SAN FRANCISCO CHILD HEALTH & DISABILITY PREVENTION (CHDP) PROGRAM NEWSLETTER

Spring 2017
Volume X, Issue I

© 2017 Tina Panziera

Alert: FDA recalls EpiPen & EpiPen Jr

The U.S. Food and Drug Administration (FDA) announced a voluntary recall of 13 lots of Mylan's EpiPen and EpiPen Jr (epinephrine injection) Auto-Injector products. This recall is due to the potential for the device not to activate.

"At this time, the 13 lots identified – distributed between Dec. 17, 2015, and July 1, 2016 – are the only EpiPen lots impacted by the U.S. recall. Consumers who have EpiPens from lots that are not included in this recall, do not need to replace their EpiPen prior to its expiration date."[1]

Product/Dosage	NDC Number	Lot Number	Expiration Date
EpiPen Jr Auto-Injector, 0.15 mg	49502-501-02	5GN767	April 2017
EpiPen Jr Auto-Injector, 0.15 mg	49502-501-02	5GN773	April 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	5GM631	April 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	5GM640	May 2017
EpiPen Jr Auto-Injector, 0.15 mg	49502-501-02	6GN215	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM082	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM072	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM081	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM088	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM199	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM091	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM198	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM087	October 2017

Please see FDA insert for more information.

In this issue

Reference:
1. FDA News Release: FDA alerts consumers of nationwide voluntary recall of EpiPen and EpiPen Jr. *U.S. Food & Drug Administration.* Retrieved from https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm550170.htm

CDC Releases 2017 Childhood Immunization Recommendations

Birth-18 Years Immunization Schedule, United States, 2017 https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent-shell.html

Each year, recommendations for routine use of vaccines in children, adolescents, and adults in the United States are developed by the ACIP and updates are published. Major changes include:

HPV	Two doses of HPV administered at 0 and 6 months is recommended for adolescents who started the series before 15 years of age. For patients initiating HPV9 vaccination at or after age 15, the recommended immunization schedule is three doses.
MENB	In low risk adolescents, serogroup B Meningococcal vaccine may be given as 2 doses (age 11-12 years and a booster at age 16)
MCV4	MCV is now recommended, starting at age 2 months, for HIV+ patients in additional to patients with anatomic or functional asplenia, or children with complement component deficiencies.
INFLUENZA	Live Attenuated Influenza Vaccine should not be used during the 2016-2017 influenza season.
HIGH RISK MEDICAL CONDITIONS	Figure 3* was created to demonstrate that most children with medical conditions can (and should) be vaccinated according to routine child/ adolescent immunization schedule. Also indicates precautions, contraindication and when additional vaccine doses are necessary.

* Please see recommended immunization schedule for children and adolescents insert.

CHDP now Requiring Developmental & Autism Screening using a Standardized Tool**

Screening	Requirement	Billing Code	Reimbursement
Developmental Screening	Now required at 9, 18, and 30 month visits. Developmental surveillance (milestones) is not required at visits where a screening is done.	Continue billing Medi-Cal directly using CPT codes for Developmental Screenings CPT Code: 96110	$54.90
Autism Screening	Now required at 18 and 24 months.	CHDP now has a billing code for Autism Screening - CHDP Code: B1	$54.90

Catch-up new patients and patients who didn't get screened at the recommended age.

** For a list of Standardized tests, please visit: https://brightfutures.aap.org/Bright%20Futures%20Documents/Developmental_Screening_Tools.pdf

FDA News Release

FDA alerts consumers of nationwide voluntary recall of EpiPen and EpiPen Jr

For Immediate Release March 31, 2017

The U.S. Food and Drug Administration is alerting consumers to Meridian Medical Technologies' voluntary recall of 13 lots of Mylan's EpiPen and EpiPen Jr (epinephrine injection) Auto-Injector products used for emergency treatment of severe allergic reactions. This recall is due to the potential that these devices may contain a defective part that may result in the devices' failure to activate. The recalled product was manufactured by Meridian Medical Technologies and distributed by Mylan Specialty.

While the number of reported failures is small, EpiPen products that potentially contain a defective part are being recalled because of the potential for life-threatening risk if a severe allergic reaction goes untreated. Consumers should keep and use their current EpiPens if needed until they get a replacement. Consumers should contact Stericycle at 877-650-3494.

