CONTRA COSTA
HEALTH SERVICES

Contra Costa Health Plan

COMMUNITY PROVIDER NETWORK MEETING

1350 Arnold Drive, Conference Room #103, Martinez

Tuesday, October 25, 2011 7:30 AM to 9:00AM

Continental Breakfast will be served

I.	**Call to order**	**J. Tysell, MD**
II.	**Approval of Minutes**	**J. Tysell, MD**
III.	**Medical Director's Report**	**J. Tysell, MD**
IV.	**Updates:**	
	• **HEDIS**	**J. Tysell, MD**
	• **Tdap**	**B. Jacobs, FNP**
	• **Dental Varnish**	**B. Jacobs, FNP/M. Berkery, RN**
	• **SPD Update**	**B. Jacobs, FNP**
	• **Post Partum Visits**	**M. Berkery, RN**
V.	**Fraud, Waste & Abuse**	**B. Jacobs, FNP/M. Berkery, RN**
VI.	**Provider Concerns**	**J. Tysell, MD**
VII.	**Adjourn**	**J. Tysell, MD**

Next Meeting – January 24, 2012

Please RSVP: Provider Relations (925) 313-9500

CONTRA COSTA HEALTH PLAN
Community Provider Network – West County
Meeting Minutes – October 25, 2011

Attending:
J. Tysell, MD; Beverly Jacobs, FNP; Mary Berkery, RN; Chang S. Ming, MD; Gretchen Graves, MD; William Johnson, MD; Juan O'Meany, PA; Suresh Sachdeva, MD; Irene Salceda, PA; J. Gene Zimmerman, MD; Taraneh Mostaghasi, MD
Guests:

Discussion		Action	Accountable
I.	Meeting called to order @ 7:38 am.		J. Tysell, MD
II.	Agenda approved with no change.		J. Tysell, MD
III.	**Approval of Minutes:** Minutes approved as read.		J. Tysell, MD
IV.	**Medical Director's Report:**		J. Tysell, MD
V.	**HEDIS:** • Reviewed results of last report. • Next year will not include female mammograms and will focus more on adolescent health indicators. **Tdap:** • Still available thru Advice Nurse if indicated will probably be referred to Night Owl if necessary. • Schools have attained about 95% compliance especially in Richmond School District in cooperation with bus health vans from Contra Costa County Public Health Clinic services. **Dental Varnish:** • Reminder to apply varnish on children <6 yo 3x/1 yr with exam and immunization – it is a billable visit. Billing code is D 1203. **SPD Update:** • Approximately 5000 enrollees since June – approximately 850 a month. • Approximately 20 have requested to stay with non-contracted previous provider, some of these providers have become contracted providers with CCHP or have agreed to see patients for 1 year @ CCHP rates. **Post Partum visits:** • Reminded providers to have newly delivered mothers return to MD for Post Partum visit and exam between 4 and 8 weeks. This is a HEDIS indicator. **Fraud, Waste & Abuse:** • Orientation to CCHP Policies of these topics. • History discussed. • Reporting process and consequences of violation of policies discussed. • Discussed possible staff reporting and consequences to violators. • Example test taken by all attendees. • Copies of test signed and returned – will be filed in Credential folder of each provider to signify orientation completed. • Physicians responsible for orienting/training office staff (materials included in provider's bulletin packet).		J. Tysell, MD B. Jacobs, FNP M. Berkery, RN B. Jacobs, FNP M. Berkery, RN B. Jacobs, FNP

VI.	**Provider Concerns:** • No discussions from State as yet. Questions on co-pay and possible reduced rates.		J. Tysell, MD
VII.	**Adjourn:** Meeting adjourned @ 9:05 am.		J. Tysell, MD

Next meeting – January 24, 2012

CONTRA COSTA HEALTH PLAN
Community Provider Network – East County
Meeting Minutes – July 26, 2011

Attending:
J. Tysell, MD; Beverly Jacobs, FNP; Mary Berkery, RN; Gretchen Graves, MD; S. M. Chang, MD; J. Gene Zimmerman, MD; Myhoang Nguyen, MD; Edward H. Risgalla, MD; Suresh Sachdeva, MD
Guests:

	Discussion	Action	Accountable
I.	Meeting called to order.		J. Tysell, MD
II.	Agenda approved with no change.		J. Tysell, MD
III.	**Approval of Minutes:** Minutes approved as read.		J. Tysell, MD
IV.	**Medical Director's Report:** • Discussion of possible modifications on managed care from State • Changes not yet mandated, but subject to State budget guidelines • No decision as yet on co-pay or reduction in reimbursement amount • No additional modifications on coverage proposed		J. Tysell, MD
V.	**HEDIS:** • Report card from HEDIS study indicates improved standards and compliance with most measures. • Improved compliance from both CPN and RMC Networks • **Provider After Hours** – Review of need to have message from each practice with directions on where to access service when office closed. • Message should say where to seek service after-hours, and also how to reach a specific person, should not say go to nearest emergency room. Should refer to Advice Nurse for assistance when practice is closed. • **SPD Update** – Indicates number received (June approx. 1020, July approx. 500) in June and in July. Process of new assignment was relatively smooth for both RMC and CPN Networks. Numbers will vary each month depending on number of SPDs with birthdays in that period. • **Public Health** – Clinics available for immunization prior to start of school year, especially for Tdap. Variance received to allow for two month postponement for schools to exclude students not yet immunized. This was necessary due to funding for year round school and special education programs. • Varnish/Clinics – Review of dental varnish program. Providers encouraged to participate in program.		J. Tysell, MD B. Jacobs, FNP
VI.	**Provider Concerns:** • Discussed acquisition of Brookside Health Center by Lifelong Medical Care, probably effective in Sept.		J. Tysell, MD
VII.	**Adjourn:** Meeting adjourned.		J. Tysell, MD

Next meeting – October 25, 2011

For providers in West County - pertussis

Erika Jenssen to Beverly Jacobs 10/17/2011 02:43 PM

Cc: Susan Farley, Sheilah Zarate

We are seeing some pertussis cases among school-aged children at a couple of schools in El Sobrante. We are following up on these cases and identifying others who have been exposed to pertussis. For those kids who have been exposed to pertussis, we are giving them the attached letter to take to their health care provider.

Regardless of immunization status, the kids who have been exposed should be assessed, and if symptomatic they need to be tested and treated. If they are not symptomatic, they should be given prophylaxis.

Please call us if you have any questions about the letter or patients.

Thanks!
Erika

Erika Jenssen, MPH
Communicable Disease Programs Manager
Contra Costa Public Health
597 Center Avenue, #200A
Martinez, CA 94553
erika.jenssen@hsd.cccounty.us
(925) 313-6740
(925) 313-6465 fax
(925) 528-9086 cell

Visit our website:
http://cchealth.org tambien en español

HCP Exposure Ltr_Pertussis.doc

October 17, 2011

CONTRA COSTA
HEALTH SERVICES
Contra Costa Public Health
(925) 313-6740

Dear Health Care Provider:

Your patient _____ has been exposed to **pertussis** and is being referred to you for evaluation. At least one person with pertussis has been identified at your patient's school and/or day care. The following is recommended: Persons with exposure to pertussis should be treated according to the table below, unless medically contraindicated.

Recommended antimicrobial treatment and post-exposure prophylaxis for pertussis, by age group

	Primary Agents			Alternate Agent*
Age group	**Azithromycin**	**Alternate agent Erythromycin**	**Clarithromycin**	**TMP-SMZ**
< 1 month	Recommended agent. 10mg/kg per day in a single dose for 5 days (only limited safety data available)	Not preferred. Erythromycin is associated with infantile hypertrophic pyloric stenosis. Use if azithromycin is unavailable; 40-50 mg/kg per day in 4 divided doses for 14 days	Not recommended (safety date unavailable)	Contraindicated for infants aged < 2 months (risk for kernicterus)
1-5 months	10 mg/kg per day in a single dose for 5 days	40-50 mg/kg per day in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses for 7 days	Contraindicated at aged < 2 months. For infants aged ≥ 2 months, TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Infants (aged ≥ 6 months) and children	10 mg/kg in a single dose on day 1 then 5 mg/kg per day (maximum: 500 mg) on days 2-5	40-50 mg/kg per day (maximum: 2 g per day) in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses (maximum: 1 g per day) for 7 days	TMP 8 mg/kg per day, SMZ 40mg/kg per day in 2 divided doses for 14 days
Adults	500 mg in a single dose on day 1 then 250 mg per day on days 2-5	2 g per day in 4 divided doses for 14 days	1g per day in 2 divided doses for 7 days	TMP 320 mg per day, SMZ 1,600 mg per day in 2 divided doses for 14 days

Trimethoprim Sulfamethoxazole (TMP-SMZ) can be used as an alternative agent to macrolides in patients aged >2 months who are allergic to macrolides, who cannot tolerate macrolides, or who are infected with a rare macrolide-resistant strain of Bordetella pertussis.
Table is from MMWR, December 9, 2005, Vol54/No. RR 14, Recommended Antimicrobial Agents for treatment and post-exposure prophylaxis of Pertussis.

If you find that your patient is symptomatic for pertussis, please treat as outlined above and;

1. Obtain a nasopharyngeal specimen for culture from the posterior nasopharynx preferably within 2 weeks of cough onset. A positive culture confirms diagnosis of pertussis, but a negative result does not rule out pertussis since the sensitivity of culture is not high. PCR testing of nasopharyngeal swabs is available from the Public Health Laboratory.

2. Advise symptomatic patients to stay at home for at least the first 5 days of antibiotics.

3. All household contacts of cases should receive antibiotics whether or not they have symptoms and irrespective of their immunization history.

