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CME ACTIVITY

Common Causes of Low Vision in Adults Aged 40 Years and Older

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A 47-year-old woman presented to her doctor with progressive bilateral blurred vision that had been worsening over several months. The impaired vision was more pronounced in her right eye than in her left. She complained of no pain and there were no symptoms of itching, discharge, or difficulty seeing at night. Her medical history included hypertension, diabetes mellitus, and arthritis. For these conditions, she was taking, respectively, lisinopril, metformin, and ibuprofen. On examination, her visual acuity was 20/100 in her right eye and 20/50 in her left. Direct ophthalmoscopy revealed scattered hemorrhages and cotton-wool spots in her left retina. Optimal visualization of the right retina was obscured by a posterior subcapsular cataract.

Introduction

The illustrative case scenario describes a highly preventable condition in primary care practice: diabetic retinopathy, which is the leading cause of blindness among

adults aged 20-74 years in the United States.¹⁻³ Diabetic retinopathy, along with cataracts, glaucoma, and age-related macular degeneration (AMD) are the four most common causes of low vision in U.S. adults aged 40 years and older.^{2,4} All four ocular conditions can be effectively managed to reduce disease complications if they are detected early. This article describes the epidemiology and burden of these four common ocular disorders and discusses the circumstances under which earlier detection may be beneficial to the patient (e.g., among those with prominent risk factors).

Epidemiology and Burden of Low Vision

According to the International Council of Ophthalmology, blindness ($\leq 20/200$) is the presence of total vision loss in one or both eyes, typically having no light perception or very little so that the affected person must rely mainly on other senses or vision substitution skills (i.e., the use of senses other than vision, such as hearing) to perform activities of daily living.⁵ Low vision, on the other

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Free Continuing Medical Education Credit

To obtain CME credit, complete the eLearning module on “Common Causes of Low Vision in Adults Aged 40 Years and Older” at <https://publichealth.lacounty.gov/elearning>

This educational activity is offered by the LA County Department of Public Health (LAC-DPH). The LAC-DPH is accredited by the Institute for Medical Quality and the California Medical Association to provide continuing medical education (CME) for physicians licensed in California and contiguous states. The LAC-DPH takes responsibility for the content, quality, and scientific integrity of this CME activity. The LAC-DPH designates this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit(s)[™] toward the California Medical Association's Certification in Continuing Medical Education and the American Medical Association Physician's Recognition Award. Each physician should only claim those hours of credit he/she actually spent in the educational activity.



Table 1. Risk Factors for Common Causes of Low Vision in Adults 40 Years and Older

Condition	Risk Factors
Age-related Macular Degeneration (AMD)	<ul style="list-style-type: none"> • Age • Smoking • Family history • Cardiovascular disease • Cataract surgery • Heavy alcohol use
Cataracts	<ul style="list-style-type: none"> • Age (age-related cataract) • Smoking • Alcohol consumption • Sunlight exposure • Diabetes mellitus • Prolonged exposure to corticosteroids therapy (high doses)
Diabetic Retinopathy	<ul style="list-style-type: none"> • Level of glycemic control • Type of diabetes • Dyslipidemia • Hypertension • Smoking
Glaucoma	<ul style="list-style-type: none"> • Elevated intraocular pressure • Advanced age • African-American race • Family history

hand, is the presence of visual difficulties that impair the affected person’s ability to carry out everyday tasks even when he or she uses glasses, contact lenses, medicine, or has had surgery to correct the eye problem.^{5,6} Among Americans 40 years and older, cataracts affect about 20.5 million individuals, while diabetic retinopathy, glaucoma, and AMD affect 4.1 million, 2.2 million, and 1.8 million, respectively.^{2,4} In Los Angeles County, an estimated 88,000 adults aged 40 years and older have low vision; another 64,000 are blind.⁷ The growing number of baby boomers (persons born between 1946 and 1964) who will turn age 65 years or older beginning in 2011, will lead to an anticipated increase in the number of adults in Los Angeles County with one or more of these ocular conditions—i.e., collectively, there will be more than 106,000 cases of low vision by 2030.⁷ In 2007, refractive errors, visual impairment, blindness, and the four most common adult vision problems (cataracts, diabetic retinopathy, glaucoma, and AMD) accounted for more than \$16 billion in direct medical costs and \$8 billion in lost productivity in the United States.⁸