As stated on the product label, consumers should always seek emergency medical help right away after using their EpiPens, particularly if the device did not activate.

At this time, the 13 lots identified – distributed between Dec. 17, 2015, and July 1, 2016 – are the only EpiPen lots impacted by the U.S. recall. Consumers who have EpiPens from lots that are not included in this recall, do not need to replace their EpiPen prior to its expiration date.

Product/Dosage	NDC Number	Lot Number	Expiration Date
EpiPen Jr Auto-Injector, 0.15 mg	49502-501-02	5GN767	April 2017
EpiPen Jr Auto-Injector, 0.15 mg	49502-501-02	5GN773	April 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	5GM631	April 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	5GM640	May 2017
EpiPen Jr Auto-Injector, 0.15 mg	49502-501-02	6GN215	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM082	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM072	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM081	September 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM088	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM199	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM091	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM198	October 2017
EpiPen Auto-Injector, 0.3 mg	49502-500-02	6GM087	October 2017

The FDA asks health care professionals and consumers to report any adverse reactions or device malfunctions to the FDA's MedWatch program, by:

- Completing and submitting the report online at www.fda.gov/medwatch/report.htm, or
- Downloading and completing the form, then submitting it via fax at 800-FDA-0178.

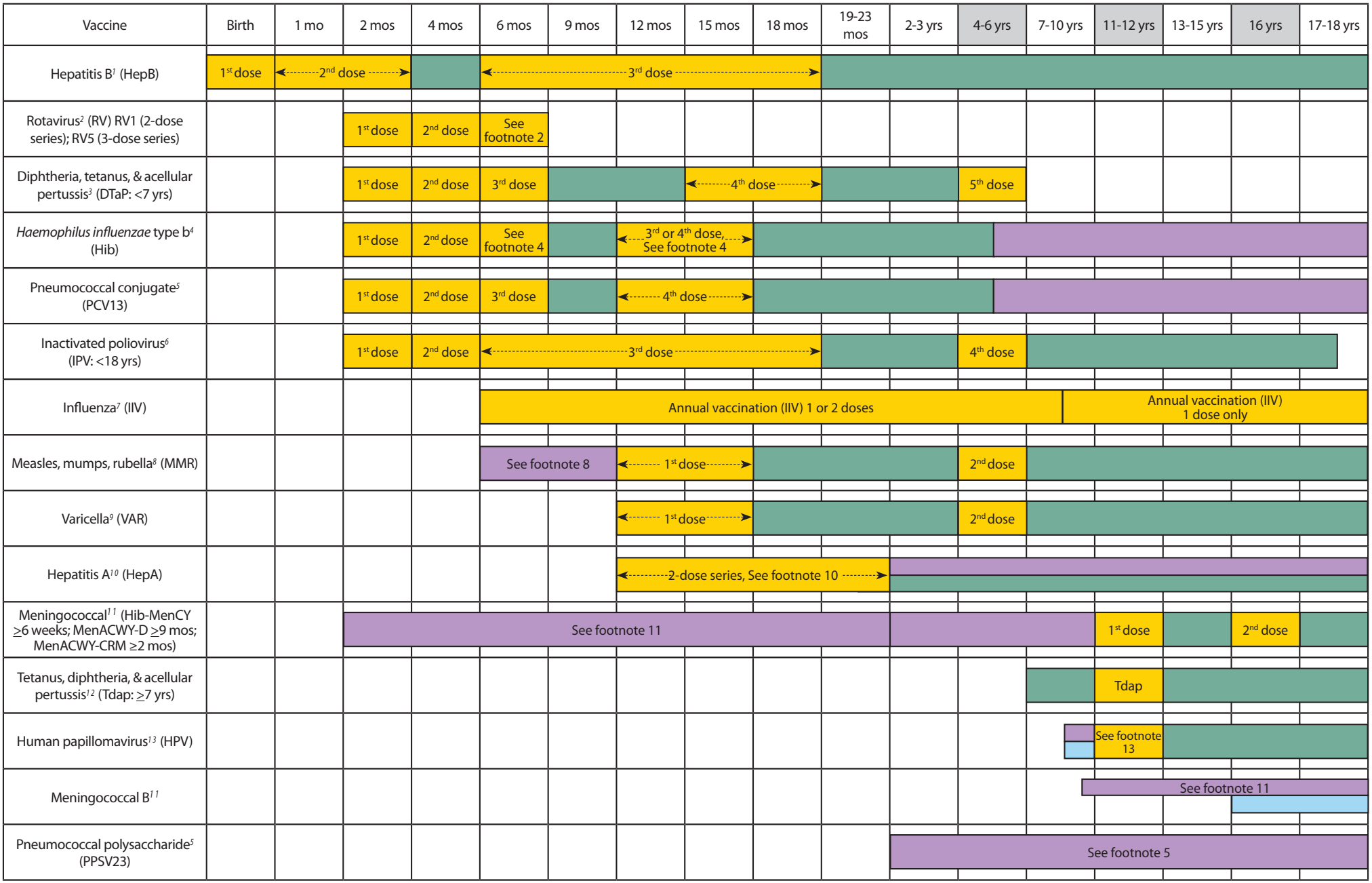
The FDA, an agency within the U.S. Department of Health and Human Services, protects the public health by assuring the safety, effectiveness, and security of human and veterinary drugs, vaccines and other biological products for human use, and medical devices. The agency also is responsible for the safety and security of our nation's food supply, cosmetics, dietary supplements, products that give off electronic radiation, and for regulating tobacco products.