4. All contacts < 7 years old who have not received at least 4 doses of DtaP, or for whom it has been over 3 years since the last dose, should receive a DTaP dose. (DTaP doses should be spaced by 4 weeks).

5. All contacts 7 years and older should receive one dose of Tdap.

If you have questions, please call our Communicable Disease Program at (925) 313-6740.

Sincerely,

Susan Farley, RN, BSN
Communicable Disease Controller, Nurse Program Manager

DEFICIT REDUCTION ACT COMPLIANCE

EMPLOYEE EDUCATION ABOUT FALSE CLAIMS

I. Policies and Procedures to Protect Against Fraud (Please circle the correct answer)

A. What do federal laws require CCHP to have in order to protect against fraud, waste, and abuse in our Medicaid (Medi-Cal) management care plan?

1. *Compliance plan to guard against fraud and abuse which includes written policies, procedures, and standards of conduct*
2. *Full-time Security Guard*
3. *Contract with Sheriff*
4. *None of the above*

B. Which policies contain the CCHP's requirements for reporting suspected fraud, waste and abuse?

1. *Policy #2004-8258*
2. *Policy #705-C and Policy #706-C*
3. *Policy Fraud Waste Abuse*
4. *All of the above*

II. Information on Federal and State Laws Regarding False Claims

A. The Federal False Claims Act, 31 U.S.C. § 3279 (True or False)

a. The False Claims Act ("FCA")?

T____F____ *FCA is a federal statute that covers fraud involving any federally funded contract or program, including Medicare and Medicaid.*

b. How do you violate the FCA?

T____F____ *The FCA is violated when any person knowingly presents or causes to be presented a false or fraudulent claim to the U.S. government for payment*

c. What happens when a health plan violates the FCA?

T____F____ *A health plan that violates the FCA can be subject to civil monetary penalties ranging from $5,500 to $11,000 for <u>each</u> false claim submitted. In addition, a health plan can be required to pay three times the amount of damages sustained by the U.S. Government.*

B. <u>Program Fraud Civil Remedies Act, 31 U.S.C. § 3801</u>

a. What is the Program Fraud Civil Remedies Act?

1. *Group of volunteers acting together*
2. *The Program Fraud Civil Remedies Act is a federal statute which provides additional penalties separate from the Federal False Claims Act for improper claims and improper statements*
3. *A Play*
4. *All of the above*

b. What is the penalty if there is a violation of this claim?

1. *Slap on the wrist*
2. *Lifetime imprisonment*
3. *The penalty is $5,000 for each improper claim*
4. *None of the above*

C. California False Claims Laws (True or False)

a. Why did the California Legislature adopt a state FCA?

T____F____ *To protect state governments from the same type of fraud prohibited by the federal FCA. The California FCA was modeled after the federal FCA with a few exceptions.*

b. What is the liability under the California False Claims Act?

T____F____ *A person found to have violated the California FCA may be liable for three times the actual damages sustained by the government, as well as penalties. The California FCA assesses penalties for each false claim up to $10,000, but does not set a mandatory minimum amount.*

D. Qui Tam Whistleblower Provisions, 31 U.S.C. § 3730(h)

a. What is the "qui tam" or whistleblower provision?

1. *A latin musical*
2. *This provision essentially allows any person with actual knowledge of allegedly false claims to the government to file a lawsuit on behalf of the U.S. government. These persons are called "relators".*
3. *All of the above.*
4. *None of the above.*

b. If the government determines that the lawsuit has merit and decides to intervene, who will direct the prosecution of the lawsuit?

1. *The prosecution of the lawsuit will be directed by the U.S. Department of Justice.*
2. *President of the United States*
3. *1 and 2.*
4. *None of the above*

c. Besides *qui tam* plaintiffs, who may initiate actions under the California FCA?

1. *i. The government, through the Attorney General's Office; or*
   ii. The prosecuting authority for a particular subdivision that was the recipient of the false claim.
2. *The local police department.*
3. *All of the above.*
4. *None of the above.*

Test taken by:

_____ _____

Name Date

_____

Department

DEFICIT REDUCTION ACT COMPLIANCE

EMPLOYEE EDUCATION ABOUT FALSE CLAIMS

I. POLICIES AND PROCEDURES TO PROTECT AGAINST FRAUD

Contra Costa Health Plan has policies and procedures to protect against fraud, waste, and abuse, in compliance with federal Medicaid regulations, 42 C.F.R. § 438.608, for Medicaid managed care organizations. Specifically, the requirement is for CCHP to have a compliance plan to guard against fraud and abuse which includes written policies, procedures, and standards of conduct.

Contra Costa Health Plan is a division of Contra Costa Health Services. As such, CCHP's requirements for reporting suspected fraud, waste and abuse are contained in Policy# 705-C. CCHP also has Policy 706-C, Preventing Fraud, Waste and Abuse: Audits and Risk Assessment.

Both these policies combined with the Health Services Compliance Program and Code of Conduct cover false claims, compliance reporting, fraud detection, and whistleblower protections. These policies are available on the Contra Costa County Health Services Intranet site, available and accessible to all CCHP employees for review.

II. INFORMATION ON FEDERAL AND STATE LAWS REGARDING FALSE CLAIMS

A. The Federal False Claims Act, 31 U.S.C. § 3279

The False Claims Act ("FCA") is a federal statute that covers fraud involving any federally funded contract or program, including Medicare and Medicaid. The FCA establishes liability for any person who knowingly:

- Presents or causes to be presented a false claim for reimbursement by a Federal health care program, including Medicare or Medicaid;
- Makes, uses, or causes to be made or used, a false record or statement material to a false or fraudulent claim;
- Repays less than what is owed to the Government;
- Makes, uses, or causes to be made or used, a false record or statement material to reducing or avoiding repayment to the Government; and/or
- Conspires to defraud the Federal Government through one of the actions listed above.

The term "knowingly" is defined to mean that a person, with respect to information:

- Has actual knowledge of information in the claim;
- Acts in deliberate ignorance of the truth or falsity of the information in a claim; or
- Acts in reckless disregard of the truth or falsity of the information in a claim.

Claims

The FCA is not limited to false health care claims but also includes any false statements or records that are material to the claim. In addition, the government has prosecuted health plans that fail to comply with applicable Medicaid statutes and regulations that are a condition or a requirement of payment.

For Medicaid managed care plans, fraud can occur in the areas of contract procurement (e.g., falsifications), marketing (e.g., misleading recipients), enrollment and disenrollment (e.g., cherry-picking enrollees), underutilization (delaying, discouraging, or stinting on care), and data collection and submission (e.g., misclassifying enrollees).

Liability

A health plan that violates the FCA can be subject to civil monetary penalties ranging from $5,500 to $11,000 for each false claim submitted. In addition to this civil penalty, a health plan can be required to pay three times the amount of damages sustained by the U.S. government. If a health plan is convicted of a False Claims Act violation, the OIG may seek to exclude the health plan from participation in federal health care programs.

B. Program Fraud Civil Remedies Act, 31 U.S.C. § 3801.

The Program Fraud Civil Remedies Act ("Act") is a federal statute which provides additional penalties separate from the Federal False Claims Act for improper claims and improper statements.

Improper Claims

A person violates the Act if they know or have reason to know they are submitting a claim that is:

- False, fictitious or fraudulent; or,

- Includes or is supported by written statements that are false, fictitious, or fraudulent; or,

- Includes or is supported by a written statement that omits a material fact; the statement is false, fictitious or fraudulent as a results of the omission; and the person submitting the statement has a duty to include the omitted facts; or

- For payment for property or services not provided as claimed.

A violation of this provision of the Act carries a penalty of $5,000 for each such improper claim. In addition, an assessment of two times the amount of the claim may be made, unless the claim has not actually been paid.

Improper Statements

- A person violates the Act if they submit a written statement which they know or should know:

- Asserts a material fact which is false, fictitious, or fraudulent; or,

- Omits a material fact and is false, fictitious or fraudulent as a result of the omission. In this situation, there must be a duty to include the fact and the statement submitted contains a certification of the accuracy or truthfulness of the statement.

A violation of the provision for submitting an improper statement carries a civil penalty of up to $5,000.

C. California False Claims Laws

Since the federal FCA does not address the problems of fraud in state and local government programs, the California Legislature adopted a state FCA to protect state governments from the same type of fraud prohibited by the federal FCA. The California FCA was modeled after the federal FCA with a few exceptions.

As described above, the federal FCA delineates seven acts that are unlawful. These same seven acts are unlawful under the California FCA, but the California FCA also contains an additional provision that subjects health care providers to liability. *Under the California statute, providers are also liable if they benefit from an inadvertent submission of a false claim to the state government, but do not disclose the false claim to the state within a reasonable time after discovery.*

Liability Under the California False Claims Act

As in the case of the Federal FCA, a person found to have violated the California FCA may be liable for three times the actual damages sustained by the government, as well as penalties. The California FCA assesses penalties for each false claim up to $10,000, but *does not set a mandatory minimum amount.*

Employee Protections

Under the FCA, an employer cannot make any rule or policy that prevents an employee from disclosing information to a government or law enforcement agency in furtherance of an FCA action. An employer also cannot discriminate against an employee (by discharging, demoting, suspending, or threatening the employee) for lawful acts performed in furtherance of an FCA action.

The California FCA can protect employees even though the employee's actions may appear tenuously linked to a potential FCA action. An employer who is found to have unlawfully retaliated against an employee in this manner may be subject to various sanctions, and the employee may be awarded reinstatement, double his or her back pay plus interest, compensation for special damages, and possibly punitive damages.