Modifiable Risk Factors in Low Vision

Although the etiology of low vision ranges from superficial cornea or lens defects to complex deficits, such as a stroke or brain tumor that causes blindness, the four ocular conditions—cataracts, glaucoma, diabetic retinopathy, and AMD—account for more than 80% of all low-vision cases in U.S. adults aged 40 years and older; in 2004, they accounted for about 90% of all low-vision cases among whites, 83% among blacks, and 82% among Latinos.⁴ Many of the risk factors for these conditions are lifestyle-related and are potentially modifiable (Table 1), suggesting that prevention should be an important focus of general eye care in the primary care setting.^{4,9} For example, approximately 20% of cataract cases in the United States are attributed to smoking; other modifiable risk factors for this disease include alcohol consumption and excessive or prolonged sunlight exposure.⁹ Similarly, the level of glycemic control and the severity of other chronic conditions such as obesity, hypertension, and/or dyslipidemia are modifiable

disease factors that can lead to diabetic retinopathy.^{3,10,11} Left undetected and untreated, all four conditions can lead to blindness, to significant decline in quality of life, and to increases in the risk of injuries from falls due to visual impairment.¹²⁻¹⁴ Management of these ocular diseases can be quite effective in delaying or preventing blindness if started early, especially in high-risk patients. In the case of cataracts, the condition can be corrected with surgery.

Is Screening for Impaired Vision Recommended for the General Population?

Vision screening with a Snellen eye chart (for cataracts and AMD) meets most criteria of an acceptable, valid screening test (i.e., screening test is inexpensive, available, and easy to administer for detecting a common disease; the test is accurate, sensitive, acceptable to the target population, and is not harmful; and effective treatment is available for the condition).^{15,16} However, past and present research continues to demonstrate limited effectiveness of this screening tool for improving visual function and vision-related quality of life in the general population.^{17,18} This is evident in the latest United States Preventive Services Task Force (USPSTF) conclusion that the “evidence is insufficient to assess the balance of benefits and harms of screening for visual acuity [i.e., for cataracts and AMD] for the improvement of outcomes in older adults” aged 65 years and older.¹⁶ The USPSTF arrived at a similar conclusion for glaucoma screening in regard to the use of periodic intraocular pressure measurements as a screening tool.¹⁹ It should be noted, however, that screening with formal visual field testing and direct ophthalmoscopy by eye specialists (ophthalmologists or optometrists) has been shown to accurately identify persons with primary open-angle glaucoma.²⁰ Nevertheless, in spite of limited evidence for general screening, physicians should not view these guidelines as indications that early detection has no place in clinical practice. Physicians should remain vigilant for risk factors of low vision and should use best clinical judgment to determine if and when they should selectively assess a patient for the presence of one or more of these ocular conditions, especially in situations where the patient reports visual changes or has a high-risk profile (i.e., strong family history, smoking, excess alcohol consumption, and/or prolonged sunlight exposure).

Implications for Clinical Practice

Detection and management of cataracts, diabetic retinopathy, glaucoma, and/or AMD should be tailored to each patient’s individual risk profile. With the exception of annual dilated retinal exams for diabetics (Table 2), limited evidence currently exists for guiding physicians on when and if they should screen patients for cataracts, glaucoma, and/or AMD in the primary care setting. Sound clinical judgment remains key to making informed medical decisions about a patient’s care and about ocular disease detection, especially among older patients with modifiable risk factors for low vision. The social impact of the four aforementioned ocular diseases are substantial, especially the psychosocial and functional

Table 2. Recommended Dilated Retinal Examination Schedule for Patients with Diabetes³

Type of Diabetes	First Dilated Retinal Examination	Follow-Up*
Type 1 diabetes	3-5 years after diagnosis	At least annually
Type 2 diabetes	At time of diagnosis	At least annually
Pregnant women with pre-existing diabetes	Before conception and early in the first trimester of pregnancy	Every 1-3 months during rest of pregnancy or at physician discretion, and 1 year postpartum

*Abnormal findings may require more frequent examinations. Please note that the prevalence of diabetic retinopathy is high; 20 years after diagnosis, more than 90% of patients with type 1 diabetes and more than 60% of those with type 2 diabetes will have some degree of retinopathy.³

consequences, which can lead to significant social isolation, diminished productivity, functional disability, and a loss of quality of life.¹²⁻¹⁴ Primary care physicians can play a vital role in managing patients with ocular conditions and with ocular disease risk factors, including early recognition of when to refer them for further evaluation and treatment by a specialist, and/or for low-vision rehabilitation and services. Prevention recommendations such as advising patients to quit smoking, to reduce alcohol consumption, to wear sunglasses when they are outdoors, and/or to lose excess weight remain important aspects of personalized, patient-centered care and should be

a routine part of general eye care in the primary care setting.