###

Figure 1. Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger—United States, 2017.

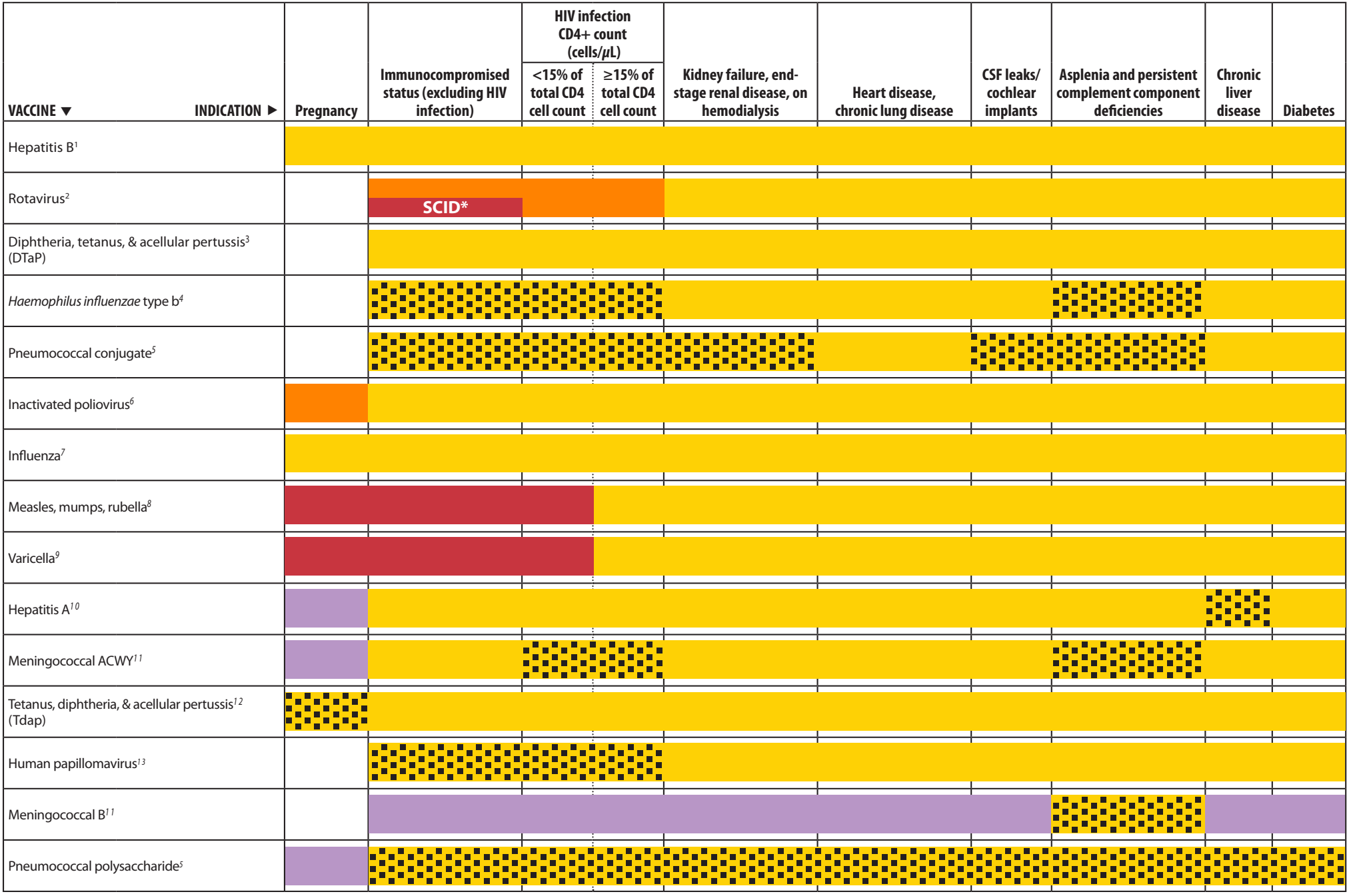
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded in gray.



