

January 2011

Readership Survey

Dear Rx for Prevention readers,

Please take a few minutes to complete these 8 short questions. Your feedback is very valuable to us and your responses will serve as our guide as we plan future issues of *Rx for Prevention*.

This survey, which may be completed anonymously, may be submitted in 3 ways:

- **Mail:** Fold this sheet in half, tape it closed, affix postage, and mail it to the preprinted addressee.
- **Fax:** Fax this survey (both pages) to Summer Nagano, Managing Editor, at (213) 250-8545. No cover letter is required.
- **Online:** Complete the survey online at <https://www.surveymonkey.com/s/rxforprevention>.

If you would rather receive *Rx for Prevention* via e-mail, please provide your e-mail address:

Name
Specialty

Optional Information

1. Of the 10 issues published in 2010, how many issues did you see?

- a) 0 1-5 6-9 All 10 (If zero, skip to General comments and suggestions)
- b) Of the issues you saw, how much of each issue did you read, on average?
- Some Most All

2. Overall, the articles are relevant to my practice/work.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

3. I have used the information that I have read in *Rx for Prevention*.

- Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree

4. Four issues contained CME courses: tobacco addiction, alcohol misuse and abuse, preventing falls among the elderly, and cervical cancer.

- a) Did you read any of these CME courses? Yes No

If Yes, how many? _____

If No, why not? _____

- b) Did you seek CME credit? Yes No

If No, why not? (Check all that apply) Not interested in the topic I don't have Internet access Online test is not user-friendly I prefer to use another source for CME (specify)

_____ Other reason (specify) _____

5. Which topics do you find valuable to your practice? (Check all that apply)

- Disease reporting Infection updates in LA County New reports/publications from Public Health
- CME courses Immunization schedules and vaccine updates Patient tear-out guides
- General articles _____

6. What other topics would you like to see covered in *Rx for Prevention*? (Check all that apply)

- Clinical preventive services Practice improvement Quality measurement
- Chronic disease Injury Environmental health Maternal and child health
- Substance abuse and mental health Community resources Social determinants
- Other (specify) _____

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Pre-Travel Health Care for Travelers to Developing Countries

Benjamin Bristow, MD, MPH, DTM&H

Jeffrey D. Gunzenhauser, MD, MPH

Each year, 50 to 80 million world citizens travel abroad to developing nations with the concomitant risk of exposure to unfamiliar and emerging diseases.^{1,2} The pre-travel health consultation thus offers the double benefit of providing preventive and counseling services that mitigate individual travel-related health risks while also reducing the opportunity for dissemination of infectious diseases across the globe. However, less than half of U.S. travelers to the developing world obtain pre-travel health advice and among those who do obtain pre-travel health care, 20%-75% receive inadequate or inappropriate vaccinations, and 20%-60% receive incorrect malarial chemoprophylaxis.^{3,4}

Despite these challenges, the primary care physician can effectively accomplish the pre-travel health consultation for most low-risk, short-term travelers. The consultation is designed to mini-

mize health risks related to travel, give travelers the ability to handle most minor medical problems, and allow them to recognize when they need to seek medical care. Because consultation can be time-consuming and may require the exchange of a large amount of information, physicians should be organized in their approach.

Travel Epidemiology

More than two-thirds of international travelers experience some type of health problem while traveling.⁵ These vary in significance from relatively minor to life-threatening, and include both infectious and noninfectious conditions. *Figure 1* shows monthly incidence rates for a variety of well-recognized travel risks. Among infectious conditions that occur in travelers to the developing world, diarrhea is the most common illness, and hepatitis A is the most common vaccine-preventable illness.^{1,2} Malaria is the most common tropical infection; *P. falciparum* infections can be fatal in nonimmune individuals.¹