D. Qui Tam Whistleblower Provisions, 31 U.S.C. § 3730(h)

To encourage individuals to come forward and report misconduct involving false claims, the Federal Claims Act includes a "qui tam" or whistleblower provision. This provision essentially allows any person with actual knowledge of allegedly false claims to the government to file a lawsuit on behalf of the U.S. government. Such persons are referred to as "relators".

Qui Tam Procedure

The whistleblower/relator must file his or her lawsuit on behalf of the government in federal district court. The lawsuit will be filed "under seal," meaning that the lawsuit is kept confidential while the government reviews and investigations the allegations contained in the lawsuit and decides how to proceed.

Rights of Parties to Qui Tam Actions

If the government determines that the lawsuit has merit and decides to intervene, the prosecution of the lawsuit will be directed by the U.S. Department of Justice. If the government decides not to intervene, the whistleblower can continue with the lawsuit on his or her own.

Award to Qui Tam Whistleblower

If the lawsuit is successful, and provided certain legal requirements are met, the qui tam relator or whistleblower may receive an award ranging from 15 to 30 percent of the amount recovered. The whistleblower may also be entitled to reasonable expenses including attorneys' fees and costs for bringing the lawsuit.

Whistleblower Rights

The FCA prohibits employers from retaliating against employees, contractors or agents who file or participate in the prosecution of a whistleblower suit. Employees, contractors or agents who are discharged, demoted, suspended, threatened, harassed or in any way discriminated against in the terms and conditions of employment by their employer for "blowing the whistle" are entitled to recover all relief necessary to make the employee, contractor or agent whole. Damages available to the employee, contractor or agent who proves retaliation include; reinstatement with the same seniority status, two times back pay, interest on the back pay, compensation for special damages (i.e., emotional distress), and litigation costs and attorneys fees.

Enforcement of the California False Claims Act: Qui Tam Whistleblower Provisions

Both the government, through the Attorney General's Office, and private individuals (*qui tam* plaintiffs) may initiate actions under the California FCA. In addition, the prosecuting authority for a particular subdivision that was the recipient of the false claim may bring an action (i.e. a city attorney could bring action against a violator who submitted a false claim to that city's government).

DEFICIT REDUCTION ACT COMPLIANCE

<ANSWERS>

EMPLOYEE EDUCATION ABOUT FALSE CLAIMS

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A. What do federal laws require CCHP to have in order to protect against fraud, waste, and abuse in our Medicaid (Medi-Cal) management care plan?

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c. What happens when a health plan violates the FCA?

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X 3. *The penalty is $5,000 for each improper claim*

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X 1. *i. The government, through the Attorney General's Office; or*

ii. The prosecuting authority for a particular subdivision that was the recipient of the false claim.

2. *The local police department.*

3. *All of the above.*

4. *None of the above.*

Test taken by:

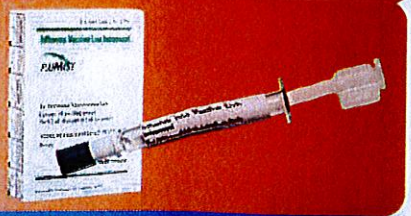
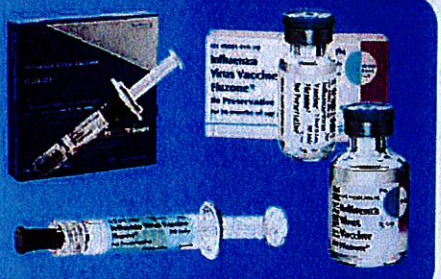
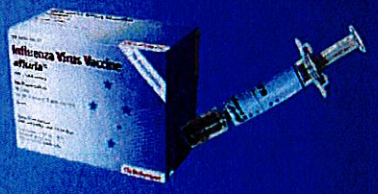
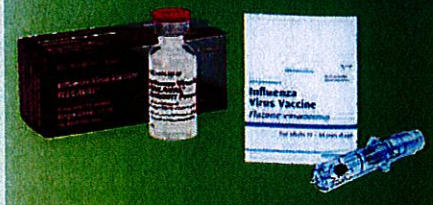
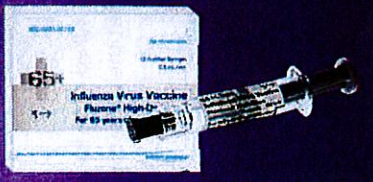
_____ _____

Name Date

_____

Department

2011-2012 Identifying Influenza Vaccine

Age	Manufacturer	Brand Name	Presentation	
Children 6–35 months old	sanofi pasteur, Inc.	**Fluzone®** VFC	0.25 mL[1] single-dose syringe	
Healthy Persons 2–49 years old	MedImmune Vaccines, Inc.	**FluMist®** VFC	0.2 mL[1] single-dose nasal sprayer	
36 months & Older	GlaxoSmithKline Biologicals	**Fluarix®** VFC	0.5 mL[1] single-dose syringe	
	sanofi pasteur, Inc.	**Fluzone®**	0.5 mL[1] single-dose vial	
	sanofi pasteur, Inc.	**Fluzone®**	0.5 mL[1] single-dose syringe	
	sanofi pasteur, Inc.	**Fluzone®** VFC	5.0 mL[2] multi-dose vial	
4 years & Older	Novartis Vaccines and Diagnostics Ltd.	**Fluvirin®**	5.0 mL[2] multi-dose vial	
	Novartis Vaccines and Diagnostics Ltd.	**Fluvirin®**	0.5 mL[1] single-dose syringe	
5 years & Older *(ACIP recommends use for children 9 years and older)*	CSL Limited	**Afluria®**	0.5 mL[1] single-dose syringe	
	CSL Limited	**Afluria®**	5.0 mL[2] multi-dose vial	
18 years & Older	ID Biomedical (GlaxoSmithKline)	**FluLaval®**	5.0 mL[2] multi-dose vial	
	sanofi pasteur, Inc.	**Fluzone® Intradermal** *For adults 18-64 years old*	0.1 mL[1] prefilled syringe	
65 years & Older	sanofi pasteur, Inc.	**Fluzone® High-Dose**	0.5 mL prefilled syringe	

All influenza vaccines are stored in the refrigerator (including FluMist®). Questions: Toll-free: 877-2Get-VFC (877-243-8832)

1. *Since July 1, 2006, California law (Health and Safety Code 124172) requires children younger than 3 years of age and pregnant women receive preservative-free influenza vaccine.*
2. *Contains preservative.*

VFC *These vaccines are available through the Vaccines for Children Program in 2011-2012 and can only be used for VFC eligible children through 18 years of age.*

IMM-859 (9/11)

CDPH

New CDPH Recommendations

Tetanus Prophylaxis in Wound Management

All patients 7 years of age and older

► Tdap (tetanus toxoid, reduced diphtheria toxoid & pertussis vaccine)

History of Previous Tetanus Immunization	Clean, Minor Wounds	All Other Wounds[1]
Uncertain or fewer than 3 doses[2]	Tdap	Tdap and TIG[3]
3 or more previous doses[2]	Tdap unless documented prior receipt of Tdap[4]	

New CDPH Recommendations:

Age of Patient	Immunization
<7 years old	DTaP
► **7 years of age or older** (including anyone over 64)	**Tdap**

IM (Intramuscular) **Injection**
1" Needle
23-25 gauge

footnotes

1 All other wounds can include: wounds contaminated with dirt, feces, soil, and saliva, puncture wounds, avulsions, and wounds caused by missiles, crushing, burns, and frostbite.

2 ACIP and AAP recommendations permit any interval between doses of Td and Tdap. For more information, visit EZIZ.org.

3 Tetanus Immune Globulin (TIG). The recommended dose for wounds of average severity is 250 units intramuscularly. When both tetanus toxoid containing vaccine and TIG are administered at the same time, use separate syringes and injection sites.

4 Tdap recommended for patients with wounds that are **not** clean or minor if they last received a dose of tetanus-containing vaccine 5 or more years ago.

State of California—Health and Human Services Agency
California Department of Public Health

RON CHAPMAN, MD, MPH
Director

EDMUND G. BROWN JR.
Governor

California Department of Public Health – Health Advisory
August 18, 2011

FATAL VACCINE-PREVENTABLE PNEUMOCOCCAL DISEASE
Pediatric providers - Immunize all children younger than 5 years of age who have not yet received 13-valent pneumococcal conjugate vaccine.

The California Department of Public Health has received a report of young child who died in 2011 from invasive pneumococcal disease (IPD). This child died from IPD caused by *Streptococcus pneumoniae* serotype 19A, one of six serotypes that are protected against by the13-valent pneumococcal conjugate vaccine (PCV13) but not by 7-valent pneumococcal conjugate vaccine (PCV7). In addition, at least 29 other California children have developed nonfatal vaccine-preventable IPD since PCV13 became available.

CDPH reminds healthcare providers to protect pediatric patients who have completed an age-appropriate series of PCV7 with one additional dose of PCV 13, including:

- **All children 14 through 59 months of age**
- **Children 60 through 71 months of age with specified underlying medical conditions (see Table).**

In addition, children who began, but did not finish, a series with doses of PCV7 should complete their series with doses of PCV13.

A single dose of PCV13 may also be administered to children 6-18 years of age with specified underlying conditions (see Table).

Providers should not be using PCV7 at this time. If you have any remaining stock, please contact the CDPH VFC program or your private distributor.

For detailed information about IPD and immunization with PCV13, please review the December 2010 federal ACIP recommendations at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm?s_cid=rr5911a1_e

In addition for information about revaccination of hematopoietic cell transplant recipients, please see the 2011 ACIP general recommendations at:
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6002a1.htm?s_cid=rr6002a1_e

Background

Streptococcus pneumoniae (pneumococcus) remains a leading cause of serious bacterial illness, including bacteremia, meningitis, and pneumonia among children and adults worldwide. It is also a major cause of sinusitis and acute otitis media. Most of the over 90 identified pneumococcal serotypes have been shown to cause serious disease; however, the majority of pneumococcal infections are caused by only a few serotypes.

