Rx for Prevention

Volume 4, Number 5

June-July 2013

Promoting health through prevention in Los Angeles County

This Issue

1 Depression Care Management: Program Empowers Older Adults to Manage Depressive Symptoms

3 New Health Care Reform: Expanding Access to Clinical Preventive Services for Women

5 Vaccine Information Statements: How Much Do You Know?

7 Vital Signs
- New STD Morbidity Report Released
- Department of Public Health Releases New Strategic Plan
- First Human Cases of West Nile Virus Reported in LA County
- Free Patient Education Materials on Obesity Prevention

8 Upcoming Trainings

8 Index of Disease Reporting Forms

Depression Care Management

Program Empowers Older Adults to Manage Depressive Symptoms

By James Cunningham, PhD

According to the Centers for Disease Control and Prevention (CDC), depression is a growing public health issue among America's older adult population. This serious illness affects 13.5% of adults over the age of 65 (6 million adults annually). Depression is not a normal part of the aging process and health providers sometimes mistake a person's symptoms as a natural reaction to illnesses or life changes. This can result in misdiagnoses and undertreated patients. In an attempt to mitigate this, a CDC expert panel recommends depression care management programs, such as PEARLS (Program to Encourage Active, Rewarding LiveS) to public health and aging services networks.

What is PEARLS?

PEARLS is an evidence-based program listed on the National Registry of Evidence-based Programs and Practices of the Substance Abuse and Mental Health Services Administration (SAMHSA), and on the Agency for Healthcare Research and Quality (AHRQ) Innovation Exchange.[1]

PEARLS is an in-home, brief counseling program that empowers older adults to manage depressive symptoms and improve their quality of life. It teaches **three depression management techniques**: problem solving, planning social and physical activities, and scheduling pleasant events.

How effective is this program?

In the original PEARLS randomized controlled trial (2000-2003), participants were three times more likely to significantly reduce depressive symptoms or completely eliminate their depression.[2] Participants also improved their functional and emotional well-being. Study results also showed a strong trend toward reduced hospitalization. PEARLS has also been studied in epileptic adults. These participants

continued on page 2 >

Guides for Depression and Dysthymia Screenings

- Patient Health Questionnaire (PHQ-9), U.S. Substance Abuse and Mental Health Services Administration (http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf).
- Screening for Depression, U.S. Preventive Services Task Force (http://www.uspreventiveservicestaskforce.org/3rduspstf/depression/depressrr.pdf).
- Depression and Suicide in Older Adults Resource Guide, American Psychological Association (http://www.apa.org/pi/aging/resources/guides/depression.aspx#).
- Dysthymic Disorder—Medical Disabilities Guidelines (http://www.mdguidelines.com/dysthymic-disorder).

County of Los Angeles Public Health

exhibited reduced depression and thoughts of suicide, along with increased emotional well-being. Effects persisted for one year after the intervention ended.

What is my role in PEARLS?

Currently, the Los Angeles County Department of Mental Health has selected this model for older adults (aged 55+) as a Prevention and Early Intervention program funded through the Mental Health Services Act (Proposition 63).

As a health care provider in Los Angeles County, you play a front-line role in identifying potential candidates for PEARLS and improving the well-being of our elderly population.

Steps in Management

1. Identification of a patient as a potential candidate
2. Depression and dysthymia screening
3. Referral to appropriate PEARLS participating agencies (see Table 1).

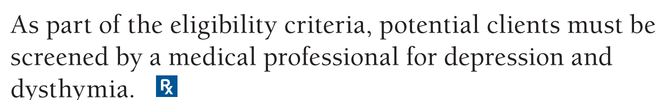
Eligibility Criteria for PEARLS are

- Adults aged 55+
- Dysthymia and/or Minor Depression
- Homebound and/or Socially Isolated

Exclusionary Criteria for PEARLS are

- Bipolar Disorder
- Psychosis
- Alcohol Use
- Significant Cognitive Impairment.

As part of the eligibility criteria, potential clients must be screened by a medical professional for depression and dysthymia. ℞



James Cunningham, PhD, is the Program Head of the Full Service Partnership program, Los Angeles County Department of Mental Health.