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Editors' Note

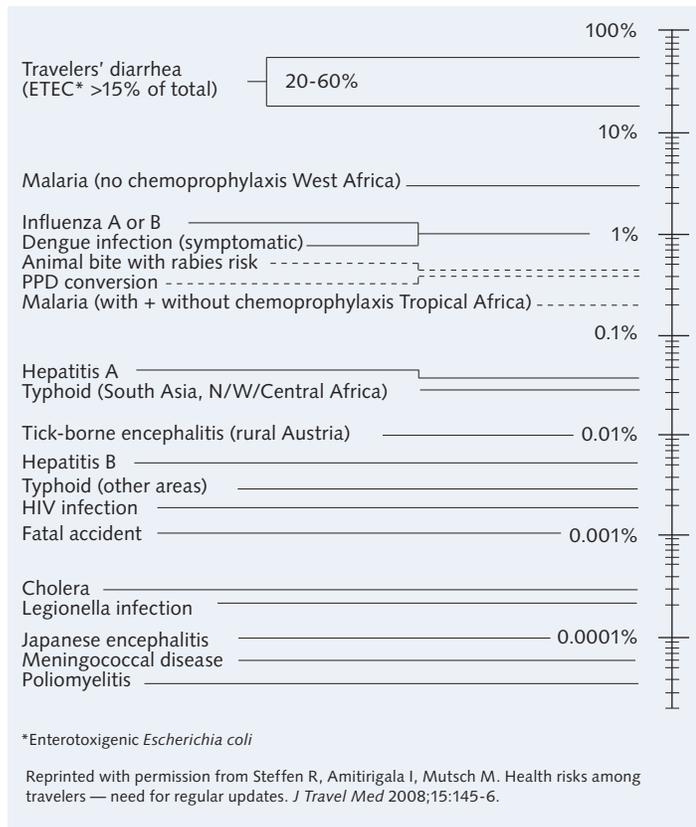
We are very pleased to begin our second year of publishing *Rx for Prevention*. As stated in our premier issue, the goal of this publication is to provide essential prevention-related information to primary care physicians in Los Angeles County. In our first year, we touched upon a variety of clinical issues, ranging from strategies to prevent chronic disease and communicable disease (vaccinations, pertussis, influenza, and rabies) to the risks of distracted driving and the implications of informal caregiving. Four issues have provided more in-depth information (with CME credit available) on the issues of tobacco addiction, alcohol abuse, falls among the elderly, and cervical cancer.

Our hope is that these topics have been of interest to you and that the tools we have provided have been helpful and relevant to your practice. Please let us know whether we have succeeded in our goal by taking a few minutes to complete the enclosed readership survey. Your feedback is very important to us and will be used as we plan content for future issues. *Thank you for your participation!*

Sincerely,

~Dr. Jeffrey Gunzenhauser and Dr. Steven Teutsch, Editors in Chief



Figure 1. Incidence rate per month of health problems during a stay in developing countries — 2008

Although infectious conditions are well-known as risks by both travelers and physicians, the leading cause of death is trauma, most commonly traffic-related injuries, followed by homicide and drowning.⁶

Travel Medicine Rapid Assessment

A travel medicine rapid assessment checklist (page 3) is a convenient way for primary care physicians to rapidly identify those at high risk and to identify the vaccination and counseling needs of pre-travel patients. This approach, when paired with the free, online CDC “Yellow Book” (CDC Health Information for International Travel 2010), will competently address significant health concerns and determine the need for referral to a travel medicine specialist. Online CDC resources include country-specific recommendations regarding yellow fever vaccine, malaria risk, and other health information. Web links on the form connect directly to this information.

The approach consists of four steps:

- 1) Assess health/analyze itinerary.
- 2) Select appropriate vaccines and chemoprophylaxis (see Obtaining Travel Vaccines section).
- 3) Counsel and educate regarding prevention and self-treatment.

- 4) Provide destination-specific health information. This last step, to provide the patient with written health advice, including a recommendation to consider obtaining traveler's medical/evacuation insurance (see Resources), is especially important.

International Health Regulations, Yellow Fever, and the International Certificate of Vaccination or Prophylaxis

The International Health Regulations (2005) is an international law that aims to prevent, protect against, control and respond to the international spread of disease while attempting to avoid unnecessary interference with international traffic and trade (<http://www.who.int/ihr/en/>).

Yellow fever, a virus transmitted by mosquitoes in parts of Sub-Saharan Africa and South/Central America, is the only disease specifically designated under the International Health Regulations for which proof of vaccination or prophylaxis may be required for travelers as a condition of entry to a country. Proof of vaccination must be documented on an International Certificate of Vaccination or Prophylaxis (ICVP). The ICVP (CDC 731) may be purchased from the U.S. Government Printing Office (<http://bookstore.gpo.gov> – search CDC 731). Travelers with a specific contraindication to yellow fever vaccine should obtain a waiver from a physician before traveling to a country requiring vaccination.