Before routine use of pneumococcal conjugate vaccine, ~17,000 cases of IPD (bacteremia, meningitis, or other infection of a normally sterile site) occurred in children younger than 5 years of age in the U.S. and an estimated 200 children died due to IPD each year.

The first pneumococcal conjugate vaccine (PCV7) was licensed in the U.S. in 2000 and provided protection against seven *S. pneumoniae* serotypes (4, 9V, 14, 19F, 23F, 18C, and 6B). PCV7 was highly effective and the overall incidence of IPD among children younger than 5 years of age decreased from approximately 99 cases per 100,000 population during 1998-1999 to 21 cases per 100,000 population in 2008.

The reductions in incidence resulted from a 99% decrease in disease caused by the seven serotypes in PCV7 and serotype 6A, a serotype against which PCV7 provides some cross-protection. The decreases were offset partially by increases in invasive disease caused by serotypes not included in PCV7, in particular 19A. In 2008, 61% of IPD cases among children younger than 5 years of age were attributable to the serotypes included in PCV13, with serotype 19A accounting for 43% of cases; PCV7 serotypes caused less than 2% of cases.

PCV13 was licensed in the U.S. in 2010. It protects against the seven serotypes contained in PCV7 plus serotypes 1, 3, 5, 6A, 7F and 19A. This vaccine has been available through the federal Vaccines for Children (VFC) program in California since May 1, 2010 and all VFC purchased PCV7 was to be returned by providers as of April 30, 2010.

Table. Underlying medical conditions that are indications for pneumococcal vaccination among children, by risk group

Risk group	Condition
Immunocompetent children	Chronic heart disease*
	Chronic lung disease†
	Diabetes mellitus
	Cerebrospinal fluid leaks
	Cochlear implant
Children with functional or anatomic asplenia	Sickle cell disease and other hemoglobinopathies Congenital or acquired asplenia, or splenic dysfunction
Children with immunocompromising conditions	HIV infection
	Chronic renal failure and nephrotic syndrome
	Diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas and Hodgkin disease; or solid organ transplantation
	Congenital immunodeficiency§

Source: Advisory Committee on Immunization Practices, 2010.
* Particularly cyanotic congenital heart disease and cardiac failure.
† Including asthma if treated with high-dose oral corticosteroid therapy.
§ Includes B- (humoral) or T-lymphocyte deficiency; complement deficiencies, particularly C1, C2, C3, and C4 deficiency; and phagocytic disorders (excluding chronic granulomatous disease).

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm?s_cid=rr5911a1_e#Tab2

Shots For School

Information for Providers

What can I do to help my patients meet the 2011-2012 7th through 12th Grade Tdap Requirement?

As soon as possible:

- **Issue recalls and reminders to your patients who have not yet received Tdap.**
  - Remember Td does NOT meet the new requirement! Tdap can be given at any time after the last dose of Td.
- **Immunize your patients who have not yet received Tdap yet to protect them against the ongoing risk of pertussis and also meet the new requirement**
  - Immunize at every opportunity, including appointments for mild illness or injury.
- **Document your Tdap immunization clearly in the paper or electronic records that your patients will share with school staff.**
  - The California Immunization Registry (CAIR) provides rapid, clear and simple documentation of Tdap immunization, saving time and effort for the many California providers and schools who use CAIR. Providers and health plans who wish to begin using CAIR may contact the CAIR Help Desk at 800-578-7889 or www.cairweb.org.
- **Combine Tdap immunization with other recommended care.**
  - CDC, AAP and the Society for Adolescent Medicine recommend that all 11- to 12-year olds get a preteen check-up to provide all recommended immunizations, other preventive care and anticipatory guidance.

Provider Tool Kit for the 2011-2012 7th through 12th Grade Tdap Requirement:

A) Overview for Providers

- FAQs for Providers and Schools
- Provider Readiness Checklist
- CDPH Early Alert Letter for Providers
- Email Notice for California Providers
- Archived Webinars for Providers
- CA Medical Board Newsletter to Providers April 2011 (page 4)
- CA Medical Board Newsletter to Providers Jan 2011 (pages 8-9)

B) Implementation Tools

- Keep it Clear for Schools – Options for Clear Tdap Documentation
- Tdap/DTaP Vaccine Job Aid

C) Patient Education

- Immunization Reminder Postcard
- Tent Card (use 11X17 paper)
- Educational Flyer
  English | Spanish | Cambodian | Chinese | Vietnamese
- Template letter for recall of patients who have not received Tdap yet
- Script for Audio Recording (Provider to Patients)
- Health Plan Newsletter Blurb
- California Medical Association Video PSA

To order free copies of patient education materials (Table Tent, Reminder Card and 7th-12th Grade Immunization Chart), visit the CMA Foundation website.

Medical Exemptions to Required Immunizations – Click on the link

What immunizations are recommended for my patients?
Pediatric immunization recommendations in the United States are developed by the federal Advisory Committee on Immunization Practices (ACIP), typically in coordination with the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

What immunizations are required for my patients to attend school?
To protect the public's health, many, but not all, *recommended* childhood vaccines are also *required* by California law and regulations in order to attend school. The immunizations currently required for pupils in California **for the 2011-12 School Year** include

Immunization required for 7th, 8th, 9th, 10th, 11th or 12th grade:

- Tdap (pertussis booster)

Immunizations required to enter Kindergarten:

- Polio
- DTaP
- MMR
- Hepatitis B
- Varicella (Chickenpox)

Vaccines For Children (VFC)
www.eziz.org
The California VFC Program is a federally-funded and state-operated program designed to help raise childhood immunization levels by providing no-cost vaccines to enrolled physicians caring for eligible children.

California Department of Public Health (CDPH)
www.cdph.ca.gov

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives. Protecting People. Saving Money through Prevention.

Morbidity and Mortality Weekly Report (*MMWR*)

Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011

Weekly
August 26, 2011 / 60(33);1128-1132

On August 18, 2011, this report was posted as an MMWR *Early Release on the* MMWR *website (http://www.cdc.gov/mmwr).*

This document provides updated guidance for the use of influenza vaccines in the United States for the 2011--12 influenza season. In 2010, the Advisory Committee on Immunization Practices (ACIP) first recommended annual influenza vaccination for all persons aged ≥6 months in the United States (*1,2*). Vaccination of all persons aged ≥6 months continues to be recommended. Information is presented in this report regarding vaccine strains for the 2011--12 influenza season, the vaccination schedule for children aged 6 months through 8 years, and considerations regarding vaccination of persons with egg allergy. Availability of a new Food and Drug Administration (FDA)--approved intradermally administered influenza vaccine formulation for adults aged 18 through 64 years is reported. For issues related to influenza vaccination that are not addressed in this update, refer to the 2010 ACIP statement on prevention and control of influenza with vaccines and associated updates (*1,2*).

Methodology for the formulation of the ACIP annual influenza statement has been described previously (*1*). The ACIP Influenza Work Group meets every 2--4 weeks throughout the year. Work Group membership includes several voting members of the ACIP, as well as representatives from ACIP Liaison Organizations. Meetings are held by teleconference and include discussion of influenza-related issues, such as vaccine effectiveness and safety, coverage in groups recommended for vaccination, feasibility, cost-effectiveness, and anticipated vaccine supply. Presentations are requested from invited experts, and published and unpublished data are discussed. CDC's Influenza Division provides influenza surveillance and antiviral resistance data, and the Immunization Safety Office and Immunization Services Division provide information on vaccine safety and distribution and coverage, respectively.

Vaccine Strains for the 2011--12 Influenza Season

The 2011--12 U.S. seasonal influenza vaccine virus strains are identical to those contained in the 2010--11 vaccine. These include A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine virus strain is derived from a 2009 pandemic influenza A (H1N1) virus (*3*).

Recommendations for Vaccination

Routine annual influenza vaccination is recommended for all persons aged ≥6 months (*1*). To permit time for production of protective antibody levels (*4,5*), vaccination should optimally occur before onset of influenza activity in the community, and providers should offer vaccination as soon as vaccine is available. Vaccination also should continue to be offered throughout the influenza season.

Although influenza vaccine strains for the 2011--12 season are unchanged from those of 2010--11, annual

vaccination is recommended even for those who received the vaccine for the previous season. Although in one study of children vaccinated against A/Hong Kong/68 (H3N2) virus, vaccine efficacy remained high against this strain 3 years later, the estimated efficacy of vaccine decreased over the seasons studied (*6*). Moreover, several studies have demonstrated that postvaccination antibody titers decline over the course of a year (*7*--*10*). Thus, annual vaccination is recommended for optimal protection against influenza.

Vaccine Doses for Children Aged 6 Months Through 8 Years

Children aged 6 months through 8 years require 2 doses of influenza vaccine (administered a minimum of 4 weeks apart) during their first season of vaccination to optimize immune response. In a study of children aged 5 through 8 years who received trivalent inactivated vaccine (TIV) for the first time, the proportion of children with protective antibody responses was significantly higher after 2 doses than after 1 dose (*11*).