NOTE: The above recommendations must be read along with the footnotes of this schedule.

Figure 3. Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications



*Severe Combined Immunodeficiency

NOTE: The above recommendations must be read along with the footnotes of this schedule.

Lead and Hemoglobin/Hematocrit Screenings

CHDP has adopted American Academy of Pediatrics/Bright Future periodicity, however providers need to be aware of California Regulations and requirements of federally funded programs, which may supersede AAP periodicity.

LEAD SCREENING:

AAP/Bright Futures recommendations: Risk assessments at 6, 9, 12, 18, and 24 months, and annually between 3-6 years. Screening should be performed at 12 and 24 months, based on Medicaid regulations or high prevalence areas.

California regulations:

1. Anticipatory guidance: Provide anticipatory guidance at each periodic assessment from 6 months to 6 years.
2. Screening: Screen children enrolled in publicly supported programs at 12 months & 24 months. Screen children age 24 months to 6 years in publicly supported programs who were not tested appropriately (i.e. no documented lead level at 24 months).
3. Assess:
    - If a child is not in a publicly supported program, ask "Does your child live in, or spend a lot of time in, a place built before 1978 that has peeling or chipped paint or that has been recently remodeled?" Screen blood lead test if the answer is "yes" or "don't know."
    - Other indications for blood lead screening: Parental request, suspected lead exposure, history of living in or visiting country with high levels of environmental lead.
4. Follow-up: CDPH Management Guidelines.

*For children at risk, please refer to SFDPH Childhood Lead Prevention Program free lead hazard home assessment – referral form.

Medicaid law: All children enrolled in Medicaid, regardless of whether coverage is funded through title XIX or XXI, are required to receive blood lead screening tests at ages 12 months and 24 months. In addition, any child between 24 and 72 months with no record of a previous blood lead screening test must receive one. Completion of a risk assessment questionnaire does not meet the Medicaid requirement. The Medicaid requirement is met only when the two blood lead screening tests identified above (or a catch-up blood lead screening test) are conducted.

ANEMIA SCREENING:

AAP/Bright Futures recommendations: Risk assessment at 4 months, routine screening at 12 months, and risk assessment at every WCE thereafter.

Women, Infants, and Children (WIC) program requirements:

- Every 12 months for normal blood tests results for children beginning at age 6-12 months, and
- Every 6 months for abnormal blood test results for children.

Resources:

1. *Screening Regulations – Standard of Care on Screening for Childhood Lead Poisoning*. California Department of Public Health, 2017. https://www.cdph.ca.gov/programs/CLPPB/Pages/ScreenRegs-CLPPB.aspx

2. *Childhood Lead Prevention Program: Medical Provider Information*. Environmental Health, San Francisco Department of Public Health, 2017. https://www.sfdph.org/dph/eh/CEHP/Lead/InfoMedicalProvider.asp

3. *California WIC Program Manual: Determining Biochemical Nutrition Need for All Categories.* California Department of Public Health, 2016. http://www.cdph.ca.gov/programs/wicworks/Documents/WPM/WIC-WPM-210-11DeterminingBiochemicalNutritionNeedforAllCategories.pdf

4. *Electronic Code of Federal Regulations, Part 246 – Special Supplemental Nutrition Program for Women, Infants and Children*. U.S. Government Publishing Office, 2017. www.ecfr.gov/cgi-bin/text-idx?SID=a42889f84f99d56ec18d77c9b463c613&node=7:4.1.1.1.10&rgn=div5#se7.4.246_17

Early Dental Care in the SF Chinese Community

The 2015-16 annual SFUSD Kindergarten dental screening[1] revealed SF Asian children were 3x as likely to suffer the burden of dental decay as their Caucasian peers (47% compared to 15%). Chinese American children make up the largest % of the Asian American population in the kinder cohort.[2]

Although going to the dentist is increasing in SF for Chinese American young children, in the two Chinatown zip codes that have the highest percentage of Kindergarteners with caries experience (2014): 94108 (53%) and 94133 (45 %), only 18% and 16% of children with Denti-Cal, respectively, saw a dentist once that year. Seeing a dentist during preschool years is positively correlated with lower dental caries rates in kindergarten[3], as well as improved oral health status throughout the life time.