Yellow fever vaccine requirements and recommendations by country can be found at the website listed on the checklist (page 3). Further, the CDC offers a listing of authorized Yellow Fever Vaccination Clinics by state or ZIP code at <http://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics-search.aspx>.

Disproportionate Health Problems Among Travelers Visiting Friends and Relatives

Approximately 40% of all U.S. residents travel abroad to visit friends and relatives (VFRs); most of these are foreign-born individuals and their children. They experience a disproportionate burden of travel-associated illness, disease, and death due to misperceptions concerning their health risks, reduced access to and uptake of pre-travel health care measures, and engagement in higher-risk travel activities.⁸⁻⁹

Conclusion

Travelers to the developing world experience a unique set of health risks that can be mitigated through the pre-travel health consultation. The primary care physician is well-suited to provide pre-travel health advice for most low-risk, short-term travelers. The travel medicine rapid assessment checklist included with this article provides a framework for conducting the pre-travel clinical encounter and advises when referral to a travel medicine specialist should be considered.

Please see the following references for more detailed information on pre-travel health care. A future issue of *Rx for Prevention* will include an article on the clinical approach to malaria chemoprophylaxis.

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Travel Medicine Rapid Assessment Checklist

STEP 1. ASSESS HEALTH/ANALYZE ITINERARY

Destination(s) _____ Departure date: _____ Return date: _____

High-Risk Travelers

- Pregnant
- Young children
- Immunocompromised
- Chronic disease or disability
- Humanitarian/Health care worker
- Other:

High-Risk Travel Exposures

- High altitude / Extreme climates
- Local infectious disease outbreaks
- Region of conflict
- Medical tourism
- Sexual tourism
- Other:

NOTE: If any of the above are checked, consider referral to a travel or tropical medicine specialist.

STEP 2. SELECT APPROPRIATE VACCINES AND CHEMOPROPHYLAXIS

Review of Routine Childhood and Adult Immunizations

Vaccine Up to date Needed	MMR	Tdap	Polio	Hep A	Hep B			
	<input type="checkbox"/>							
	<input type="checkbox"/>							

Travel Vaccines (Check all that apply)

- Hep A** - Recommended for all travelers to endemic areas. Although 2 shots are recommended for lasting protection, 1 shot at least 2 weeks prior to departure can offer significant protection.
 - Typhoid** - Recommended for travelers to high-risk areas for greater than 1 month
 - Meningococcal** - For travelers to Saudi Arabia and sub-Saharan Africa
 - Yellow Fever** - Requirements by country available at <http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/yellow-fever-vaccine-requirements-and-recommendations.aspx>
 - Rabies** - Pre-exposure prophylaxis recommended for high-risk travelers (contact with animals, especially dogs and bats)
 - Japanese encephalitis** - For travelers to endemic rural areas of eastern Asia, incl. the Indian subcontinent, for greater than 1 month
- Special Vaccine Considerations
- Cholera**
 - Tickborne encephalitis** (not available in the U.S.)
 - BCG** (tuberculosis)

- Malaria Chemoprophylaxis:** Malaria risk information and prophylaxis recommendations, by country, are available at <http://wwwnc.cdc.gov/travel/yellowbook/2010/chapter-2/malaria-risk-information-and-prophylaxis.aspx>