The importance of vaccine priming might depend more on the similarity of the antigenic composition between the priming and second dose than the temporal interval between doses. From the 2003--04 to 2004--05 influenza seasons, the A(H1N1) virus antigen remained unchanged; however, the A(H3N2) virus antigen changed to a drifted strain, and the B virus antigen changed more substantially to a different lineage. In a study conducted over those two seasons, influenza-vaccine naïve children aged 6 through 23 months who received 1 dose of TIV in the spring of their first year of vaccination followed by a second dose in the fall were less likely to have protective antibody responses to the A(H3N2) and B virus antigens when compared with children who received 2 doses of identical vaccine in the fall (*12*). Response to the unchanged A(H1N1) virus antigen was comparable between the groups. In another study conducted over the same two seasons, unprimed children aged 10 through 24 months who received 1 dose of TIV during the fall of each season had similar responses to the unchanged A(H1N1) virus antigen as well as to the drifted A(H3N2) virus antigen when compared with children aged 6 through 24 months who received 2 doses of the same TIV during the latter season; however, the first group had significantly lower response to the B virus antigen (*13*). During two seasons in which all influenza vaccine virus antigens were identical, unprimed children aged 6 through 23 months had similar responses when they received 1 dose in the spring followed by a second dose in the fall, as compared with 2 doses received 1 month apart in the fall (*14*). Studies of inactivated monovalent pandemic 2009 (H1N1) vaccine in children aged <9 years also have demonstrated improved response to this antigen when 2 doses are administered (*15*--*17*).

Vaccination providers should note that, in previous seasons, children aged 6 months through 8 years who received only 1 dose of influenza vaccine in their first year of vaccination required 2 doses the following season. However, because the 2011--12 vaccine strains are unchanged from the 2010--11 season, children in this age group who received at least 1 dose of the 2010--11 seasonal vaccine will require only 1 dose of the 2011--12 vaccine. Children in this age group who did not receive at least 1 dose of the 2010--11 seasonal influenza vaccine, or for whom it is not certain whether the 2010--11 seasonal vaccine was received, should receive 2 doses of the 2011--12 seasonal influenza vaccine (Figure 1). Recommendations regarding the number of doses for this age group might change for the 2012--13 season if vaccine antigens change.

Available Vaccine Products and Indications

Multiple influenza vaccines are expected to be available during the 2011--12 season (Table). All contain the same antigenic composition. Package inserts should be consulted for information regarding additional components of various vaccine formulations.

TIV preparations, with the exception of Fluzone Intradermal (Sanofi Pasteur), should be administered intramuscularly. For adults and older children, the deltoid is the preferred site. Infants and younger children should be vaccinated in the anterolateral thigh. Specific guidance regarding site and needle length can be found in the ACIP's *General Recommendations on Immunization* (*18*).

A new intradermally administered TIV preparation, Fluzone Intradermal, was licensed in May 2011. This vaccine is indicated for persons aged 18 through 64 years and contains less antigen than intramuscular TIV preparations (9 μg rather than 15 μg of each strain per dose) in a smaller volume (0.1mL rather than 0.5 mL). The vaccine is administered intradermally via a single-dose, prefilled microinjection syringe. The

preferred site for administration is over the deltoid muscle (*19*). The most common adverse reactions include injection-site erythema, induration, swelling, pain, and pruritus. With the exception of pain, these reactions occurred more frequently than with intramuscular vaccine, but generally resolved within 3--7 days. This vaccine is an alternative to other TIV preparations for those in the indicated age range, with no preferential recommendation.

As during the 2010--11 season, a vaccine containing 60 μg of hemagglutinin per vaccine strain (rather than 15 μg per strain as in other intramuscular TIV preparations), Fluzone High-Dose (Sanofi Pasteur), is available as an alternative TIV for persons aged ≥65 years. No preference is indicated for this TIV versus other TIV preparations (*1*).

The intranasally administered live attenuated influenza vaccine (LAIV), FluMist (MedImmune) is indicated for healthy, nonpregnant persons aged 2 through 49 years. Within the indicated groups specified for each vaccine in the package inserts, no preference is indicated for LAIV versus TIV (*1*).

Vaccination of Persons Reporting Allergy to Eggs

Allergy to eggs must be distinguished from allergy to influenza vaccine. Severe allergic and anaphylactic reactions can occur in response to a number of influenza vaccine components, but such reactions are rare. A review of reports to the Vaccine Adverse Events Reporting System (VAERS) of adverse events in adults noted four reports of death caused by anaphylaxis following influenza vaccine during 1990--2005; the vaccine components potentially responsible for these reactions were not reported (*20*). A prior severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to receipt of influenza vaccine.

All currently available influenza vaccines are prepared by inoculation of virus into chicken eggs. Hypersensitivity to eggs has been listed as a contraindication to receipt of influenza vaccine on most package inserts. However, several recent studies have documented safe receipt of TIV in persons with egg allergy (*21--29*), and recent revisions of some TIV package inserts note that only a severe allergic reaction (e.g., anaphylaxis) to egg protein is a contraindication. In general, these studies include relatively fewer persons reporting a history of anaphylactic reaction to egg, compared with less severe reactions. Several documents providing guidance on use of influenza vaccine in persons with egg allergy have been published recently (*30--32*).

The quantity of egg protein in vaccine is expressed as the concentration of ovalbumin per dose or unit volume. Among studies in which the ovalbumin content of the administered vaccine was reported, up to 1.4 μg/mL (0.7 μg/0.5 mL dose) was tolerated without serious reactions (*22,23,25--29*); however, a safe maximum threshold of ovalbumin, below which no anaphylactic reactions would be expected, is not known.

Although ovalbumin content is not required to be disclosed on package inserts for vaccines used in the United States, manufacturers either report maximum albumin content in the package inserts or will provide this information on request. Ovalbumin concentration can vary from season to season and from lot to lot for a given vaccine. Independent assessments of ovalbumin content of commercially available vaccines have noted lower concentrations than those listed on package inserts (*33,34*).

In several studies evaluating influenza vaccine in persons with egg allergy, additional safety measures have been taken, such as skin prick testing with vaccine (*21--24,26,28,29*) and administering the vaccine in 2 doses (e.g., 10% of the dose initially, followed by the remaining 90% if no reaction has occurred during a 30-minute observation period) (*22,24--29*). Skin prick testing with vaccine was poorly predictive of allergic reactions in these studies (*22--24,26*). In general, administration of both full doses and split doses have been well-tolerated without serious reactions, although systemic reactions (e.g., wheezing, eczema exacerbation, and hives on face/chest) were observed with the initial 10% dose among six (3.5%) of 171 participants in one study (*24*).

Recommendations Regarding Persons with Egg Allergy

Each of the following recommendations applies when considering influenza vaccination of persons who have or report a history of egg allergy.

1. Persons who have experienced only hives following exposure to egg should receive influenza vaccine with the following additional measures (Figure 2):

a) Because studies published to date involved use of TIV, TIV rather than LAIV should be used.

b) Vaccine should be administered by a health-care provider who is familiar with the potential manifestations of egg allergy.

c) Vaccine recipients should be observed for at least 30 minutes for signs of a reaction following administration of each vaccine dose.

Other measures, such as dividing and administering the vaccine by a two-step approach and skin testing with vaccine, are not necessary.

2. Persons who report having had reactions to egg involving angioedema, respiratory distress, lightheadedness, or recurrent emesis, or persons who required epinephrine or other emergency medical intervention, particularly those that occurred immediately or within minutes to hours after egg exposure are more likely to have a serious systemic or anaphylactic reaction upon reexposure to egg proteins. Before receipt of vaccine, such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment (Figure 2).

3. All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available. ACIP recommends that all vaccination providers be familiar with the office emergency plan (*18*).

4. Some persons who report allergy to egg might not be egg allergic. Those who are able to eat lightly cooked egg (e.g., scrambled eggs) without reaction are unlikely to be allergic. Conversely, egg-allergic persons might tolerate egg in baked products (e.g., bread or cake); tolerance to egg-containing foods does not exclude the possibility of egg allergy (*35*). Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.

5. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to receipt of influenza vaccine.

Reported by

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Acknowledgments

Members of the Advisory Committee on Immunization Practices (ACIP), July 2010--June 2011.* ACIP Influenza Work Group. John Kelso, MD, Div of Allergy, Asthma, and Immunology, Scripps Clinic, San Diego California. Matthew Greenhawt, MD, Div of Allergy and Clinical Immunology, Univ of Michigan Health System. Neal Halsey, MD, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland. Clinical Immunization Safety Assessment Network Hypersensitivity Working Group. Matthew Fenton, PhD, Marshall Plaut, MD, National Institute of Allergy and Infectious Diseases, National Institutes of Health.

References

1. CDC. Prevention and control of influenza with vaccines. Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010. MMWR 2010;59(No. RR-8).
2. CDC. Update: recommendations of the Advisory Committee on Immunization Practices (ACIP)

TIV	Fluzone	Sanofi Pasteur	0.25 mL prefilled syringe	0.0	---†	6--35 mos	1 or 2§	II
			0.5 mL prefilled syringe	0.0	---†	≥36 mos	1 or 2§	II
			0.5 mL vial	0.0	---†	≥36 mos	1 or 2§	II
			5.0 mL multidose vial	25.0	---†	≥6 mos	1 or 2§	II
TIV	Fluvirin	Novartis Vaccines	0.5 mL prefilled syringe	≤1	≤1	≥4 yrs	1 or 2§	II
			5.0 mL multidose vial	25.0	≤1			
TIV	Fluarix	GlaxoSmithKline	0.5 mL prefilled syringe	0	≤0.05	≥3 yrs	1 or 2§	II
TIV	FluLaval	ID Biomedical Corporation of Quebec (distributed by GlaxoSmithKline)	5.0 mL multidose vial	25.0	≤1	≥18 yrs	1	II
TIV	Afluria	CSL Biotherapies (distributed by Merck)	0.5 mL prefilled syringe	0.0	≤1	≥9 yrs**	1	II
			5.0 mL multidose vial	24.5	≤1			
TIV High-Dose††	Fluzone High-Dose	Sanofi Pasteur	0.5 mL prefilled syringe	0.0	---†	≥65 yrs	1	II
TIV Intradermal	Fluzone Intradermal	Sanofi Pasteur	0.1 mL prefilled microinjection system	0.0	---†	18--64 yrs	1	II
LAIV	FluMist§§	MedImmune	0.2 mL prefilled intranasal sprayer	0.0	---¶¶	2--49 yrs***	1 or 2§	II

Abbreviations: TIV = trivalent inactivated vaccine; LAIV = live attenuated influenza vaccine; IM = intramuscular; ID = intradermal; IN = intra

* Vaccination providers should check Food and Drug Administration--approved prescribing information for 2011--12 influenza vaccines for the most updated infor

† Information not included in package insert but is available upon request from the manufacturer, Sanofi Pasteur, by telephone, 1-800-822-2463, or e-mail, MIS.Emails@sanofipasteur.com.