Several studies have looked at reasons that Chinese parents and grandparents, especially recent immigrants, do not seek routine dental care. These include:

Cultural beliefs:

- Only go to the dentist for a painful tooth - and expect it to be extracted
- Baby teeth are not essential - Only bring a child to the dentist for pain
- Western medicine is too aggressive - Dental cleaning will cause damage to the teeth and gums
- Oral health is only for the very rich

Lack of education:

Due to the Communist Revolution and subsequent 1970s Cultural Revolution in China, from 1949 -1990 many people could not go to college in China – disease prevention education was limited and resulted in inadequate knowledge of oral hygiene practices. Most, only went to the dentist after suffering pain, and expected the treatment to be a tooth extraction. Parents in one recent SF Chinatown Focus Group requested more information about proper oral hygiene to be shared by schools and health providers. [4]

Worry about cost:

Mothers who perceive a cost burden for the child's dental care are also less likely to return to the dentist.[5] A lack of understanding of what is covered by dental insurance and difficulty finding a linguistically appropriate dentist makes it challenging. Most children in SF are covered by some type of dental insurance and should be referred to the MCAH 1-800-300-9950 toll-free line. Even if not covered currently by Denti-Cal, once a CHDP well child exam, including a dental assessment is made, and a PM160 form is sent to our CHDP SF office, that child is covered for 1 year for dental treatment needs, by our county DPH CHIP program.

Fear of hospital general anesthesia - "Brain Dead":

The UCSF Hospital Dental Coordinator reports that many SF Chinese families cancel hospital dental anesthesia appointments, after friends and families caution them that their child will become 'Brain Dead' from hospital General

Continued on page 5

References:
1. SFUSD 2015-16 Kindergarten Assessment SF Dental Services and SF USD
2. *San Francisco Schools' Changing Demographics.* San Francisco Public Press, 2015. http://sfpublicpress.org/news/2015-02/san-francisco-schools-changing-demographics
3. *San Francisco Community Health Needs Assessment 2016.* San Francisco Health Improvement Partnership, 2016. http://www.sfhip.org/content/sites/sanfrancisco/2016_SF_CHNA_Appendices.pdf
4. San Francisco Chinese Oral Health Community Focus Group Summary and Findings Conducted by NICOS Chinese Health Coalition
5. Wong D, Perez-Spies S, Julliard K. (2005). Attitudes of Chinese parents toward the oral health of their children with caries: a qualitative study. *Journal of Pediatric Dentistry,* 27(6), 505-12. https://www.ncbi.nlm.nih.gov/pubmed/16532893
6. Nelson T, Zheng X. (2015). Pediatric dental sedation: challenges and opportunities. *Journal of Clinical, Cosmetic and Investigational Dentistry, 7,97-106.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4555969/
7. Kim YO, Telleen S. (2004). Predictors of the utilization of oral health services by children of low-income families in the United States: beliefs, cost, or provider? *Taehan Kanho Hakhoe Chi, 34(8),1460-7.* https://www.ncbi.nlm.nih.gov/pubmed/15687788

Continued from page 4

Anesthesia. In reality, UCSF is the safest place to have necessary dental care provided under GA. Hospital anesthesiologists receive uniform training and practice the skills required to rescue patients on a daily basis, with a 'Code' team immediately available. In addition, new recommendations indicate limiting the time that very young children are exposed to GA, in order to protect their developing brains.[6] There have been zero adverse events at UCSF Hospital Dentistry Program in over 20 years!

What helps encourage early and routine preventive dental care?

