



# CCHN NewsBriefs

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Executive Director    Medical Director    Finance Director    Operations Director    Billing    Front Desk

## Happy New Year!



The Community Clinic Health Network (CCHN) and the Council of Community Clinics would like to wish everyone a healthy, peaceful and prosperous New Year! The year

2002 promises to be a year of big issues in health care and information technology, and CCHN NewsBriefs will be here with you to keep you updated on the latest information regarding programs, innovations and medical information. It is a pleasure to work with all of you to keep

the lines of communication open and the stream of information timely and useful.

If you would like to see new issues tackled in your NewsBriefs, please feel free to contact Debbie Seagle at [dseagle@ccc-sd.org](mailto:dseagle@ccc-sd.org).

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## Centers For Disease Control News:

12/18/2001  
Associated Press

ATLANTA – The Centers for Disease Control and Prevention has begun training state and local health officials on how to recognize smallpox and quickly contain an outbreak spread by terrorists. "It's a sad day that we feel this meeting is necessary," said Dr. Walter Orenstein, chief of the CDC's National Immunization Program. "I hope and pray that this is a big waste of time."

The CDC stressed it has no evidence that intentionally released smallpox is any more of a threat than it was before Sept. 11. But about 200 public health workers began three days of classes on how the highly contagious and deadly virus might be spread. The virus, which could be much more dangerous than anthrax, causes a pock like rash all over the body and can be spread through the air. Survivors may have severe scar-

ring or blindness. The CDC wants to make sure state and local health officers – the first line of defense against a bioterrorism attack – don't confuse smallpox in its early stages with less dangerous infections, such as chickenpox or syphilis. It also wants those officials to be familiar with the CDC's emergency smallpox plan, released last month, which calls for immediate quarantine of a confirmed case and vaccination of people who came in contact with the infected person. "We have a large, susceptible civilian population," Dr. Orenstein said. "The threat of smallpox is probably not zero, although it is close to zero, and given its severity we need to be better prepared."

Smallpox appears first as tiny bumps, sometimes too small to be noticed. The bumps gradually swell and become filled with pus. Mass vaccination against smallpox ended in the United States in 1972,

and the disease was declared eradicated in 1980, with small stocks of virus kept at CDC's labs in Atlanta and in Russia.

Bioterrorism experts fear some of the Russian stockpile may have fallen into the hands of rogue scientists in other nations. Monday's speakers listed Russia, Iraq, and North Korea as possible sites.

CDC deputy director Dr. David Fleming urged the state and local officers to plan with their counterparts in law enforcement because an outbreak might require them to use unusual power to quarantine the public. Law enforcement might also have to handle a rush for smallpox vaccine if a case is confirmed, Dr. Fleming said. Health officials are wary of vaccinating people unnecessarily, because the vaccine can, in rare cases, cause hideous side effects and even death.

### Quote of the Week

*"Prompted in part by a sense of narrowing access to physicians, Americans are working to become more self-reliant, to take control of their health, and to gather information to prepare questions for their doctors. Consumers say access to technology will play a growing role in their health care purchasing decisions.*

*Deborah Sunday, in the October 2001 Group Practice Journal*

## Quality Corner

Look for your Patient Satisfaction Forms in January! One of the quality management activities included in the scope of work in the Quality Management Plan is to conduct a standardized patient satisfaction survey. Four Clinics, North County Health Services, Escondido Health Centers, Mountain Empire and Southern Indian Health Center, participated in the Clinical Regional Advisory Network of Region III patient satisfaction pilot project during 2001. The Bureau of Primary Care Physicians developed the survey form that was used.

During the first two weeks of January, survey forms will be distributed to all the CCHN Network Clinics. Included with the survey tools will be the format for distributing the patient satisfaction survey. Clinics will be asked to conduct the survey during the last two weeks of January. The Council of Community Clinics will tabulate the results.

We look forward to completing this activity. For those of you who have spent time in the planning or this, we appreciate your patience.

## Oral Health Update

### ADA Report Suggests Thumb-sucking, Pacifier Use May Damage Children's Teeth

CHICAGO - Many experts say children can safely suck their thumbs or pacifiers until they enter school, but a new study published in the December issue of the *Journal of the American Dental Association* suggests if the behavior persists after age two, children's bite may be affected.

"Sucking is a natural reflex, which comforts infants and young children. Any recommendation to stop thumb, finger or pacifier sucking before a child is two years old would be unrealistic, potentially detrimental and unnecessary from a dental standpoint," states lead author John J. Warren, D.D.S., M.S., of the University of Iowa College of Dentistry. Funding for the study was provided by the National Institutes of Health.

However, the study, con-

ducted by Dr. Warren and colleagues at the University of Iowa College of Dentistry and the Tokyo Dental College, reveals that children who continue to suck a thumb, finger or pacifier past age two increase their risk of developing protruding front teeth. In addition, such habits increase the risk of an improper bite with narrowing of the upper jaw relative to the lower jaw (cross bite).