§ Children aged 6 months through 8 years who did not receive seasonal influenza vaccine during the 2010--11 influenza season should receive 2 doses at least 4 we apart for the 2011--12 season. Those children aged 6 months through 8 years who received ≥1 dose of the 2010--11 seasonal vaccine require 1 dose for the 2011--12

¶ For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral as the thigh.

** Age indication per package insert is ≥5 years; however, the Advisory Committee on Immunization Practices recommends Afluria not be used in children aged 6 through 8 years because of increased reports of febrile reactions in this age group. If no other age-appropriate, licensed inactivated seasonal influenza vaccine is av for a child aged 5--8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used; however, providers should d with the parents or caregivers the benefits and risks of influenza vaccination with Afluria before administering this vaccine. Afluria may be used in persons aged ≥

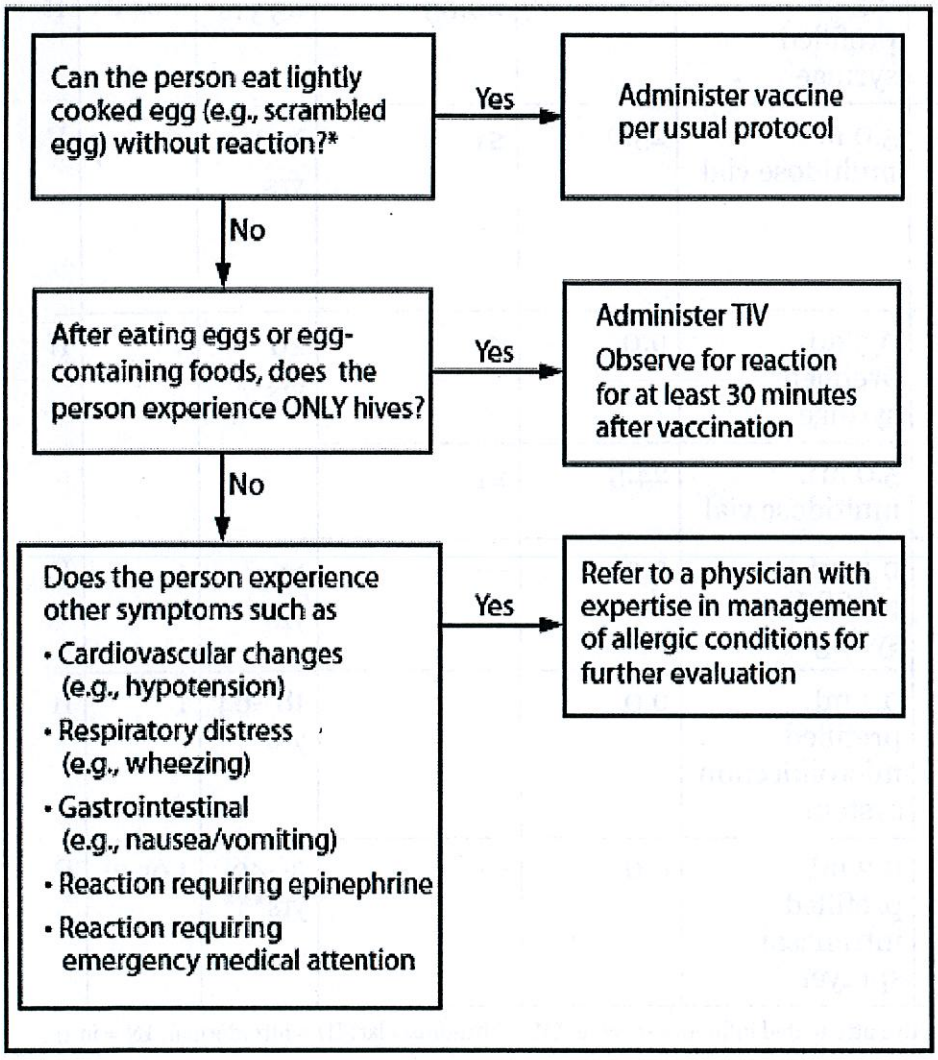
†† TIV high-dose: A 0.5-mL dose contains 60 μg each of A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens

§§ FluMist is shipped refrigerated and stored in the refrigerator at 35°F--46°F (2°C--8°C) after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Health-care providers should consult the medical record, when available, to identify children aged 2--4 years with asthma or recurrent whee that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAI parents or caregivers of children aged 2--4 years should be asked: "In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical r within the past 12 months should not receive FluMist.

¶¶ Insufficient data available for use of LAIV in egg-allergic persons.

*** FluMist is indicated for healthy, nonpregnant persons aged 2--49 years.

FIGURE 2. Recommendations regarding influenza vaccination for persons who report allergy to eggs --- Advisory Committee on Immunization Practices (ACIP), 2011--12 influenza season



* Persons with egg allergy might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy.

Alternate Text: The figure above shows recommendations regarding influenza vaccination for persons who report allergy to eggs for the 2011-12 influenza season, according to the Advisory Committee on

Immunization Practices (ACIP). Persons who have experienced only hives following exposure to egg should receive influenza vaccine with the following additional measures.

Centers for Disease Control and Prevention 1600 Clifton Rd. Atlanta, GA 30333, USA
800-CDC-INFO (800-232-4636) TTY: (888) 232-6348, New Hours of Operation 8am-8pm ET/Monday-Friday
Closed Holidays - cdcinfo@cdc.gov

U.S. Department of Health & Human Services

U.S. Food and Drug Administration

News & Events

FDA NEWS RELEASE

For Immediate Release: July 8, 2011

Media Inquiries: Shelly Burgess, 301-796-4651, shelly.burgess@fda.hhs.gov

Consumer Inquiries: 888-INFO-FDA

FDA approves Boostrix to prevent tetanus, diphtheria, and pertussis in older people

The U.S. Food and Drug Administration today approved Boostrix vaccine to prevent tetanus, diphtheria, and pertussis (whooping cough) in people ages 65 and older.

Currently, there are vaccines approved for the prevention of tetanus and diphtheria that can be used in adults 65 and older. Boostrix, which is given as a single-dose booster shot, is the first vaccine approved to prevent all three diseases in older people.

Tetanus can cause paralysis and is caused by bacteria that live in soil, dust, and manure. The bacteria usually enter the body through a deep cut. Diphtheria is a serious bacterial infection that usually causes a bad sore throat, swollen glands, fever, and chills. If not properly diagnosed and treated, serious complications such as heart failure or paralysis can result. Pertussis is a disease that causes uncontrollable coughing; the infected person makes a noise when they breathe after coughing that sounds like "whoop." The incidence of pertussis disease in the United States has been increasing since 2007, with large local outbreaks occurring in 2010 in California, Michigan, and Ohio.

"Pertussis is a highly contagious disease, and outbreaks have occurred among the elderly in nursing homes and hospitals," said Karen Midthun, M.D., director of FDA's Center for Biologics Evaluation and Research. "With this approval, adults 65 and older now have the opportunity to receive a vaccine that prevents pertussis, as well as tetanus and diphtheria."

The safety and effectiveness of Boostrix was based on a study of about 1,300 people ages 65 and older. To demonstrate its ability to protect against pertussis, the antibody levels among participants were measured and found comparable to the levels in infants who received a closely related vaccine that was shown to prevent pertussis.

The antibody responses to the tetanus and diphtheria components were compared with a licensed tetanus and diphtheria vaccine, and were found comparable. The most common adverse reactions reported by the older adults after receiving Boostrix were headache, and fatigue and pain at the injection site.

Boostrix was originally approved on May 3, 2005, for use in adolescents ages 10 years through 18 years. It subsequently was approved in December 2008, to include adults 19 years through 64 years of age. Boostrix is manufactured by GlaxoSmithKline Biologicals, based in Rixensart, Belgium.

For more information:

Boostrix Product Page [1]

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.

#

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CONTRA COSTA
HEALTH SERVICES

Public Health Immunization Clinics

No appointment is necessary at any of the Public Health Clinic sites. Clients are seen on a first come first served basis. Please come early, as we stop accepting clients when the clinic is full. Our busiest time of year is August through September. During pregnancy, only flu and Tdap (pertussis) vaccines are given at these clinic sites.

RELATED

- Whooping cough vaccination

Flu Vaccine Available mid-October

Immunization Clinics are closed on Holidays.
Cash or check only. No credit or ATM cards accepted.