Of course, hospital dental treatment is a last resort. Dental decay is almost entirely preventable, the goal is to get children to early routine, preventive dental care, starting at age one. Research shows the following increases utilization:

- Pediatricians making a dental referral at well child visits
- Dentist availability on weekends and evenings
- Belief in the importance of the child's regular dentist visits [7]

Oral Health featured on Chinese Radio Talk Show

Media is a powerful and effective way to disseminate information and educate the public about important but sometimes unrecognized health issues. CHDP has been fortunate to be offered free air time by Sing Tao Chinese Radio station (1400 AM) to share key health messages to monolingual Cantonese speaking parents and caregivers. Featured on the show last month were Becky Sung, CHDP health worker, and Dr. Lyra Ng, CHDP medical provider from Chinese Hospital, Chinese Community Health Services. They spoke about the importance of preventive oral health care to overall health. Many monolingual Cantonese listeners called in to ask questions.

Key Oral Health Messages included:

- Bring your child to see dentist every six months, beginning at age one.
- Starting with the first tooth, begin brushing teeth baby's teeth with a "rice-grain size" smear of fluoride toothpaste. Use a "pea-size" amount when child is 3 years and older.
- Pregnant women should get dental care to protect both their health, and the health of their baby. (Denti-Cal reimburses for both perinatal preventive and restorative dental care, up to 60 days post-partum).
- Limit the frequency of sweetened beverages (including 100% juice and milk/formula for children over 6 months) and snacks.

CHDP is partnering with Sing Tao Radio station to provide future health topics on the radio. If you have any health topics to be shared with the Chinese community or would like to be a guest on the radio show, please contact Becky Sung at becky.sung@sfdph.org.

Free Colorful Poster:
School Success & Good Oral Health
Call: 415-575-5719

Major Changes in 2017 Bright Futures Guidelines

The American Academy of Pediatrics (AAP) has just released the 4th edition of Bright Futures—the 2017 Bright Futures guidelines for preventive pediatric care. Both CHDP & ACA (Affordable Care Act) require providers to follow AAP Bright Futures guidelines. Below is a summary of the major changes:

Hearing screening for ages 11-21	This is a major change from prior Bright Futures guidelines. Audiometry including 6000Hz and 8000Hz should be performed once between 11-14 years, once between 15-17 years, and once between 18-21 years. (Previously only risk assessments were recommended for age 11+).
Newborn visit	• Newborn bilirubin is a new requirement for NB visit. • Newborn hearing , blood screening, and bilirubin follow-up from the 3-5d to the 2m visit: "Confirm initial screen was completed, verify results, and follow up, as appropriate"
Maternal depression screening	Maternal depression screening at the 2wk-1m, 2m, 4m, and 6m well child visit
Dental risk assessment and referral	• Dental risk assessment and referral required at 6m and 9m visits. AAP Dental Risk Assessment Tool is at http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf • Assess for dental home at 12 m visit and all visits 18m-6ym. If no dental home, perform dental risk assessment (see link above) and refer to dentist.
Universal dyslipidemia screening	At 9-11 and 17-21 (was 9-11 and 18-21 before) Universal HIV screening at 15-18 years (was 16-18).

We will update you on any additional changes after reviewing the new edition. Please contact your CHDP nurse if you have any questions about the recommendations above or if you seek assistance in implementing these changes in your clinic.

CHDP Trainings

- **Accurate Weighing, Measuring, and Growth Chart Training**—A great refresher for staff who take anthropometric measurements and counts as 1 point on your CHDP audit. Please contact CHDP Nutritionist Teresa Chan, RD (415) 575-5731 teresa.chan@sfdph.org.
- **Fluoride Varnish Training**— This is a crucial Medi-Cal benefit for all of your young patients. The training includes: 1) CHDP Oral Health Training - "in-office" Early Dental Assessment & Referral with Fluoride Varnish for the Medical Team, 2) A box of fluoride varnish (worth $200) will be provided as part of the training at no charge. Please contact Margaret Fisher, RDHAP - (415) 575-5719 margaret.fisher@sfdph.org.

CHDP Provider Information Notices

CHDP Provider Information Notices — http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx

PIN # 16-10 12-23-16. **Transition of CHDP Program Clinical Laboratory Provider Claims in Accordance with National Standards.** Effective for dates of service on or after February 1, 2017, CHDP Program Clinical Laboratory providers, who bill for only clinical laboratory services, are required to use the CPT-4 national codes on the CMS-1500 or UB-04 claim form. As an alternative, providers are encouraged to submit claims via the ACS x12N 837P (Professional), version 5010A1 electronic transaction.