REFERENCES

1. Program to Encourage Active Rewarding LiveS. Accessed at http://www.pearlsprogram.org on 7/1/2013.

2. Community integrated home-based depression treatment in older adults: a randomized controlled trial. Ciechanowski P, Wagner E, Schmaling K, Schwartz S, Williams B, Diehr P, Kulzer J, Gray S, Collier C, LoGerfo J. JAMA. 2004 Apr 7;291(13):1569-77.

Table 1. Agencies in LA County Providing PEARLS Services

Agency Name	Address	Telephone	Language
Alma Family Services	4701 E. Cesar Chavez Ave. Los Angeles, CA 90022	(323) 881-3799	English, Spanish, Mandarin, Cantonese
Amanecer	1200 Wilshire Blvd. Suite 210 Los Angeles, CA 90017	(213) 481-1347	English, Spanish
Barbour & Floyd	2640 Industry Way Suite A Lynwood, CA 90262	(424) 213-1156	English, Spanish
Didi Hirsch	1540 E. Colorado St. Glendale, CA 91205	(818) 638-5406	English, Spanish, Armenian
Didi Hirsch	4760 S. Sepulveda Blvd. Culver City, CA 90230	(310) 390-6612, ext. 331	English, Spanish
Didi Hirsch	323 N. Prairie Ave. Inglewood, CA 90301	(888) 807-7250	English, Spanish
ENKI	3208 Rosemead Blvd. 2nd Floor El Monte, CA 91731	(866) 227-1302	English
Heritage Clinic	447 N. El Molino Ave. Pasadena, CA 91101	(626) 577-8480	English, Spanish
Hillview	12450 Van Nuys Blvd. Pacoima, CA 91331	(818) 896-1161, ext. 257	English, Spanish
Jewish Family Service	12821 Victory Blvd. North Hollywood, CA 91606	(818) 432-5025, ext.154	English, Russian
San Fernando Valley CMHC	6842 Van Nuys Blvd. Suite 500 Van Nuys, CA 91405	(818) 374-6901	English, Spanish
SSG	605 W Olympic Blvd. #600 Los Angeles, CA 90015	(213) 553-1884	Multiple language capacity
Telecare	12440 E. Firestone Blvd. Suite 3010 Norwalk, CA 90650	(562) 864-7821	English, Spanish

New Health Care Reform

Expanding Access to Clinical Preventive Services for Women

Rita Singhal, MD, MPH

Elizabeth Stillwell, RN

The Patient Protection and Affordable Care Act (ACA), also known as health reform, increases access to preventive services that women need. Specifically, under the ACA, health plans are required to cover preventive services without cost-sharing, thereby reducing financial barriers to accessing these services.[1]

Covered Clinical Preventive Services

The ACA requires coverage (with no copayments) for clinical preventive services with Grade A and B recommendations from the United States Preventive Services Task Force (USPSTF), routine immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) and, for adolescents, the Bright Futures recommendations from the American Academy of Pediatrics (AAP).

Based on recommendations from the Institute of Medicine, additional services for women were added for coverage, ensuring that the unique health needs of women across their lifespan are met. These services include

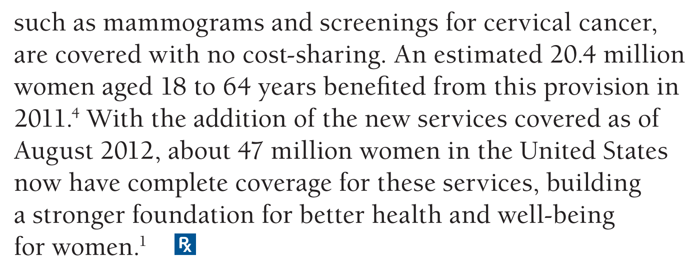
- FDA-approved prescription contraceptives
- Annual "well woman" visit
- Domestic violence screening
- Breastfeeding support
- HPV testing
- Screenings for STIs and gestational diabetes.[2]

The recommendations by the Institute of Medicine to add these additional services were not developed through the same rigorous scientific process used by the USPSTF, ACIP and Bright Futures, but represent evidence-informed services that fill critical gaps in supporting women's overall health.