Other: Diarrhea self-treatment Motion sickness Altitude sickness Other: _____

STEP 3. COUNSEL AND EDUCATE REGARDING PREVENTION AND SELF-TREATMENT

- Insectborne Disease**
 - Insect repellent
 - Proper clothing
 - Bed nets
 - Minimize outdoor exposure at peak times of vector activity
- Foodborne and Waterborne Disease**
 - Safe if piping hot, bottled, or peelable
 - Cook food thoroughly
 - Drink bottled, boiled, iodinated, micro-filtered water
 - Avoid unboiled/unpeeled foods, ice, brushing teeth with tap water, swimming in unchlorinated fresh H₂O
 - Diarrhea: Oral rehydration solution and bismuth
- Bites**
 - Avoid contact with animals
 - Wear appropriate clothing when walking in brush (closed-toe shoes, long pants)
 - Shake out shoes each morning
 - IF BITTEN, perform basic wound care/cleaning, minimize movement of affected area, and SEEK MEDICAL CARE
 - DO NOT suck, squeeze, or cut a snake or scorpion bite
- Solar Injury**
 - Wear proper clothing
 - Use sunscreen with high SPF
 - Avoid sun at peak hours
- STD and Pregnancy Prevention**
 - Education regarding high-risk regions
 - Use condoms/oral contraception
 - Minimize number of sex partners
 - Avoid alcohol and drugs
- Transportation-related Illness**
 - Deep vein thrombosis avoidance during prolonged travel: hydration, stretching, walking during flight
- Political Hazards**
 - Avoid large crowds
 - Travel in pairs or groups
 - Become familiar with local laws
- Injury**
 - Maintain situational awareness
 - Use seat belts
 - Avoid driving at night
 - Obtain med evacuation insurance

STEP 4. PROVIDE DESTINATION-SPECIFIC HEALTH INFORMATION

Available at <http://wwwnc.cdc.gov/travel/destinations/list.aspx>

Obtaining Travel Vaccines

To find a clinic that provides travel vaccines, refer to the CDC's Travel Clinic web page at <http://wwwnc.cdc.gov/travel/content/travel-clinics.aspx>.

Resources

The Pre-Travel Health Consultation

- “CDC Health Information for International Travel 2010” CDC Yellow Book
<http://wwwnc.cdc.gov/travel/content/yellowbook/home-2010.aspx>
- World Health Organization: “International Travel and Health”; <http://www.who.int/ith/en/>
- “The Pretravel Consultation” by Bazemore AW, Huntington M. *American Family Physician*, September 15, 2009;80(6):583-90.
<http://www.aafp.org/afp/2009/0915/p583.html>

Resources for Patients and Physicians

- CDC Traveler's Health
<http://www.cdc.gov/travel/>
A resource for travelers wishing to obtain information on destination-specific health risks, diseases, and vaccination recommendations, as well as educational material on insect protection and safe food/water practices.
- U.S. Department of State: Travel
<http://www.travel.state.gov/>
A regularly updated resource for rapidly changing conditions/risks, travel warnings, and travel alerts. 

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No Shots, No School

New School Vaccination Requirement Takes Effect

For the 2011-12 school year, all students entering 7th through 12th grades in public and private schools will need proof of a Tdap booster shot before starting school. This requirement takes effect July 1, 2011. As many as a half-million adolescents in Los Angeles County between 11 and 18 years of age may be due for a Tdap vaccination.

- Start vaccinating your adolescent patients now to avoid being overwhelmed with vaccine visits this fall.
- Stock up on Tdap and other adolescent vaccines to meet expected demand. Ensure storage capacity for all vaccine doses that you plan to order.
- Identify and recall patients who are due/overdue for a Tdap dose.
 - The school entry requirement is met if a child received one dose of Tdap vaccine on or after the 7th birthday.
 - A dose of Td does not satisfy the requirement.

- The California Immunization Registry (CAIR) can be used to check vaccination status, track inventory, and conduct reminder/recall.
Learn more at www.immunizelink.org or by calling (213) 351-7411. You may also be able to use health plan, IPA, and EHR data to identify patients due for Tdap vaccinations.

- Clearly document all Tdap doses given as Tdap (not Td or Td/Tdap) in the medical record, immunization record, electronic health record, and registry.
- Educate parents about the risks of choosing to exempt their child from this requirement for non-medical reasons. Access patient educational materials and videos at www.eziz.org and www.publichealth.lacounty.gov/ip.

Access additional information and resources related to the school mandate at www.shotsforschool.org.

Adolescent Immunizations: Are Your Patients Up to Date?

Starting in July 2011, when middle and high school students return to school, they will be bringing backpacks, books, and proof that they received a dose of tetanus, diphtheria, and acellular pertussis (Tdap) vaccine. A new California school immunization mandate requires that all 7th- through 12th-grade students in public and private schools show proof that they received a Tdap vaccine on or after their 7th birthday. This requirement provides an opportunity to protect California's preteens, teens, and their family members against pertussis and to get adolescents caught up with all recommended vaccines.