Disclosure: None of the authors or other individuals involved in planning this CME activity has any conflicts of interest to report. 

References: See references on page 8.

Patricia L. Cummings, MPH, is research analyst, and **Tony Kuo, MD, MSHS**, is director, Office of Senior Health, Los Angeles County Department of Public Health.

Professional and Community Resources

National Eye Institute

Part of the federal government's National Institutes of Health. The National Eye Institutes (NEI) conducts and supports research, training, health information dissemination, and other programs related to blinding eye diseases, visual disorders, visual function, and preservation of sight.

31 Center Drive MSC 2510, Bethesda, MD 20892-2510
(301) 496-5248

www.nei.nih.gov

American Academy of Ophthalmology

The largest national membership association of ophthalmologists, medical and osteopathic doctors who provide comprehensive eye care, including medical, surgical, and optical care.

P.O. Box 7424, San Francisco, CA 94120-7424
(415) 561-8500

www.aao.org

California Department of Motor Vehicles

The Senior Driver website provides online assessments and guides on how to maintain driving independence.

www.dmv.ca.gov/about/senior/senior_top.htm

Driver safety offices in LA County

City of Commerce
5801 E. Slauson Ave., Suite 250, 90040-3050
(323) 724-4000

El Segundo
390 N. Sepulveda Blvd., Suite 2075, 90245-4470
(310) 615-3500

Van Nuys

6150 Van Nuys Blvd., Suite 205, 91401-3333
(818) 376-4217

Braille Institute (Low-Vision Services)

A nonprofit organization that provides services to those who have low vision or are blind. It has educational, social, and recreational programs and services.

Los Angeles Center

741 N. Vermont Ave., 90029
(323) 663-1111

www.brailleinstitute.org

American Diabetes Association

An organization working to fight the deadly consequences of diabetes; offers resources on diabetes-related vision complications.

Los Angeles Chapter

5200 W. Century Blvd., Suite 480, 90045
(800) DIABETES or (800) 342-2383

www.diabetes.org

American Optometric Association

A professional association for optometrists. Information for optometrists and the general public, including information on eye care and eye diseases that can be obtained on its website.

243 N. Lindbergh Blvd., St. Louis, MO 63141
(314) 991-4100,

www.aoanet.org

Los Angeles County Chapter

(213) 381-1357
www.lacos.net

A Case of Rash from a Varied Carpet Beetle Infestation

Emily Beeler, DVM

Gail VanGordon, REHS, MS

Case Details

In November 2008, poor air quality from local wildfires drove one Los Angeles County family to spend the night in their downstairs guest room where the air was cleaner. The youngest child, 3½ years old, slept on a crib mattress that had been stored underneath the guest room bed. In the morning, the child woke with an itchy, bumpy rash on her lower anterior abdominal area (Figure 1). No other family member was affected.



Figure 1 Rash on child

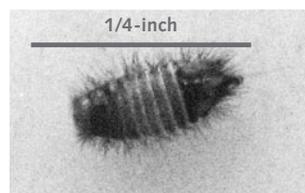


Figure 2 Larval stage of varied carpet beetle

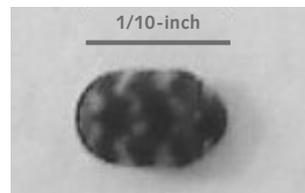


Figure 3 Adult beetle

The family found that the box spring of the guest room bed was infested with oblong, fuzzy insects about 3/16-inch long (Figure 2). They also found beetles of a mixed brown and white coloration that were about 1/10-inch long (Figure 3). They discarded the crib mattress and brought samples of the insects to their pediatrician. The doctor was unable to identify the insects.

The family contacted the Los Angeles County Department of Public Health and shared photographs of the skin lesions and the insects. One of its entomologists identified the insect as the larval stage of the varied carpet beetle (*Anthrenus verbasi*). On closer inspection of the child's rash, the family noticed a tiny brown hair in the center of each bump. Topical application of calamine lotion helped relieve the itch within a few days and the rash resolved. The family vacuumed the area well and hired an exterminator. In the following 1½ years, more beetles were periodically noticed by the homeowner, particularly along the bottom of the baseboards where it met the carpet. The exterminator visited the home every 2 to 4 months to fumigate, especially in these areas. The child's rash did not return.