As of August 2012, the U.S. Department of Health and Human Services required health plans to begin covering this additional slate of services. There are exceptions for certain religious employers regarding the contraception benefit and grandfathered plans that have been in existence since March 23, 2010, and have not changed substantially.[3] The current covered services for adult women, including pregnant women, are summarized in Table 1. It is important to note that these covered services are also not subject to cost-sharing.

Conclusion

Women often forgo needed health care because of cost.[3] Preventive services are especially less likely to be used than services for acute illness, partially due to financial barriers such as copayments, co-insurance, and deductibles. Under the Affordable Care Act, women's preventive health care services,



such as mammograms and screenings for cervical cancer, are covered with no cost-sharing. An estimated 20.4 million women aged 18 to 64 years benefited from this provision in 2011.[4] With the addition of the new services covered as of August 2012, about 47 million women in the United States now have complete coverage for these services, building a stronger foundation for better health and well-being for women.[1] ℞

Rita Singhal, MD, MPH, is the Medical Director, and **Elizabeth Stillwell**, RN, is Program Manager, Office of Women's Health, Los Angeles County Department of Public Health.

REFERENCES

1. Affordable Care Act Rules on Expanding Access to Preventive Services for Women. Accessed at http://www.healthcare.gov/news/factsheets/2011/08/womensprevention08012011a.html on 5/1/2013.

2. IOM (Institute of Medicine). Clinical Preventive Services for Women: Closing the Gaps. Washington, D.C.: The National Academies Press, 2011. Accessed at: http://www.iom.edu/Reports/2011/Clinical-Preventive-Services-for-Women-Closing-the-Gaps.aspx on 5/1/2013.

3. The Henry J. Kaiser Family Foundation. The Impact of Health Reform on Women's Health Access to Coverage and Care. FOCUS on Health Reform, April 2012. Accessed at: http://kaiserfamilyfoundation.files.wordpress.com/2013/01/7987-02.pdf on 5/1/2013.

4. Robertson R, Squires D, Garger T, Collins SR, Doty MM. Oceans Apart: The Higher Health Costs of Women in the U.S. Compared to Other Nations, and How Reform Is Helping. The Commonwealth Fund, July 2012. Accessed at: http://www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2012/Jul/1606_Robertson_oceans_apart_reform_brief.pdf on 5/1/2013.

Table 1. Important Clinical Preventive Services for Women Covered by New Private Plans Without Cost-Sharing

Cancer	Chronic Conditions	Immunizations	Healthy Behaviors	Pregnancy-Related**	Reproductive Health
• **Breast cancer** - Mammography for women 40+ y/o* - Genetic (BRCA) screening and counseling (women with family history of increased risk for deleterious mutations in BRCA1/2 gene) - Preventive medication counseling • **Cervical cancer** - Pap testing (women 21+ y/o) - High-risk HPV DNA testing • **Colorectal cancer** - One of the following: fecal occult blood testing, colonoscopy, sigmoidoscopy	• **Cardiovascular health** - Hypertension screening - Lipid disorders screening - Aspirin • **Type 2 diabetes screening** (adults w/ elevated blood pressure) • **Depression screening** (adults, when follow up supports available) • **Osteoporosis screening** (all women 65+ y/o, women 60+ y/o at high risk) • **Obesity** - Screening (all adults) - Counseling and behavioral interventions (obese adults)	• **Td booster, Tdap** • **MMR** • **Meningococcal** • **Hepatitis A and B** • **Pneumococcal** • **Zoster** • **Influenza** • **Varicella** • **HPV** (women 19-26 y/o)	• **Alcohol misuse screening and counseling** (all adults) • **Intensive healthy diet counseling** (adults w/high cholesterol, CVD risk factors, diet-related chronic disease) • **Tobacco counseling and cessation interventions** (all adults) • **Interpersonal and domestic violence screening and counseling** (women 18-64 y/o) • **Well-woman visits** (women 18-64 y/o)	• **Tobacco cessation interventions** • **Alcohol misuse screening/counseling** • **Rh incompatibility screening** • **Gestational diabetes screenings** - 24-28 weeks' gestation - First prenatal visit (women at high risk for diabetes) • **Screenings** - Hepatitis B - Chlamydia (<24 y/o, high risk) - Gonorrhea - Syphilis - Bacteriuria - HIV • **Folic Acid supplements** (women with reproductive capacity) • **Iron deficiency anemia screening** • **Breastfeeding supports** - Counseling - Consultations with trained provider - Equipment rental	• **Screenings** - Chlamydia (sexually active women <24 y/o, older women at high risk) - Gonorrhea (sexually active women at high risk) - Syphilis (adults at high risk) - HIV (15-65 y/o; others at risk) - Counseling for prevention of STIs • **Contraception** (women w/reproductive capacity)*** - All FDA-approved methods as prescribed - Sterilization procedures - Patient education and counseling