Vaccinations: The Foundation for an Adolescent Health Platform

The Advisory Committee on Immunization Practices (ACIP), the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American Academy of Family Physicians recommend that adolescent vaccinations be delivered between 11 and 12 years of age at a comprehensive preventive care visit, with catch-up vaccinations provided throughout adolescence. This structured preteen doctor's visit offers a chance to provide recommended vaccinations and to discuss physical activity, sexual health issues, chemical dependence, and other age-appropriate health-related topics. In addition, on-time vaccination prepares adolescents to meet middle school and college entry requirements, protects them when they are at increased risk for vaccine-preventable diseases due to waning immunity from earlier vaccine doses, and prevents diseases that they may encounter as they transition into adulthood. Finally, this offers a chance to vaccinate children while they are still covered under their family's health insurance or the Vaccines for Children (VFC) Program.

The Adolescent Immunization Schedule

The ACIP recommends that a series of vaccinations be administered to adolescents (Table 1). For minimum intervals and contraindications, visit www.cdc.gov/vaccines/recs/schedules/downloads/child/2010/10_7-18yrs-schedule-pr.pdf.

Table 1. Recommended Adolescent Vaccinations

<p>Routine Vaccinations <i>Recommended for all adolescents at 11-12 years of age, with catch-up vaccines administered throughout adolescence</i></p>	<ul style="list-style-type: none"> • Human papillomavirus recommended for girls and permitted for boys • Meningococcal conjugate* • Tetanus, diphtheria, and acellular pertussis booster • Annual influenza vaccinations
<p>Catch-up Vaccinations <i>Recommended for adolescents who are not fully immunized</i></p>	<ul style="list-style-type: none"> • Hepatitis B • Inactivated polio • Measles, mumps, and rubella • Varicella
<p>High-Risk Vaccinations <i>Recommended for adolescents at high risk for disease and/or complications</i></p>	<ul style="list-style-type: none"> • Hepatitis A • Pneumococcal disease

* In October 2010, the ACIP voted to recommend a second dose of meningococcal conjugate vaccine for older adolescents who received their first meningococcal vaccine dose at 11-15 years of age. Revised guidelines are expected to be published in February 2011.

Improving Coverage Levels

Despite the benefits of vaccinations, adolescent vaccination rates remain relatively low. According to a survey of 13-17 year-olds in LA County, in 2009, only 55% received one or greater doses of Tdap; 58% received one or greater doses of meningococcal, and 64% received one or greater doses of HPV vaccines.

As California prepares to celebrate Preteen Vaccine Week between February 13 and 19, 2011, consider implementing one or more of the following activities recommended by the Task Force on Community Preventive Services:

- **Reminders/Recall notices.** Use letters, postcards, e-mail, phone calls, automated messages, and text messages to notify parents when vaccinations are due or overdue. The California Immunization Registry can generate reminder/recall lists and postcards. Learn more at www.immunizelink.org, or by calling (213) 351-7411.
- **Interventions that expand access or reduce out-of-pocket costs.** To facilitate access for adolescents, consider walk-in visits, evening or weekend appointments, and participating in the VFC Program (www.eziz.org). Use every encounter with an adolescent, including acute care visits and camp/sports physicals, as a chance to vaccinate.
- **Multi-component activities that include education.** To help parents and patients make an informed decision to be vaccinated, engage the adolescent in the discussion; address concerns non-judgmentally; provide credible educational materials; and consider how adolescents' low-risk perception, fear of needles, and reluctance to disclose sexual activity may impact vaccination decisions. Educational materials and videos are posted at www.eziz.org and www.publichealth.lacounty.gov/ip.

For immunization updates and resources, visit www.publichealth.lacounty.gov/ip.

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

Rabies Update for Los Angeles County

In 2010, there were 21 rabid bats detected in Los Angeles County, more than the typical 8-10 rabid bats detected per year. Three pets were found playing with rabid bats; one human was exposed to the virus while nursing a rabid bat at home.

The risk of a person being infected with rabies varies greatly and depends on several factors, such as the species of the biting animal, geographic location where the animal originated, bite circumstance, and the availability of the animal for observation and/or rabies testing. For a consultation on rabies risk, call a Public Health physician (213/240-7941) or Public Health veterinarian (213/989-7060).

