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Message from our Medical Director
Dr. Dael

The Growing Years

Assembly Bill 354 was passed in the fall of last year and it stands to have a significant impact on families and providers as we approach the next school year. Increased rates of pertussis infection in California have spurred legislators to mandate a pertussis booster before the start of the 2011/2012 school year. For this upcoming year, all students entering 7th to 12th grade will be required to show proof of a Tdap booster. While some may have already met this requirement by getting a booster after their tenth birthday, it is anticipated that many students will still need the booster as the summer wanes.

I would encourage you to make the most of every opportunity to immunize your adolescent population before the last minute crush begins. I expect there will be many frustrated parents and a good number of exhausted CHDP providers as we approach the fall. For families that might still be unaware or skeptical, it might be valuable to have the California Department of Public Health Early Alert To Healthcare Providers: Assembly Bill 354 Becomes Law available for their review. You can find it here: http://www.cdph.ca.gov/programs/immunize/Documents/EarlyAlertToProviders-AB354.pdf

Alternatively, you can visit http://www.cdph.ca.gov/ and click on the Pertussis (Whooping Cough) link on the left hand sidebar. There you will find a number of resources for providers and families.

(Continued on next page)
Some of you are already seeing increases in the number of patients calling for the Tdap booster. Some of the pitfalls the Riverside CHDP Program has been informed of include:

- Physicians/staff documenting dT instead of Tdap—the school districts are, of course, checking specifically for the pertussis booster so there must be appropriate documentation of the administration of Tdap
- Providers may be listing the brand name of the booster (e.g. Boostrix) and the school district staff may be unaware of this commercial name.

I expect that non-medical school personnel may be reviewing a number of these immunization records. Given the deadline and pressures associated with this requirement, I encourage you to discuss these issues with your staff so that they can provide clear and unambiguous documentation that your patients have received their required booster.

I wish you all a happy, safe summer and hope for smooth sailing as the school year approaches.

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**CHDP Success Story**

A 10 year old female, while at her CHDP exam, had difficulty reading the letters on the Snellen eye chart. The doctor checked her eyes and noticed that there was extreme swelling in one of her pupils. He immediately sent her to the emergency room and then to an eye specialist where she was diagnosed with uveitis, an inflammation of the inner layer of the middle eye, and was prescribed steroid eye drops and other medications. The mother was very grateful for the CHDP exam and temporary Medi-Cal coverage. She is now in the process of applying for continued Medi-Cal services as the child may still need glasses.

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**Lead Update**

Please remember to test children for lead at 12 months AND 24 months of age. We also recommend providing anticipatory guidance for lead poisoning prevention from 6 months to 6 years of age at each periodic visit.

Please do not forget to include the billing codes for lead (codes 23, 24 & 15) when filling out the PM 160 and to check the Routine Referral(s) box for Blood Lead as appropriate. If you have any questions, please call the public health nurse for the Lead Program, Jonathan Espiritu, at 951.358.5734. Thank you very much.

Jonathan Espiritu, RN, BSN
Public Health Nurse
Child Health Programs
951.358.5734 office
951.385.5002 fax
Beginning July 1, the California Immunization Registry (CAIR) will be taking another step toward consolidating California’s Immunization Registry into a unified, statewide system when it transitions to a more streamlined, centralized model of user support. For most users, the change will be seamless because the things that users depend on most will not change.

What will NOT change?

- There will be no changes to how users access CAIR. However, signing up for CAIR or adding new users will be easier, since all of the forms needed to create new provider and user accounts can be downloaded directly from www.CAIRweb.org.

- Information will be there when you need it. Strict data security measures remain in place, and data back-up occurs frequently.

- Expert help is available to set-up electronic data exchange between your electronic medical record (EMR)/electronic health record (EHR) and CAIR.

- Technical assistance is available when needed through the centralized Help Desk. If you and your staff need technical support, our team of dedicated technicians is here to help. You can reach the Help Desk by calling (800) 578-7889, Monday – Friday, 8:00 am to 5:00 pm.

What will change?

- Regional CAIR offices will close. Local provider support will continue to be available, but on a more limited basis. Refer to the CAIR website for local provider support contact information and for training schedules in your area. Call the CAIR Help Desk for more information.