KEY

* The ACA defines the recommendations of the USPSTF regarding breast cancer services to "the most current other than those issued in or around November 2009." Thus, coverage for mammography is guided by the 2002 USPSTF guideline. The current recommendation is to begin regular screening at age 50.

** Services in this column apply to all pregnant or lactating women, unless otherwise specified.

*** Certain religious employers are exempt from this requirement.

Notes: Age ranges are meant to encompass the broadest range possible. Each service may only be covered for certain age groups or based on risk factors.

For specific details on recommendations, please consult the websites below:
U.S. DHHS, "Recommended Preventive Services": www.healthcare.gov/center/regulations/prevention/recommendations.html.
USPSTF: www.uspreventiveservicestaskforce.org/recommendations.htm.
ACIP: www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/index.html.
HRSA Women's Preventive Services: www.hrsa.gov/womensguidlines/.
Table adapted with minor edits from The Henry J. Kaiser Family Foundation. The Impact of Health Reform on Women's Health Access to Coverage and Care. FOCUS on Health Reform, April 2012. http://www.kff.org/womenshealth/7987.cfm.

Vaccine Information Statements

How Much Do You Know?

Julia Heinzerling, MPH

As you probably know, the National Childhood Vaccine Injury Act requires health care providers to provide a Vaccine Information Statement (VIS) every time certain vaccines are administered. But, do you know when to use the multi-vaccine VIS or how often they are updated? Take this brief Fact or Fiction quiz to test your knowledge and learn more about the VIS.

Fact or Fiction Quiz

1. You are required to give vaccine recipients or their parents/legal representatives a VIS for all vaccines administered.

Fiction. By law, providers are only required to provide a VIS before administering vaccines that are covered under the National Childhood Vaccine Injury Act. Nevertheless, it is good practice to provide the appropriate VIS every time you vaccinate.

2. You should offer your patients a printed VIS, even if you showed them a laminated or e-copy in the office.

Fact. Every time that you administer a vaccine dose, you should offer patients/parents a printed VIS to bring home, even if they reviewed a laminated or electronic VIS during their visit. This is because they may need to consult the form later to confirm which additional doses are due or to learn what to do in the case of an adverse reaction. However, if a patient has a mobile device that can display PDF files and would prefer an e-copy, you may instead direct him or her to download it at www.cdc.gov/vaccines/hcp/vis/mobile.html.

3. You can use the multi-vaccine VIS for children, adolescents, or adults.

Fiction. You may only use the multi-vaccine VIS (www.immunize.org/vis/vis_multi_vaccine_infants.asp) for the vaccines that are routinely recommended through 6 months of age, including combination vaccines. This VIS may also be used when two or more of these vaccines are given together at other pediatric visits, such as the 12- to 15-month or 4- to 6-year visit. Please do not use the multi-vaccine VIS for vaccines given to adolescents or older adults.

4. Updated VISs are released every year in January.

Fiction. VISs are not routinely updated in January; they are revised throughout the year when vaccine recommendations change. Check the list of VIS edition dates that is posted at www.immunize.org/VIS, download any newly released forms, and recycle any VISs that are outdated. Then, to help keep your supply up-to-date, subscribe to the CDC's e-mail alert service, which will notify you when a VIS is updated. To subscribe, click on "Get E-mail Updates" at www.cdc.gov/vaccines/pubs/vis/default.htm.