Problem Overview

Adult varied carpet beetles feed on nectar and pollen in daylight; they may be accidentally carried indoors on plants or infested clothes, carpeting, or furniture. They lay their eggs in dark places, and prefer locations with dead insects, feathers,



Figure 4 Microscopic view of hairs from larval stage

wool, fur, or other material of animal origin that will provide food for larvae. Larvae hatch from the eggs and feed on natural fibers and other food. The larvae may feed for over 500 days before pupating.

Varied carpet beetles do not bite people. The larvae have a thousand or more irritating hairs that project from their surfaces. Some hairs have jagged spines and others have arrowhead-like structures (Figure 4). During an infestation, numerous larvae shed their skin and deposit waste pellets. When these contaminated, barbed larval hairs contact skin, they may cause mechanical irritation and trigger hypersensitivity reactions. Not all household members will necessarily develop rashes. When the hairs are aerosolized in large quantities, they can also cause ocular and respiratory reactions.

Locations that collect human or animal dander, such as under baseboards, may provide bountiful food for the beetles. Adult beetles find cloth or carpets that are contaminated with food or perspiration especially attractive. Infestations can persist on stored furniture or carpets as long as enough animal-origin material remains available.

Treatment

In most instances, the rash can be alleviated by the application of a topical antihistamine or other itch-relieving product. The larval hairs are gradually shed from the rash with normal shedding of skin cells. Cleaning the environment is very important. Heavily infested items should be discarded. Frequent and thorough vacuuming of the infested area eliminates additional larvae and adult beetles. Dry cleaning or laundering in hot water kills all life stages of the beetle. In some cases, the services of an exterminator may be needed.

Local Data: The presence of varied carpet beetles in the home environment is very common, but infestations are not reportable. Although they are found worldwide, there are no local data regarding rates of infestation.

Editorial Note: There are very few reports of this condition in the medical literature. This case and others highlight the importance of collection of the infesting beetles for establishing diagnosis. A report in 1967 described a woman in Los Angeles

Russ Crutcher / MicroLab NW

who was reduced to tears upon having her pruritus dismissed as a “psychiatric problem.” She finally collected adequate samples from her furniture, turned them in to the physician, and received a diagnosis. A 1981 report involved a man in Los Angeles who saw various specialists for his rashes for 5 years before the condition was diagnosed. He had purchased a beetle-infested wool carpet for his new home, and the hiring of an exterminator eliminated the problem.

Fortunately in the case in this report, the patient’s mother immediately noticed the beetle infestation, collected useful samples of the insects, and sought additional opinions after her physician could not immediately identify the insect.

“It is a pesky problem to get rid of and I believe that there are many people out there who don’t even know that their house is infested,” said the mother of the child in this case. “In fact, I have found evidence of carpet beetles at others’ homes. Fortunately, I felt close enough to the homeowners to give them some insight.”

There are a variety of infesting beetle species that may cause dermatitis. When such a case is suspected, advise the patient to collect whole beetles in sealed containers for examination by a physician or entomologist. Physicians may submit suspected carpet beetles or any other insects for identification

to the Los Angeles County Department of Public Health, Environmental Health Vector Management Program, at (626) 430-5450. [R](#)

Acknowledgments: Many thanks to the family in this case for permission to share its story and photos.

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Free Educational Materials for Your Patients

All materials are free and available for order and/or download at www.publichealth.lacounty.gov/acd

Click on Health Ed Materials, or Health Care Professionals > Materials

Keep your patients informed about healthy habits with these free educational materials from the Los Angeles County Department of Public Health. Choose from an assortment of brochures, posters, activity books, bookmarks, rulers, and stickers for your use in your waiting rooms and other clinic and office spaces. Specific materials are also available in other languages, which include Spanish, Armenian, Cambodian, Chinese, Farsi, Korean, Russian, Tagalog, Thai, and Vietnamese.



Activity Book: Be A Germbuster

Activity books (8 1/2" x 11") for children ages 5-9 and 10-12, English and Spanish.

Cling Sign: Wash Your Hands

Self-sticking static cling signs (5 1/2" x 8 1/2") are ideal for posting on smooth surfaces, such as windows and mirrors.

Flyers: No Flu in My House

Bilingual flu-prevention flyers (8 1/2" x 11"); one side English, the other Spanish

Posters: Please Put on a Mask

Posters (8 1/2" x 11") for waiting rooms; English with reverse side in 1 of 10 languages.