All animal bites to humans are reportable to Public Health, except for bites from rabbits, squirrels, and rodents, which do not present a rabies risk. For more information, log on to www.publichealth.lacounty.gov/vet/biteintro.htm.

Exposure to a bat presents the highest risk for rabies exposure for an LA County resident. Although the vast majority of bats do not have rabies, those found in daylight, on the ground, or near people or pets are likely to be disoriented or ill and are more much likely to be rabid. Rabies is most commonly transmitted by the bite of an infected animal. Patients who report being in the vicinity of a bat should be carefully interviewed to determine if there was any possibility of direct physical contact with the bat. Bat bites can be too small to detect; therefore, the absence of a visible bite wound does not exclude exposure. Bites may occur when a person directly handles a bat with his or her bare hands, when a bat flies directly into bare or lightly protected skin, when a bat flies into a person's hair or beard, or when someone swats at a bat. Bats found in a home near a sleeping person, an inebriated person, or a small child should also be handled as bite cases.

In all potential exposure cases, the bat should be trapped in a room and Animal Control should be contacted to arrange for rabies testing. Any proven or suspected bite should be treated with rabies postexposure prophylaxis (PEP) unless the bat tests negative. (Note: Human rabies and PEP were discussed in the July 2010 issue of *Rx for Prevention*. See www.publichealth.lacounty.gov/rx.)

In contrast, dog and cat bites from LA County pets present a very low risk for rabies. In such cases, the emphasis falls on monitoring the biting animal's overall health, if possible, instead of administering rabies PEP to the human victim.

If, for 10 days or longer, the biting dog or cat remains alert and its ability to eat and drink water remains normal (indicating no pharyngeal spasm or paresis in the pet), then no rabies PEP needs to be given to the person. However, if the dog or cat becomes severely ill or dies within those 10 days, it should be tested for rabies. If the animal cannot be located, then a judgment call must be made as to whether rabies PEP is indicated. Consider consulting Public Health on the case.

Although rabies risk is elevated in many countries (e.g., China and Mexico), bites from pampered family pets in these countries may still be low-risk cases. For example, a person bitten in China by his vaccinated pet dog or cat that is kept in an apartment faces low rabies risk. In that case, the pet should be monitored by the family for 10 days post-bite. If someone were bitten by a stray dog in China, however, he or she should receive rabies PEP.

Uninsured patients may receive rabies PEP from the LA County Department of Public Health with approval from the Acute Communicable Disease Control Physician on Duty, at (213) 240-7941.

Insured patients should consult their private physicians for rabies PEP. Physicians can help reduce rabies PEP referrals to emergency departments by directly ordering and administering rabies biologicals for their patients when needed. Physicians can quickly obtain individual courses of biologicals from the manufacturers. For details, see www.publichealth.lacounty.gov/vet/docs/BiteRabiesPEPChecklist.pdf.

Reminder: Report All Influenza Deaths

Effective October 15, 2010, laboratory-confirmed influenza fatalities of all ages and due to any strain are required to be reported to the Los Angeles County Department of Public Health within 7 calendar days. (Note: *Los Angeles County's reporting requirement supersedes the California Department of Public Health's requirement, which stipulates the reporting of fatalities for only those younger than 65 years of age.*)

Confirmed influenza fatalities may be reported using the Confidential Morbidity Report, which is available online at www.publichealth.lacounty.gov/acd/reports/CMR-H-794.pdf. For these fatalities, physicians are also urged to note influenza as a cause of death when completing death certificates. Severe influenza cases not resulting in death, such as influenza hospitalizations and intensive care patients, are no longer reportable in Los Angeles County.

The recent announcement of the influenza deaths in Los Angeles County illustrates the need for heightened awareness and reporting of fatal flu cases. The information from these reports advanced our understanding of this disease. It demonstrated that several flu viral strains are currently causing illness and that severe illness is affecting often overlooked groups: young children with no known risk factors and adults who are overweight or obese. Physicians are encouraged to test severely ill patients for influenza, as the results of the tests may guide treatment decisions. It is estimated that ~1,000 people each year in Los Angeles die as a result of influenza infection, but the infections are often unrecognized or attributed to other conditions, such as COPD exacerbations or cardiovascular disease.