Vaccines that Require a VIS

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

Note: The Multi-Vaccine VIS may be used for any combination of DTaP, polio, hepatitis B, rotavirus, PCV, and Hib (routinely recommended through 6 months of age)

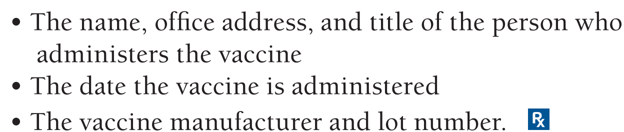
Source: Centers for Disease Control and Prevention (www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html)

5. By law, you are required to record the VIS edition date in the patient's medical record or permanent office log.

Fact. The National Childhood Vaccine Injury Act requires providers to record the VIS edition date and the date that it was given to the patient/guardian in the medical record or in a permanent office log. California Immunization Registry (CAIR) users are also required to record these dates in the immunization registry.

Other elements that are required to be recorded in the medical record when administering a vaccine dose are as follows:

- The name, office address, and title of the person who administers the vaccine
- The date the vaccine is administered
- The vaccine manufacturer and lot number. ℞

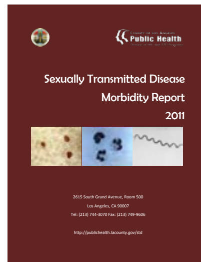


Julia Heinzerling, MPH, is a policy and advocacy specialist, Immunization Program, Los Angeles County Department of Public Health.

VITAL SIGNS

Health-related news from Los Angeles County departments

New STD Morbidity Report Released



The "Sexually Transmitted Disease Morbidity Report, 2011, Los Angeles County" has just been released by the Los Angeles County Department of Public Health. This 195-page report summarizes sexually transmitted disease (STD) morbidity, identifies trends and patterns, and provides comprehensive updates on reportable STDs in LA County.

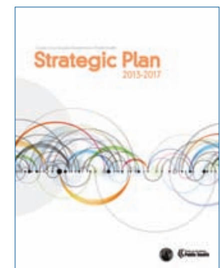
The report offers an overall, broad picture of STD trends countywide as well as within each of the eight Service Planning Areas (excluding Pasadena and Long Beach). The data serves as a valuable resource for health care providers, community partners, public health officials, and policymakers to help guide disease prevention efforts in LA County.

Data highlights in the report include the following:

- A total of 60,040 STDs were reported in LA County in 2011, 79% of which were chlamydia, 16% gonorrhea (GC) and 5% syphilis. This represents an increase of 12% since 2007. There were also 14 cases of congenital syphilis and 212 cases of pelvic inflammatory disease reported.
- In the last 5 years, rates of reported chlamydia infection have risen 21%, from 421 to 513 cases per 100,000 persons. During the same period, GC rates have increased 7.3%, from 96 to 103 cases per 100,000 persons.
- Rates of primary and secondary (P&S) syphilis fell steadily from 2007 to 2010 (8.6 to 6.5 per 100,000), before increasing again in 2011 (8.1 per 100,000). Meanwhile, early latent syphilis rates have increased steadily from 2007 to 2011, from 8.3 to 11.3 per 100,000 persons.
- Among males in LA County, the highest rates of chlamydia and GC were found among African Americans, aged 20-24 years. The second highest rate for male chlamydia cases was found among African Americans, aged 15-19 years, while the second-highest GC rates in males were among African Americans, aged 25-29 years. Finally, the highest rates of P&S syphilis were found among African Americans, aged 25-29 years.
- Among females in LA County, the highest number of chlamydia cases was found among Latinas, aged 20-24 years, while the highest number of GC cases was seen in African Americans, aged 15-24 years. Rates of both chlamydia and GC were highest among African Americans, aged 15-24 years.
- In 2011, LA County annual rates of chlamydia were 17% higher, GC rates were 41% higher, and P&S syphilis rates were 25% higher than California rates.
- Since 2007, the annual female P&S syphilis rate has remained low, decreasing from 1.0 to 0.3/100,000, while male syphilis rates remained much higher at 16.1/100,000.
- Early latent syphilis rates have decreased among LA County females from 2.5/100,000 in 2007, to 1.3/100,000 in 2011; while male rates have increased from 14.1 to 21.4/100,000 in the same 5-year period.
- Rates of reported presumptive cases of congenital syphilis decreased sharply from 2007 (19.1/100,000 live births) to 2010 (6.5/100,000 live births), before rebounding somewhat in 2011 (11.5/100,000 live births).
- Rates of reported pelvic inflammatory disease remained steady from 2007 to 2011 (4.7 to 4.5/100,000 females), with the steady decline in annual rates seen among African American women (from 25 to 15.7/100,000) being mostly offset by increases in rates among other race/ethnic groups.