New Report Finds Rate of Depression Increasing in LA County



The percentage of LA County residents reporting that they have ever been diagnosed with a depressive disorder (such as major or unipolar depression, bipolar or manic depression, or dysthymia—a chronic, less severe form of depression) rose sharply during the past decade: Nearly 14% of adults surveyed in LA County in 2007 reported that they have at some point been diagnosed with a depressive disorder,

compared to about 9% in 1999. This represents an almost 50% increase.

This information and more is included in a new *LA Health* report titled, “Trends in Depression: Shedding Light on the Darkness.” The report, which was published by the LA County Department of Public Health’s Office of Health Assessment, can be viewed at www.publichealth.lacounty.gov/ha.

“The increase in rates of diagnosed depressive disorders may reflect better recognition and reporting of the disorder rather than an actual increase in the frequency of depression,” said Jonathan E. Fielding, MD, MPH, director of Public Health and health officer. “However, from any perspective, depression takes a large toll in terms of disease burden and is the most common mental health problem. We need to ensure that those suffering from depression get diagnosed early and receive timely care.”

Depression and depressive disorders affect an individual’s ability to function and be productive in everyday life. They are a major cause of disability and economic loss in society, as well as the primary risk factor for suicide.

Other key findings from the report include the following:

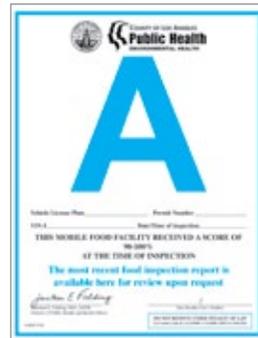
- Women in LA County consistently reported higher rates of depression diagnoses than men. While rates of diagnosed depressive disorders increased for both men and women from 1999 to 2007, the increase was much greater for women (11% in 1999 to 17% in 2007) than for men (7% in 1999 to 10% in 2007).
- Although rates of depressive disorder increased across all racial/ethnic groups, Asians/Pacific Islanders consistently reported the lowest rates, a finding which may suggest under-recognition of depression in this group or other cultural variations.
- Depressive disorder often co-occurs with other chronic conditions, such as diabetes and heart disease, and is sometimes associated with risky health behaviors, such as heavy drinking and cigarette smoking—factors that can lead to a decreased quality of life and premature death.

In addition to providing an overview of depression in LA

County, the report also offers the following recommendations for physicians and other health care providers:

- Raise awareness that depression can occur to anyone at any time in their life, and that it is not a sign of weakness or a character flaw.
- Screen for depressive disorders when systems are in place to assure accurate diagnosis, effective treatment, and followup.
- Be alert for depression among new mothers at their postpartum and well-child visits.
- Educate at-risk populations, such as adolescents and the elderly (and their families) about suicide and its indicators.
- Ensure the availability of culturally and linguistically sensitive materials.
- Develop systems of collaborative care for the management of depressive disorders in which case managers link primary care providers, patients, and mental health specialists.

Public Health Rolls Out Letter Grades for Mobile Food Facilities



Since 1998, LA County residents have come to expect a certain level of food safety when eating out at restaurants. Based on the familiar letter grade seen in restaurant windows, diners in LA County can be assured that their choice of dining facility has been carefully inspected by the LA County Department of Public Health.

Based on the success of the Restaurant Grading Program, the LA County Board of Supervisors passed an ordinance in October 2010 that now requires the grading program to be extended to mobile food facilities, or “restaurants on wheels,” such as food trucks and hot dog carts.

This program, which went into effect at the beginning of 2011, will take several months to implement and is currently underway. The ordinance applies to all mobile food facilities that conduct business in Los Angeles City, Santa Monica, and unincorporated areas of LA County. Several other cities have inquired about the ordinance and are considering it for adoption.

By applying the same letter grading requirements to mobile food facilities that are applied to walk-in restaurants, Angelenos will have the ability to make informed consumer choices at an additional type of dining venue. Residents can be assured that their risk of getting sick from foodborne illness is significantly diminished through routine inspections that use rigorous food safety standards, including employee hygiene, clean facilities and equipment, and proper food storage temperatures. 