Dr. Warren's group studied 372 children in Iowa who sucked a thumb, finger pacifier, or combination thereof, from birth through age four. Each year, researchers administered questionnaires to the parents about their children's sucking habits.

At the end of the fourth year, the children were assigned to one of five groups, depending on the year they stopped the habit. The fifth group was made up of children who continued to suck their thumb, finger or pacifier. Models of the children's teeth were made between the ages of four to five and certain dimensions measured. Researchers then com-

pared the measurements from each of the five groups.

Results indicate that the prevalence of cross bite in the molar area steadily increased from 5.8 percent for children who stopped the habit by one year of age, to 13 percent among children who stopped between two and three years old, to more than 20 percent for those who continued the habit after they turned four years old.

The researchers plan to continue the study to determine if the dental condition persists after the children's baby teeth are lost. In the meantime, Dr. Warren suggests that if three- to -four year old children persist in sucking their thumb, finger or pacifier, professional assistance may be needed to correct the resulting conditions.

**Note:** Although the study referenced above appears in *The Journal of the American Dental Association (JADA)*, it does not necessarily reflect the policies or opinions of the American Dental Association (ADA).



### Credentialing Reminder!

**If you use the credentialing services of Southern California Physicians Managed Care Services (the MSO), please remember that it is very important to keep them up to date on any changes you have to your clinical staff (physicians and Pas). Terminations should be in writing, preferably with 30 days advanced notice of the termination date. Since this is not always feasible, please forward this information as soon as it is available to you.**

**For new clinicians, please forward a completed credentialing packet to the MSO prior to putting the new provider on the schedule to see patients. This gives the MSO time to get the paper work to the health plans.**



## Medical Administrative Alert: For Emergency Medical Alert Network (EMAN) Participants

### Recall of a Rapid Influenza Test Kit

Directigen Flu A+B Detection Kits manufactured by Becton, Dickinson and Co. (BD) have been recalled because they may cross-react with Respiratory Syncytial Virus (RSV). The "A" portion of the kit may yield a false positive result if the patient sample has a high RSV load. Patient positive Flu A test results should therefore be confirmed with another method and the compromised reagent (Reagent 2, Detection) replaced, free of charge. At least 34 kit lots are affected. Positive and negative Flu B results, as well as negative Flu A results are not affected by the current recall. If your facility is using this particular product kit, please check with your lab to ensure they have received the recall letter.

### Inhalational Anthrax: Additional Options for Preventive Treatment

The U.S. Department of Health and Human Services has provided two additional preventive treatment options beyond the 60-day anti-microbial prophylaxis course for those exposed to anthrax, especially those exposed to high levels of anthrax spores. Animal studies have detected traces of live spores in the lungs up to 100 days following exposure, even though these animals did not develop disease. Some individuals may therefore consider an additional 40 days of anti-microbial prophylaxis alone or in addition to 3 doses of investigational post-exposure anthrax vaccine administered over a 4-week period. More information is available at <http://www.hhs.gov/news/press/2001pres/20011218.html>

*Thank you for your continued participation.*

### **Emergency Medical Alert Network (EMAN)**

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## Senator Barbara Boxer on World AIDS Day December 1, 2001

*The following is a letter that Senator Barbara Boxer sent to her constituents for World AIDS Day (December 1st of last year).*

I ask you to join me in recognizing December 1 as World AIDS Day. Since 1988, the United Nations Program on HIV/AIDS has advanced World AIDS Day to raise the awareness of the worldwide effects of the disease.

While many Americans may believe that the AIDS crisis has diminished, many countries are still registering staggering increases in cases for both adults and children. To respond to this crisis, last year Senator Gordon Smith (R-OR) and I authored legislation to authorize \$300 million per year for international HIV/AIDS programs. I am pleased to report that our bill was signed into law.

This year, Senator Smith and I introduced the Global AIDS Research and Relief Act, which authorizes additional funding to prevent and treat HIV/AIDS abroad. While we continue to make progress in the domestic fight against AIDS, many nations are losing the war against this deadly disease. The United States plays a key role in the international fight against HIV/AIDS and this bipartisan bill ensures that America has the funding needed to give developing countries a fighting chance against this epidemic.

As a member of the Senate Foreign Relations Committee, one of my priorities has been the US response to the AIDS epidemic in Africa. At least 50 percent of this bill's funding would be targeted to sub-Saharan Africa.

The UNAIDS slogan for this year's campaign, "I care . . . Do you?" is designed to encourage discussion about prevention and care among both men and women of all ages.

Just as we have seen strides in the treatment of HIV/AIDS in the US, we must work for both better treatment strategies worldwide and for prevention of this devastating disease. Join me, not just by wearing a red ribbon, but also by helping to raise awareness that HIV/AIDS continues to be a growing health crisis in our world.