- CAIR new user training modules and many other informative materials are now online, on-demand whenever your staff needs them. Helpful user tips, tools and forms are downloadable at www.CAIRweb.org. In the coming months, CAIR will also be developing webinar-style trainings to help medical office staff walk through CAIR features and functions with a live trainer.

- CAIR news, information, and updates can be found on www.CAIRweb.org. Additional information may also be placed on the CAIR Log-in screen.
Fever and Rash?........Consider Measles

Measles cases continue to be identified in California in returning international travelers. Measles is highly contagious. Please protect patients, visitors, and staff!

Keep an eye out for measles symptoms:

Suspect measles in patients with:

- fever and rash
- history of international travel or contact with international visitors in the prior 3 weeks.

Note: A history of 2 doses of MMR vaccine does not exclude a measles diagnosis.

Prodrome
- Mild to moderate fever
- Cough
- Coryza
- Conjunctivitis

Rash onset
- Fever spikes, often as high as 104° to 105° F
- Red, maculopapular rash that may become confluent—typically starts at hairline, then face, and spreads rapidly down body
- Koplik's spots (tiny blue/white spots on the bright red background of the buccal mucosa) may be present

Act immediately if you suspect measles:

- Implement airborne infection control precautions immediately, mask and isolate patient—negative pressure room, if available.
- Permit only staff immune to measles to be near the patient.
- Notify your local health department immediately.
- Expedite measles serologic testing (IgM and IgG) at a public health lab; use of commercial labs may delay diagnosis.
- Safeguard other facilities: assure airborne infection control precautions before referring patients.
- Do not use any regular exam room for at least 2 hours after a suspected measles patient has left the room.

Visit www.GetImmunizedCA.org for more information

A message from California Department of Public Health, Immunization Branch
New Mothers’ Support Group

A Support Group for Women with Perinatal Depression

Perinatal (antepartum and postpartum) depression is a common psychiatric disorder that occurs in 10-15 percent of all childbearing women. This prevalence rate crosses all races and cultures. Women who live in poverty, have multiple stressors, or suffer from a mental illness have a prevalence rate ranging up to 30 percent or more. The staggering statistic is that over 50 percent of women who are diagnosed with perinatal depression will not receive treatment due to multiple barriers to care.

Signs and symptoms of perinatal depression include:

- Depressed mood
- Loss of interest or pleasure in usual activities
- Significant weight loss/gain
- Decrease/increase in appetite
- Insomnia or hypersomnia
- Agitation
- Fatigue or loss of energy
- Feelings of worthlessness
- Excessive or inappropriate guilt
- Poor concentration or indecisiveness
- Suicidal ideation.

According to the State of California Historical and Projected Birth Rates, Riverside County birth rates are estimated to reach at 32,758 in 2011. Applying the prevalence rate of perinatal depression to the Riverside County birth rates, approximately 4,913 will experience perinatal depression in 2011. Despite this staggering statistic there are minimal services available in our county to support women suffering from this disorder.

A pilot support group was developed by the Inland Empire Perinatal Mental Health Collaborative through the Wylie Center and Riverside County Public Health Nursing. It has been running since February 2010 at the Riverside County Don Schroeder Family Care Center, in the WIC office. Due to its success, this free support group is now being expanded throughout Riverside County in English and Spanish with childcare available. The locations of the support groups will be in the following areas: Riverside/Rubidoux, Perris, Murrieta, Hemet, Desert Hot Springs, and Indio.

The support group offers:

1. Education regarding many different topics such as: mental health, support systems, parenting, and relationships.
2. Safe environment for mothers to discuss with professionals and other mothers about what they are feeling and experiencing.
3. Free childcare.

If you are interested in joining the Inland Empire Perinatal Mental Health Collaborative monthly meeting, please call The Wylie Center at 951-683-5193.