World TB Day Is March 24

World TB Day raises awareness about the global epidemic of tuberculosis (TB) and efforts to eliminate the disease. This annual event marks the day in 1882 when Dr. Robert Koch detected the cause of tuberculosis, the TB bacillus. Eliminating TB locally and globally requires targeted interventions for at-risk populations and collaborative efforts with physicians in the community. Toward these goals, what follows are important resources for clinicians:

Coalition Meeting; CME Lecture and Dinner

TB Coalition Meeting | Thursday, March 24, 2011

If you serve a population at high-risk for TB infection and/or disease, you are invited to attend the kick-off meeting of the TB Coalition of Los Angeles County.

The goal of the meeting is to establish a communication network and information exchange among key agencies involved in the prevention and treatment of TB in Los Angeles County.

Where: AIDS Healthcare Foundation
6255 W. Sunset Blvd., 21st Floor, Los Angeles, CA 90028

When: March 24, 2011
12:30 pm-1 pm: Networking Lunch
1 pm-3 pm: Coalition Meeting

Parking: Behind the AHF building in the GRANT outdoor parking (1540 N. Vine St.) Parking validations will be provided for this lot only.

RSVP: Iris Gonzalez
American Lung Association in California
(213) 384-5864, x239
igonzaez@alac.org

CME Lecture and Dinner | Wednesday, May 18, 2011

If you are interested in learning more about the new blood tests to screen for TB, please join the TB Coalition of Los Angeles County, AIDS Healthcare Foundation, and Cellestis for a presentation on Interferon Gamma Release Assays (IGRAs), titled "TB Screening, A New Era."

Where: Hollywood Presbyterian Medical Center Auditorium
1300 North Vermont Ave., Los Angeles, CA 90027

When: May 18, 2011
6 pm-6:30 pm: Dinner
6:30 pm-7:30 pm: Lecture with CME

Objectives: At the conclusion of the program, the participant will be able to describe the science behind IGRAs and how the tests are performed; understand the CDC's 2010 guidelines for the use of IGRAs; identify how problems with handling or processing specimens can impact the results; and recognize issues with using IGRAs in immunocompromised patients, such as those with HIV/AIDS.

RSVP: Jennifer Paul
TB Coalition
(213) 384-5864, x272
jpaul@alac.org

Speakers' Bureau

To arrange for continuing medical education speakers on the topic of tuberculosis, interested parties may contact Robert Miodovski, MPH, senior health educator, (213) 744-6229.

The CME program, created by the TB Planning Council Private Medical Doctor Education and Outreach Workgroup, targets clinicians who treat/encounter TB patients with comorbid conditions, or who are in high-risk categories, such as HIV, end-stage renal disease, transplant, diabetes, substance abuse, autoimmune disease, homeless, and recent immigrants.

Useful Links for TB Information

LA County Department of Public Health, TB Control Program
www.publichealth.lacounty.gov/tb
Centers for Disease Control and Prevention
www.cdc.gov/TB
California Tuberculosis Controllers Association
www.ctca.org 

Readership Survey

The editors of *Rx for Prevention* are interested in your thoughts about this publication. Please take a few minutes to share your opinion. Your feedback is very important and will be used to plan future issues.

Log on to <https://www.surveymonkey.com/s/erxforprevention>

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Rx for Prevention

Promoting health through prevention in Los Angeles County

Upcoming Seminar

2011 California Immunization Summit: Immunizations, A Lifetime Connection

April 18, 2011, 8:30 am – 5:15 pm

The California Endowment's Center for Healthy Communities, Los Angeles

\$95 Registration; \$20 for CME/CEU Credits

For details about the 2011 Summit, visit www.ImmunizeCA.org.

Sessions will address a variety of topics, including California's new school entry requirement, best practices to eliminate immunization disparities, and vaccine communication tips.

Speakers include Dr. Ari Brown, nationally renowned pediatrician and author of the Baby 411 book series and Dr. James Cherry, a pediatric infectious disease specialist and pertussis expert.

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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

Sexually Transmitted Disease Confidential Morbidity Report
(213) 744-3070
www.publichealth.lacounty.gov/std/providers.htm (web page)
www.publichealth.lacounty.gov/std/docs/H1911A.pdf (form)

Adult HIV/AIDS Case Report Form
For patients over 13 years of age at time of diagnosis
HIV Epidemiology Program (213) 351-8196
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

Tuberculosis Suspects & Cases Confidential Morbidity Report
Tuberculosis Control (213) 744-6160
www.publichealth.lacounty.gov/tb/forms/cm.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

Animal Diseases and Syndrome Report Form
Veterinary Public Health (877) 747-2243
www.publichealth.lacounty.gov/vet/disintro.htm

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