CHDP NewsFlash – for details, please use the following link: http://www.medi-cal.ca.gov
CHDP HIPAA Code Conversion and Claim Form Transition Phase II – newsflash issued February 9, 2017. The transition of CHDP claim adjudication to the California Medicaid Management Information System (CA-MMIS) is effective for dates of service on or after July 1, 2017. All CHDP providers that currently provide Medi-Cal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) well-child assessments, immunizations and ancillary clinical laboratory services will bill these Medi-Cal services under the EPSDT benefit for persons under 21 years old using the CMS-1500 or UB-04 forms or equivalent electronic claim transactions. Services that were provided prior to July 1, 2017, will continue to be billed on the CHDP Confidential Screening/Billing Report (PM 160) claim form.

CHDP Bulletin *highlights* – for details, please use the following link: http://www.medi-cal.ca.gov,click on Provider Bulletins, scroll to bottom. Click on CHDP Gateway to Health Coverage under Specialty Programs

Bulletin # 146 – December 2016
1. Ordering CMS-1500 and UB-04 Claim Forms. As part of the continuing effort to comply with the federally mandated HIPAA, CHDP providers will soon be required to bill services on a CMS-1500 or UB-04 claim form.

2. Get the latest Medi-Cal News by subscribing to MCSS (Medi-Cal Subscription Service). Subscribing is simple and free.

i. Go to the MCSS Subscriber Form
ii. Enter your email address and ZIP code
iii. Customize your subscription by selecting subject areas for NewsFlash announcement, Medi-Cal Update bulletins and/or System Status Alerts.

Bulletin # 147 – January 2017
CHDP HIPAA Transition for Laboratory-Only Services Effective February 1. See PIN#16-10 above.

Bulletin # 148 – February 2017
DHCS Fiscal Intermediary Name Change. Effectively immediately, providers may notice that the Department of Health Care Services (DHCS) Fiscal Intermediary (FI) for the Medi-Cal program, formerly Xerox State Healthcare, LLC (Xerox), is operating under a new company name, “Conduent.” Providers may also see the Conduent logo on some items. Operations and interactions with providers are not impacted by this FI name change.

San Francisco CHDP Staff

CHDP Deputy Director
Greg Cutcher, RN, PHN, MS
415-575-5712
greg.cutcher@sfdph.org

Medical Director
C. Jeanne Lee, MD, MPH
415-575-5712
jeanne.lee@sfdph.org

Nurse Manager
Dorothy Quan, RN, PHN, MPA
415-575-5712
dorothy.quan@sfdph.org

Billing Inquiry & PM160 ordering
Tina Panziera
415-575-5712
tina.panziera@sfdph.org

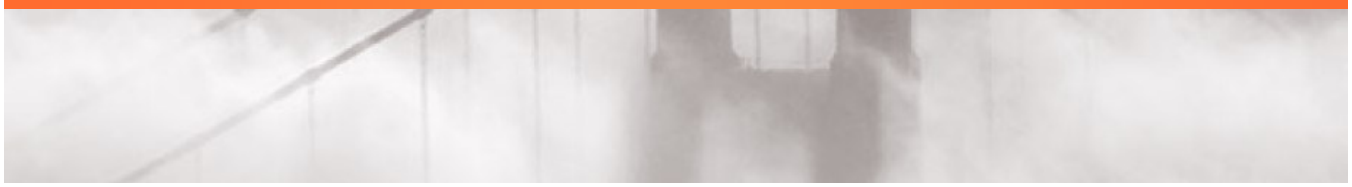
Public Health Nurses
Kathy Shumaker, RN, PHN, MSN
415-575-5736
kathy.shumaker@sfdph.org

Alicen Kershaw, RN, MSN
415-575-5707
alicen.kershaw@sfdph.org

Dental Hygienist
Margaret Fisher, RDHAP, BS
415-575-5719
margaret.fisher@sfdph.org

Nutritionist
Teresa Chan, RD, MPH
415-575-5731
teresa.chan@sfdph.org

Oral Health Program Coordinator
Prasanthi Patel, MPH
415-575-5706
prasanthi.patel@sfdph.org



Child Health & Disability Prevention Program
C H D P

San Francisco Department of Public Health
30 Van Ness Avenue, Suite 210
San Francisco, CA 94102
415-575-5712
Fax—415-558-5905
Toll-Free Line—1-800-300-9950