To view the report, visit www.publichealth.lacounty.gov/std.

Department of Public Health Releases New Strategic Plan



The Los Angeles County Department of Public Health has released its "Strategic Plan 2013-2017," which highlights key areas where the department seeks to make significant improvements in the health of Los Angeles County residents over the next 5 years.

The strategic planning process was conducted within the framework of broader community health planning, using Public Health Accreditation Board requirements as a guiding structure and integrating the National Prevention Strategy and the Essential Public Health Services.

During the planning process, six strategic priority areas were identified, namely

- Healthy and Safe Community Environments
- Preventive Health Care
- Empowered Health Consumers
- Health Equity
- Public Health Protection
- Improved Department of Public Health Infrastructure.

Each strategic priority area is further defined by several goals and objectives. Objectives reflect the highest-priority issues that each program needs to address in the coming years and offer opportunities for measurement and accountability.

Strategic planning is taking on increased importance in this era of health reform, as the department anticipates expanded access to care and a growing availability of health information despite budgetary pressures on public health funding. This new environment necessitates innovative and flexible approaches, including policy-level interventions and social determinants work.

The end product is a strategic plan for all Department of Public Health staff that ensures alignment of the department's core functions with the changing health care landscape. Working together and with our partners, we will continue to improve the health and well-being of communities across Los Angeles County.

To view the Strategic Plan, visit www.publichealth.lacounty.gov/plan/Highlights/Strategic_Plan/Strategic_Plan_2013-2017.htm.

First Human Cases of West Nile Virus Reported in LA County

As of July 25, the Los Angeles County Department of Public Health confirmed 5 human West Nile virus (WNV) infections in LA County, the first cases of the 2013 season. Two adults were hospitalized with neuroinvasive disease earlier in July. One had no prior medical history, and the other was elderly with chronic health conditions unrelated to WNV. Both patients are recovering. Additionally, three healthy adult blood donors from mid-July were found to be infected with WNV. They have remained healthy since their donation. Donated blood is routinely screened for WNV to ensure the safety of the blood supply. The patient and blood donors were from wide-ranging parts of the county, including the South Bay and the San Fernando Valley and San Gabriel Valley regions.

"We are entering the period of increased transmission of this virus that can cause serious disease," said Jonathan E. Fielding, MD, MPH, Director of Public Health and Health Officer. "Taking a few simple precautions can greatly reduce the risk of mosquito bites, the primary pathway to human infection. West Nile can appear anywhere in Los Angeles County, or around the state, and we are urging people to take precautions, such as getting rid of pools of stagnant water around their homes, and using a repellent containing DEET when outdoors in mosquito-prone areas, especially around dawn or dusk."

In 2012, 174 human cases of WNV were reported in Los Angeles County, the second highest count documented since 2004. Of those who showed symptoms, 85% required hospitalization and 4% were fatal. As of July 19, 2013, WNV had been detected in 89 mosquito pools and 93 dead birds in Los Angeles County. Seventy-five percent of dead birds and nearly one-third of mosquitoes were found in the South Bay, but WNV activity has been found in other areas across Los Angeles County. The wide-ranging distribution of these first human cases demonstrates that the virus can affect any location.

While agencies such as the Greater Los Angeles County Vector Control District and the San Gabriel Valley Mosquito and Vector Control District are actively treating areas with high mosquito populations, residents are urged to do their part. "Vector control agencies in LA County cannot do it alone. It is imperative that the public help us by minimizing the risk of being bitten and removing sources of water on their property that can breed mosquitoes. This is not a virus to take lightly," said Kenn Fujioka, District Manager for the San Gabriel Valley Mosquito and Vector Control District. "Additionally, residents should report dead birds, and also report sources of standing water to their local vector control agencies."

