Register for this FREE event online at <http://socialdppsymposium-es2.eventbrite.com>



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## Index of Disease Reporting Forms

All case reporting forms from the LA County Department of Public Health are available by telephone or Internet.

#### Reportable Diseases & Conditions

**Confidential Morbidity Report**  
Morbidity Unit (888) 397-3993  
Acute Communicable Disease Control  
(213) 240-7941  
[www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf](http://www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf)

#### Sexually Transmitted Disease

**Confidential Morbidity Report**  
(213) 744-3070  
[www.publichealth.lacounty.gov/std/providers.htm](http://www.publichealth.lacounty.gov/std/providers.htm) (web page)  
[www.publichealth.lacounty.gov/std/docs/STD\\_CMR.pdf](http://www.publichealth.lacounty.gov/std/docs/STD_CMR.pdf) (form)

#### Adult HIV/AIDS Case Report Form

For patients over 13 years of age at time of diagnosis  
Division of HIV and STD Programs  
(213) 351-8196  
[www.publichealth.lacounty.gov/HIV/hivreporting.htm](http://www.publichealth.lacounty.gov/HIV/hivreporting.htm)

#### Pediatric HIV/AIDS Case Report Form

For patients less than 13 years of age at time of diagnosis

#### Pediatric AIDS Surveillance Program

(213) 351-8153  
*Must first call program before reporting*  
[www.publichealth.lacounty.gov/HIV/hivreporting.htm](http://www.publichealth.lacounty.gov/HIV/hivreporting.htm)

#### Tuberculosis Suspects & Cases

**Confidential Morbidity Report**  
Tuberculosis Control (213) 745-0800  
[www.publichealth.lacounty.gov/tb/forms/cmr.pdf](http://www.publichealth.lacounty.gov/tb/forms/cmr.pdf)

#### Lead Reporting

No reporting form. Reports are taken over the phone.  
Lead Program (323) 869-7195

#### Animal Bite Report Form

Veterinary Public Health (877) 747-2243  
[www.publichealth.lacounty.gov/vet/biteintro.htm](http://www.publichealth.lacounty.gov/vet/biteintro.htm)

#### Animal Diseases and Syndrome Report Form

Veterinary Public Health (877) 747-2243  
[www.publichealth.lacounty.gov/vet/disintro.htm](http://www.publichealth.lacounty.gov/vet/disintro.htm)

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