Additional information about influenza fatalities and current influenza surveillance in Los Angeles County is available through *Influenza Watch* at www.publichealth.lacounty.gov/acd/FluSurveillance.htm.



Report Focuses on Women's Health in LA County

Improved public health, medical care, and prevention have contributed to increases in life expectancy in the United States over the past century. The leading causes of death have shifted from infectious to chronic diseases. As the baby boomer generation (those born between 1946 and 1964) starts reaching age 65 in 2011, women will comprise an increasing majority of Angelenos.

"Healthy Women: Wellness Across the Life Span," a new *LA Health* brief released by the LA County Department of Public Health, details the changing face of the aging female population and the growing burden of chronic conditions among women as they age.

In LA County:

- Women live about 5 years longer than men.
- In 2000, two-thirds of adult women were 18-49 years old, but by 2050, this will be reduced to about 50%.
- During this time, the percentage of women 65+ years will nearly double.
- In 2000, 26% of women ages 50 and older were Latina, and 49% were non-Latina white. By 2050, this percentage of Latinas will more than double to 56%, while that of white women will decrease to 17%.
- During that same time, the percentage of Asian/Pacific Islander women 50 and older is expected to increase slightly, while that of African American women is expected to decrease by half.

The 2007 Los Angeles County Health Survey—a recurrent, population-based telephone survey that collected information on a random sample of 7,200 adults—asked respondents if they had ever been diagnosed with depression, diabetes, heart disease, high cholesterol, or hypertension.

Responses for adult women were as follows:

- The percentage with chronic conditions increases with age: 64% under 50 have not been diagnosed with any of the 5 conditions, while 17% age 65+ years reported not being diagnosed with any of them.
- Co-occurring chronic conditions also increases with age: 11% of 18-49 year-olds, 40% of 50-64 year-olds, and 53% of 65+ year-olds reported being diagnosed with 2-5 of these chronic conditions.
- Among 65+ year olds, 93% of African Americans, 85% of Latinas, 82% of whites, and 80% of Asians/Pacific Islanders reported being diagnosed with 1-5 chronic conditions.
- Those with 2-5 chronic conditions experienced more poor mental and physical health days in the past month (5.7 and 8.3, respectively) than those with one chronic health condition (3.8 and 3.8 days, respectively) or no chronic health conditions (2.0 and 1.5 days, respectively).

Poor diet and physical inactivity (the root causes of obesity), along with cigarette smoking, are common risk factors for many chronic conditions, as well as the majority causes of death and premature death. This risk can be drastically reduced by maintaining healthy behaviors throughout life.

Women ages 50-64 years reported higher rates of obesity and cigarette smoking than other age groups, while women 65+ years reported higher rates of minimal to no physical activity. African American women and Latinas reported over double the obesity rates than whites and Asians/Pacific Islanders. Smoking rates among African American and white women were over twice that of Latinas and Asian/Pacific Islander women.

The report states that poor health is not an inevitable consequence of aging and that having a good quality of life should be the expectation, not the exception. Measures are necessary at the individual, community, and legislative levels to encourage participation in and access to healthy behaviors such as physical activity, healthy eating, and smoking cessation. The report may be viewed online at www.publichealth.lacounty.gov/ha. 

Continuing Medical Education Courses

The Los Angeles County Department of Public Health is pleased to offer the following free, online CME courses, which have been approved for AMA PRA Category 1 credit:

- Successful Treatment of Tobacco Addiction (1 credit)
- Screening for Alcohol Misuse and Abuse (1 credit)
- Preventing Falls Among Adults Aged 65 Years and Older (1 credit)
- Preventing Cervical Cancer (1 credit)

Sign in or register as a New Member at <https://publichealth.lacounty.gov/elearning>

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Rx for Prevention

Promoting health through prevention in Los Angeles County

Upcoming Training

Immunization Training Resources for Clinicians

The Los Angeles County Department of Public Health Immunization Program, the California Department of Public Health, the CDC and other entities offer a variety of web-based and in-person immunization training programs for clinicians and staff. Some programs offer CMEs and CEUs at no charge.

Visit www.ph.lacounty.gov/ip/trainconf.htm for a list of upcoming trainings.



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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/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

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