City	Location	Hours of Operation
Brentwood	Public Health Department 171 Sand Creek Road, Suite A 925-431-2400	1 p.m. to 4:30 p.m. Tuesdays
Concord	Public Health Department 2355 Stanwell Circle, Concord 925-646-5275	1 p.m. to 4:30 p.m. Fridays
Pittsburg	Public Health Department 2311 Loveridge Road 925-431-2400	1 p.m. to 4:30 p.m. Wednesdays
Richmond	Public Health Department 39th Street & Bissell Avenue, first floor, 510-231-8555	1 p.m. to 4:30 p.m., Mondays

For additional clinic times and locations, which vary weekly, call 1-800-246-2494

Child and Adolescent Immunizations Birth through 18 Years:
Fees Waivable if Unable to Pay

Service	Unit of Service	Recommend Rate

Birth through 18 years per visit	Per Visit	$10.00
(Each child up to 3 children per family per visit - Any number of shots)		
Maximum each family (Over 3 children)	Per Visit	$30.00
(Not to exceed $30.00 per family per visit)		

Includes the Following Immunizations:

Tetanus,Diphtheria,Pertussis (Tdap) (10 through 18 years, 1 dose)
Diphtheria,Tetanus,Pertussis (DTaP) (up to age 7, 4 doses required) or DT
Tetanus,Diphtheria (Td) (7 through 18 years)
Polio (IPV) (4 doses required)
Haemophilus Influenzae B (HIB) (4 doses recommended)
Pediatric Pneumococcal (4 doses recommended)
Measles,Mumps,Rubella (MMR) (12 months & older, 2 doses required)
Chicken Pox (Varicella) (12 months & older, 2 doses recommended)
Hepatitis A (1 through 18 years, 2 doses recommended)
Hepatitis B (Birth through 18 years, 3 doses required)
Meningococcal (11 through 18 years of age, 1 dose recommended)
Rotavirus (up to 32 weeks, 3 doses recommended)
HPV (girls 9 through 18 years, 3 doses recommended)
Flu (6 months through 18 years) Available mid-October

Adult Immunization Non-Waivable Fees - 19 years & over

Service	Unit of Service	Recommend Rate
Td or Tdap - (waivable)	Per Dose	$15.00
Hepatitis A	Per Dose	$70.00
Hepatitis B	Per Dose	$65.00
Adult Pneumococcal	Per Dose	$46.00
Varicella	Per Dose	$120.00
MMR	Per Dose	$80.00
Polio - (waivable)	Per Dose	$15.00
Meningococcal	Per Dose	$140.00
HPV (19 through 26 years)	Per Dose	$140.00
Shingles (60 and older)	Per Dose	$175.00
Flu (19 years and older) - (waivable) Available mid-October	Per Dose	$15.00

CONTRA COSTA
HEALTH SERVICES

Health Alert MUMPS October 10, 2011

Current Situation

The University of California Berkeley campus community is experiencing an outbreak of Mumps. This notice is to alert you to the presence of this disease in the community, and to request your assistance in diagnosing, reporting, and controlling the disease.

1. **Mumps should be considered in the differential diagnosis of any illness that is clinically consistent with mumps.** The CDC Clinical Case Definition for mumps is: "An illness with acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting ≥ 2 days, and without other apparent cause.

    - Suspected cases should be reported to Contra Costa Public Health immediately: **925-313-6740**
    - Suspected cases should be tested for mumps. Collection of a buccal swab for PCR testing is necessary for laboratory confirmation of a mumps case. Please notify Contra Costa Public Health when obtaining specimens: 925 313-6740. Links to guidelines for obtaining and transporting lab specimens are below.
    - Mumps should be considered even in fully vaccinated individuals if they have symptoms clinically consistent with mumps. The MMR vaccine is 75-95% protective against mumps. Since the 2006 resurgence of mumps in the U.S., most cases have occurred in vaccinated adolescents and young adults, although the "attack rate" among unvaccinated individuals is much higher than among those who have been vaccinated.

2. **Individuals who are not immune should receive the MMR (Measles, Mumps, Rubella) vaccine.** Your patients and staff should be assessed for mumps immunity, and if not immune should be offered MMR vaccine.

    - Individuals born in or before 1956 are considered immune and do not need vaccination.
    - Individuals born after 1956 who have received 2 doses of MMR vaccine at the recommended ages and intervals do not need additional vaccination.
    - The first MMR vaccine is typically given at 12-15 months of age. The second dose can be given at any age, at least 4 weeks after the first dose.
    - Individuals born after 1956 who have not received 2 doses of MMR vaccine should be advised that they are susceptible to the disease and offered vaccination.

3. **Management of cases**

    Patients with clinical symptoms of mumps should stay home for 5 days after onset of symptoms or until severe illness is over, whichever is longest, even while laboratory tests are pending. They should not go to school, work, public places, or engage in other social activities.

Resources and Reference Materials

Lab Confirmation/Testing
http://www.cdph.ca.gov/HealthInfo/discond/Documents/Mumpslabtesting.pdf
http://www.cdph.ca.gov/HealthInfo/discond/Documents/D.Mumps_Lab_spec_coll.42110doc.pdf

health sense

CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services

Fall/Winter 2011

Don't forget your flu shot!

It's fall, and that means flu season is coming. The good news is that vaccines (shots) can keep you from getting the flu. This season, you will need only one shot. It will protect you from three flu strains (including H1N1).

Who should get the shot? Everyone 6 months and older should get the flu shot every year.

When should I get the flu shot? It is best to get the shot in **October** or **November**. But it's never too late.

Where should I get the flu shot? At one of our Walk-in Flu Clinics. They will be held Monday, Oct. 17, through Saturday, Oct. 29.

What should I bring? Bring your Cranberry medical card with you. There may be a line, so please be patient. If you can't come at the drop-in times, call the Treatment Nurse Appointment Line at **800-495-8885**.

What if I have trouble getting a flu shot? Please call **877-661-6230**. Press **option 2** for Member Services. Or press **option 1** for an Advice Nurse (available 24/7).

Note: If you are a county employee, watch for flyers with times and dates you can get a free flu shot at work.

✓Mark your calendar: Walk-in flu clinics

Antioch Health Center	Oct. 19, 20, 26, 27	6 to 8 p.m.
Concord Health Center	Oct. 17 **to** 19, 24 **to** 26	6 to 8 p.m.
Martinez Health Center	Oct. 17 **to** 21, 24 **to** 28 **Saturday, Oct. 22**	9 a.m. to noon
Pittsburgh Health Center	Oct. 17 **to** 19, 24, 25 **Saturdays, Oct. 22 and 29**	5:30 to 8:30 p.m. **9 a.m. to noon**
Richmond Health Center	Oct. 17 **to** 21, 24 **to** 28 **Saturday, Oct. 22**	8 a.m. to noon

✓Marque su calendario: Clínicas de gripe

Centro Salud de Antioch	19, 20, 26 y 27 de octubre	6 a 8 p.m.
Centro Salud de Concord	17 **al** 19 y 24 **al** 26 de octubre	6 a 8 p.m.
Centro Salud de Martinez	17 **al** 21 y 24 **al** 28 de octubre, **Sábado 22 de octubre**	9 a.m. al mediodía
Centro Salud de Pittsburgh	17 **al** 19, 24 y 25 de octubre **Sábados 22 y 29 de octubre**	5:30 a 8:30 p.m. **9 a.m. al mediodía**
Centro Salud de Richmond	17 **al** 21 y 24 **al** 28 de octubre **Sábado 22 de octubre**	8 a.m. al mediodía

Questions & Answers

Who should get the whooping cough vaccine?

The whooping cough booster shot is also called Tdap. It's recommended for:

- Pregnant women.
- Anyone who spends time around babies younger than 6 months.

Children and teenagers 7 years and older may also need it.

California law requires proof of Tdap for 7th- through 12th-grade school entry.

Exercise your way to better blood pressure

Is high blood pressure getting you down? Add a little activity to your day.

Being more active can:

- Help lower blood pressure.
- Help strengthen your heart.
- Make it easier to manage your weight.
- Help you feel less stressed. Managing stress is good for your heart health.

Even exercises such as brisk walking can help you control blood pressure. To get started:

- Do something you enjoy—whether it's gardening, swimming or mall walking. You'll be more likely to stick with it if you pick an activity you like.
- Listen to music or an audio book while you work out. Time will pass in a flash.
- Change things up. It will help keep you from getting bored. Vary the time of day you work out. Call a friend to work out with you. This can help you stay motivated.

Sources: American College of Sports Medicine; American Heart Association

» action

take

Ask your local pharmacy about free blood pressure checks.

How to track blood pressure at home

During a checkup, your provider checks your blood pressure. But that one check isn't always enough. It doesn't give a complete picture.

You might need to know what your blood pressure looks like on a day-to-day basis. So your provider may ask you to check it at home.

You may need to do this if you:

- Are at risk for high blood pressure.
- Have prehypertension. This means that your blood pressure is almost too high.
- Have high blood pressure.

You can buy a blood pressure monitor to use at home. There are different kinds to choose from. They have a display that shows your blood pressure numbers. Your provider can let you know which one is best for you.

Be sure the cuff fits you the right way. And ask if you can bring your monitor to your next checkup. You can check your readings with the provider's readings. This can help you find out if your monitor is working right.

When testing at home, remember to:

- Measure at the same time each day.
- Take 2 or 3 readings 1 minute apart.
- Write down all your readings. Share them with your provider.

Sources: American Heart Association; National Heart, Lung, and Blood Institute

Stress the positive

A positive approach to life can keep you in good spirits and good health.

Stress is a normal part of life. But too much stress can take its toll on your mind and body. It can increase the risk of health problems.

To manage stress and stay healthy:

- Take care of your body. Find a kind of exercise you enjoy, and do it regularly. Eat healthy foods. Try to get between 7 and 9 hours of sleep each night.
- Connect with others. Talking to friends and family can help ease stress.
- Take time to relax. Listen to music, read a book or do a quiet activity.
- Know your limits. It's OK to say no if you feel overwhelmed.

And it's OK to ask for help. If it's hard for you to deal with stress on your own, ask your doctor for help.