Dead birds may be reported by calling (877) 968-2473 or logging on to www.publichealth.lacounty.gov/vet/disintro.htm. Stagnant swimming pools or "green pools" should be reported to the Public Health Environmental Health Bureau at (626) 430-5200, or to a local vector control agency. ℞

Free Patient Education Materials on Obesity Prevention

The Los Angeles County Department of Public Health's "Choose Health LA" initiative offers free educational materials for use in clinics, schools, and community organizations and settings.

Materials focus on obesity prevention and healthy eating, including reducing sugary drinks, portion control, and sodium reduction. Posters, handouts, and brochures are easy-to-read and eye-catching. Most materials are available in both English and Spanish. A DVD with information and public service announcements on eating healthy, moving more, and living tobacco free in LA County is also available. The DVD may be viewed in waiting rooms and runs on a loop. To receive the catalog of materials or to place an order, e-mail choosehealthLA@ph.lacounty.gov. Visit www.choosehealthLA.com for more resources on nutrition and physical activity, such as videos, interactive quizzes, and links to bike paths and walking groups.

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** and subscribe to the ListServ for ***Rx for Prevention***.

Rx for Prevention

Promoting health through prevention in Los Angeles County

Upcoming Trainings

Register for an upcoming training session offered by the Los Angeles County Department of Public Health Immunization Program...

- For updates regarding recent changes to the pediatric, adolescent, or adult immunization schedules
- To learn about tips for responding to questions about vaccine safety.

Classes offered: 2013 Immunization Update, 2013 Childhood and Adolescent Immunization Schedule, Immunizations Across the Lifespan, and Vaccine Safety and Addressing Parental Concerns About Vaccines.

Medical assistants may also attend the Immunization Skills Institute for Medical Assistants, a 4-hour course that provides training on safe, effective, and caring immunization skills. Some classes offer CMEs.

Visit www.publichealth.lacounty.gov/ip or call (213) 351-7800.

Office of the Medical Director
241 N. Figueroa St., Suite 275
Los Angeles, CA 90012

PRESORTED
STANDARD
U.S. POSTAGE
PAID
PERMIT NO. 312
ARCADIA, CA

LOS ANGELES COUNTY BOARD OF SUPERVISORS
Gloria Molina, First District
Mark Ridley-Thomas, Second District
Zev Yaroslavsky, Third District
Don Knabe, Fourth District
Michael D. Antonovich, Fifth District

DEPARTMENT OF PUBLIC HEALTH
Jonathan E. Fielding, MD, MPH
Director and Health Officer
Cynthia A. Harding, MPH
Chief Deputy Director
Jeffrey D. Gunzenhauser, MD, MPH
Medical Director
Steven Teutsch, MD, MPH
Chief Science Officer

EDITORS IN CHIEF
Jeffrey D. Gunzenhauser, MD, MPH
jgunzenhauser@ph.lacounty.gov
Steven Teutsch, MD, MPH
steutsch@ph.lacounty.gov

MEDICAL COMMUNITY ADVISER
Thomas Horowitz, DO

EDITORIAL BOARD
Melanie Barr, RN, MSN
Kevin Donovan, MPH
Julia Heinzerling, MPH
Susan Lesser, MPH
Anna Long, PhD, MPH
Paula Miller, MPH, CHES
Sadina Reynaldo, PhD
Carrie Tayour, MPH
Rachel A. Tyree, MPH

Summer Nagano, Managing Editor
Alan Albert & Kathleen Pittman, Graphic Designers
Maria Ojeda, Administration

Comments or Suggestions? If so, or if you would like to suggest a topic for a future issue, e-mail Dr. Jeffrey Gunzenhauser, co-editor, at jgunzenhauser@ph.lacounty.gov.

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/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

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) 745-0800**
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

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

Use of trade names and commercial sources in *Rx for Prevention* is for identification only and does not imply endorsement by the Los Angeles County Department of Public Health (LACDPH).References to non-LACDPH sites on the Internet are provided as a service to *Rx for Prevention* readers and do not constitute or imply endorsement of these organizations or their programs by LACDPH. The Los Angeles County Department of Public Health is not responsible for the content of these sites. URL addresses listed in *Rx for Prevention* were current as of the date of publication.