If you are interested in referring a client to the New Mothers’ Support group, please call 951-955-5328 or 951-358-5438.
1. G.A. Gertmenian and Sons Recalls Toy Story 3 Bowling Game Due to Violation of Lead Paint Standard

Date of Recall: 5/5/2011

Name of Product: Toy Story 3 Bowling Game. Units: About 600. Importer: G.A. Gertmenian and Sons, LLC, of Los Angeles. Hazard: The red paint used on some bowling pins has been measured to be in excess of the maximum allowable level of 90 ppm, a violation of the federal lead paint standard. Description: This recall affects Toy Story 3 Bowling Game Rugs with a batch marking of JA 148. The recalled item contains six white plastic bowling pins with two red stripes painted on the necks, one black plastic ball, and a 68 inch x 26 inch nylon game rug with a print of the character Buzz Lightyear on the front. The batch marking JA 148 appears on the bottom front of the packaging just above the bar code, and is also located on the tag attached to the rug. Sold at: Walmart Stores in the U.S. between September 1, 2010 and September 25, 2010 for about $18. Manufactured in: China. Remedy: Consumers should stop using the bowling pins immediately and contact the manufacturer for a free replacement set. Consumer Contact: For additional information, contact G.A. Gertmenian and Sons LLC toll-free at (888) 224-4181 between 9:00 am and 5:30 pm PT Monday through Friday. Consumers may also email Gertmenian@Gertmenian.com for instructions on receiving replacement bowling pins. (Continued on next page)
2. Girl's Clothing Recalled by My Michelle Due to Risk of Lead Exposure - Date of Recall: 4/12/2011

**Name of Product:** Girl's Tops. **Units:** About 90,000. **Distributor:** My Michelle, of New York, NY. **Hazard:** The jewelry and decorative trim attached to the girl's garments contain high levels of lead. Lead is toxic if ingested by young children and can cause adverse health effects. **Incidents/Injuries:** None reported.

**Description:** This recall involves girl's tops and dresses sold in sizes small to extra large and 7 to 16. The garments were sold in various styles including: tops with beaded necklaces attached to the collar and tops with metallic beads attached to the collar. All styles of the tops and dresses have a black tag on the collar with pink print that reads "mymichelle." **Sold at:** Burlington Coat Factory, Dillard's, J.C. Penney, Kohl's, Army and Air Force Exchange (AAFES), K & G Fashion Superstore and other retail stores nationwide from January 2011 through March 2011 for about $38. **Manufactured in:** Vietnam

**Remedy:** Consumers should immediately take the recalled garments away from children and contact My Michelle for information on receiving a full refund. **Consumer Contact:** For additional information, contact My Michelle at (800) 960-8791 between 8 a.m. and 6 p.m. ET Monday through Friday, or visit the firm's website at www.mymichellerecall.com. Consumers can also email the firm at customerservice@mymichellerecall.com

If you have any questions regarding these recalls, please contact Neda Movahed, MPH- Health Educator at Child Health Programs at (951) 358-5140.
CHDP Provider Billing Tips:

- Do not use a signature stamp on the PM 160.
- Document the child’s age in one letter format (D-day, W-wks, M-month, Y-years).
- Document the month, day and year of the child’s next CHDP exam date for children younger than three years, however, may document the month and year for children aged three and older.
- Document the height, weight, blood pressure, hemoglobin, hematocrit, birth weight as applicable in proper format on the PM 160.
- BMI percentile needs to be documented on the PM 160 not the BMI number. Please use the BMI-for-age growth chart in plotting the BMI.
- Include the 9-digit zip code where the service was provided.
- Five digits must be entered for the ICD-9 code, if it’s a three digit code, enter zeros to the right of the diagnosis code.
- Identify children with health concerns using codes 4 or 5 on the PM 160.
- All comments, concerns or problems are entered in the Comments/Problems area.
- The recipient date of birth matches the date of birth on the Medi-Cal eligibility (even if it is incorrect on the file).
- The appropriate two-digit place of service code must be entered.
- Send the yellow copies of the PM 160 or the white copies (CMC billing) to the local CHDP program within 30 days of the health assessment.
- Any billing questions please call, Telephone Service Center at 1-800-541-5555.

CHDP Overview Workshops:

July 13
August 17
September 20
Palm Springs
Riverside
Riverside

Children enrolled in Gateway in Riverside County

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Great Job!!!

New Provider Information Notices:

11-04 CHDP Health Assessment Guidelines (HAG) Revisions: Section 73 - Tuberculosis

You may also download online brochures, please visit our County website at www.rivcoph.org/cms/chdp.

Audiometric Training on 9/14/2011 9:00 – 3:00

Please call any of our CHDP nurses; Linda Overton Sr. PHN; Lizza Jeciel, PHN; or Lorraine Buckley, PHN at (951) 358-5481. Our Lead Poisoning Prevention PHN, Jon Espiritu may be contacted at the same number for any questions concerning Lead.