Source: Mental Health America

Welcome to Contra Costa Health Plan!

If you've recently joined us, welcome! We know this change can be difficult. But we are here to help. Twice a year we will send you this newsletter.

In it you'll find:

- Health info.
- Recipes.
- Helpful tips.

We value all of our members, and we look forward to serving you! Here are phone numbers in case you have any questions:

- Member Services Department: **877-661-6230, option 2.**
- 24/7 Advice Nurse Department: **877-661-6230, option 1.**

Home safe home

As you get older, it's important to prevent falls.

Falls are the leading cause of injury deaths in older adults. You may be more likely to break a bone if you fall when you are older. This can lead to other serious health problems.

Many falls occur in the home. To help make your home safer:

- Put handrails on both sides of all stairs.
- Make sure stairs are well-lit.
- Fix rugs firmly to the floor.
- Keep floors free of clutter that you might trip over.
- Mount grab bars near toilets. Also put them inside and outside your bathtub or shower.
- Use a nonskid bath mat in the shower or tub.
- Keep cords and wires near walls and away from walking paths.
- Use night-lights in the bedroom and bathroom.
- Avoid standing on chairs or tables to reach things that are up high. Use a sturdy step stool with a handrail and wide steps.
- Keep emergency numbers near each telephone.

You can also lower your risk of falling by keeping yourself in good health. Some tips:

- Try to be active when you can.
- Have your eyes and hearing checked regularly.
- If you take drugs that make you sleepy or dizzy, talk to your provider.

Source: National Institute on Aging

Try these rainy day activities

What to do for fun when it's rainy or cold? Many kids spend time in front of the TV. But you can find other fun things to do. Here are some things you can do at home to keep kids from getting bored. Keep these in mind for the next rainy day!

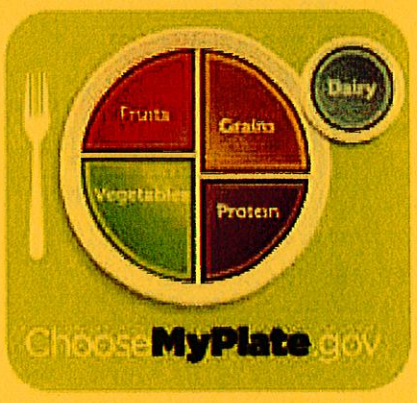
- Cook a meal together. Or have a picnic indoors.
- Play music and dance.
- Decorate for a holiday or other special day.
- Build a fort using blankets and chairs.
- Play games like musical chairs or hide-and-seek.

Fun times for fall

Go outside and collect leaves, nuts and sticks. Use them to create fall decorations. Here are some ideas:

- Fold a piece of paper in half. Glue leaves, nuts and sticks on the front page. Then write inside to make a card.
- Cut the center out of a paper plate. Glue leaves, nuts and sticks onto the ring to create a fall wreath.
- Place a leaf on a flat surface and cover it with a piece of paper. Use a crayon to color the part of the paper covering the leaf. A leaf shape will appear! Cut out the shapes and include them in your favorite crafts.

A new road map for healthy living



Have you heard? The food pyramid has been replaced with MyPlate.

It's a picture of a dinner plate with 4 parts: » Fruit. » Veggies. » Grains. » Protein.

There is also a side dish of dairy (milk). MyPlate shows how much of each food to have at each meal. The idea is to eat less. And half of your plate should be fruits and veggies. For more info, visit *www.myplate.gov*.

First lady Michelle Obama has a program called Let's Move! to help you be more active. To learn more, go to *www.letsmove.gov*.

You can also get an award from President Barack Obama for being active.

Go to *www.presidentschallenge.org* to learn more.

Source: U.S. Department of Agriculture

Diabetes and your heart

Two keys to lower heart disease risk

Diabetes can make a heart attack more likely. Over time, high blood sugar can harm blood vessels and cause heart disease.

You may be able to lower your risk for heart disease with these key steps.

1. Keep your blood pressure, glucose and cholesterol in check.

Your doctor can help you set healthy targets for these 3 heart disease risk factors.

- Blood sugar. Have an A1c test at least twice a year.
- Blood pressure. Have it checked at every doctor's visit.
- Cholesterol. Have it tested at least once a year.

2. Aim for a heart-smart life.

To keep healthy, you may need to take medicine. You'll also want to:

Move more. Exercise may help your body use insulin better. And it's good for your heart.

Aim for 150 minutes a week. Be sure to spread your exercise time out over at least three days. But try not to go more than two days without being active. Start by taking a walk around the block every morning.

Eat better. Fiber may help lower cholesterol. It's in foods like:

- Oatmeal.
- Dried beans.
- Fruits and vegetables.

Also, eat less saturated fat. It's in meats and dairy products with fat. And avoid trans fat. This kind of fat is in foods made with partially hydrogenated oil, such as cookies and other snack foods.

Having diabetes doesn't mean you can't have a healthy heart.

Lose weight. It may help your body use insulin better. Losing even a small amount of weight may lower your heart disease risk. Talk with your provider about what's best for you.

Quit smoking, if you do. Smoking increases your risk for heart disease, whether or not you have diabetes. Your provider can help you find ways to quit.

Sources: American Heart Association; National Institutes of Health

Could it be a heart attack? Know the signs

A heart attack may not feel like you expect it to. Some are sudden and intense. But most are not. They start slowly and are mild.

Learn the signs of a heart attack, and you may help save a life. Heart attacks can be fatal. But fast treatment may help prevent serious damage or death.

Most heart attacks cause discomfort in the center of the chest. You may feel pressure or pain. Pain may come and go.

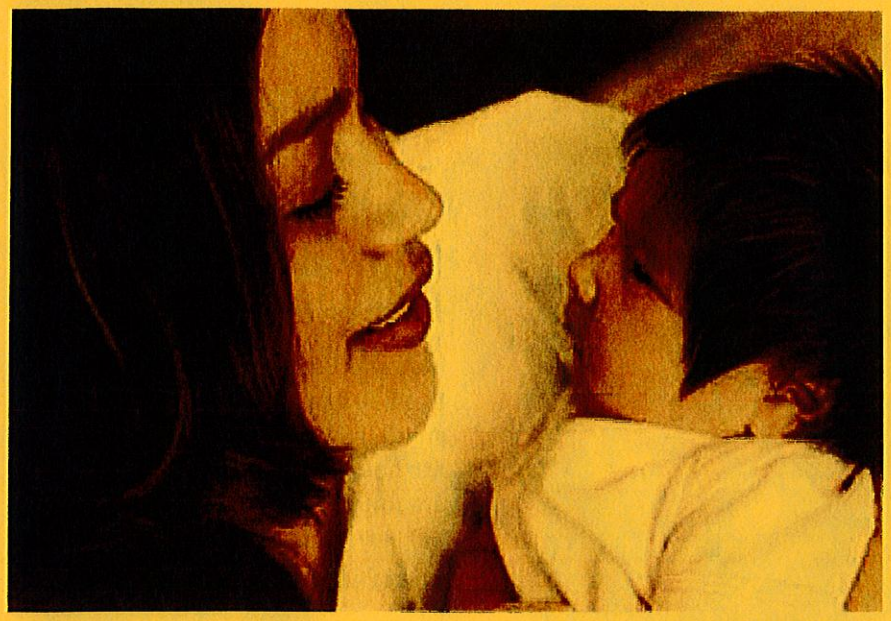
Some other signs are:

- Discomfort in your arms, back, neck or jaw.
- Shortness of breath.
- Nausea.
- Cold sweat.

For both women and men, chest pain is the most common sign. But women may be more likely than men to have the other symptoms.

If someone has chest pain, call 911. Don't wait longer than 5 minutes to call. And even if the pain goes away, you should still have it checked out.

Source: National Heart, Lung, and Blood Institute



After you give birth

Almost all pregnant women have felt hormone changes after they give birth. Studies show that up to 80% of new mothers report feeling the "baby blues." Some of these emotions include feeling sad, anxious, irritable or moody; or not being able to sleep. It is important to know that some of these feelings are a normal part of your body adjusting. However, it is important to talk to your doctor about how you feel. If you feel like you may hurt yourself or your baby, it is important to get help right away.

In addition to talking with your doctor, here are some things that can help when you are feeling down:

- Share your feelings. Talk with your partner, a family member or a close friend about how you feel.
- Join a support group for new moms.
- Slow down. Having a new baby is an around-the-clock job and will leave you feeling tired. Do not be afraid to ask for help with chores and cooking.
- Try to sleep when your baby is sleeping.
- Spend time outdoors if the weather is good. Put your baby in a stroller and go for a walk. The fresh air and sunshine can help you feel good. Or just sit outside in the yard.
- Take care of yourself. Ask your partner or a friend to watch the baby so you can take a relaxing bath. Take the time to style your hair the way you like it, or put on an outfit that makes you feel good.

Source: *www.babycenter.com*

Prenatal care for moms-to-be

Pick out a crib. Stock up on diapers. There are a lot of to-dos before your baby is born.

The most important? Take care of your health.

Prenatal care can help keep you and your baby healthy. Your primary care provider can:

- Help prevent problems.
- Find them early.

When to call

As soon as you think you are pregnant, contact your clinic or provider to get a test to find out. If you are pregnant, see your doctor right away.

You might visit:

- Once a month for weeks 4 to 28.
- Twice a month for weeks 28 to 36.
- Once a week from week 36 until birth.

Some women may need to be seen more often.

What to expect

At each visit, your provider will:

- Weigh you.
- Take your blood pressure.
- Measure your belly.
- Listen to the baby's heart.

It's important to go to every appointment, even if you feel fine.

Sources: March of Dimes; Office on Women's Health

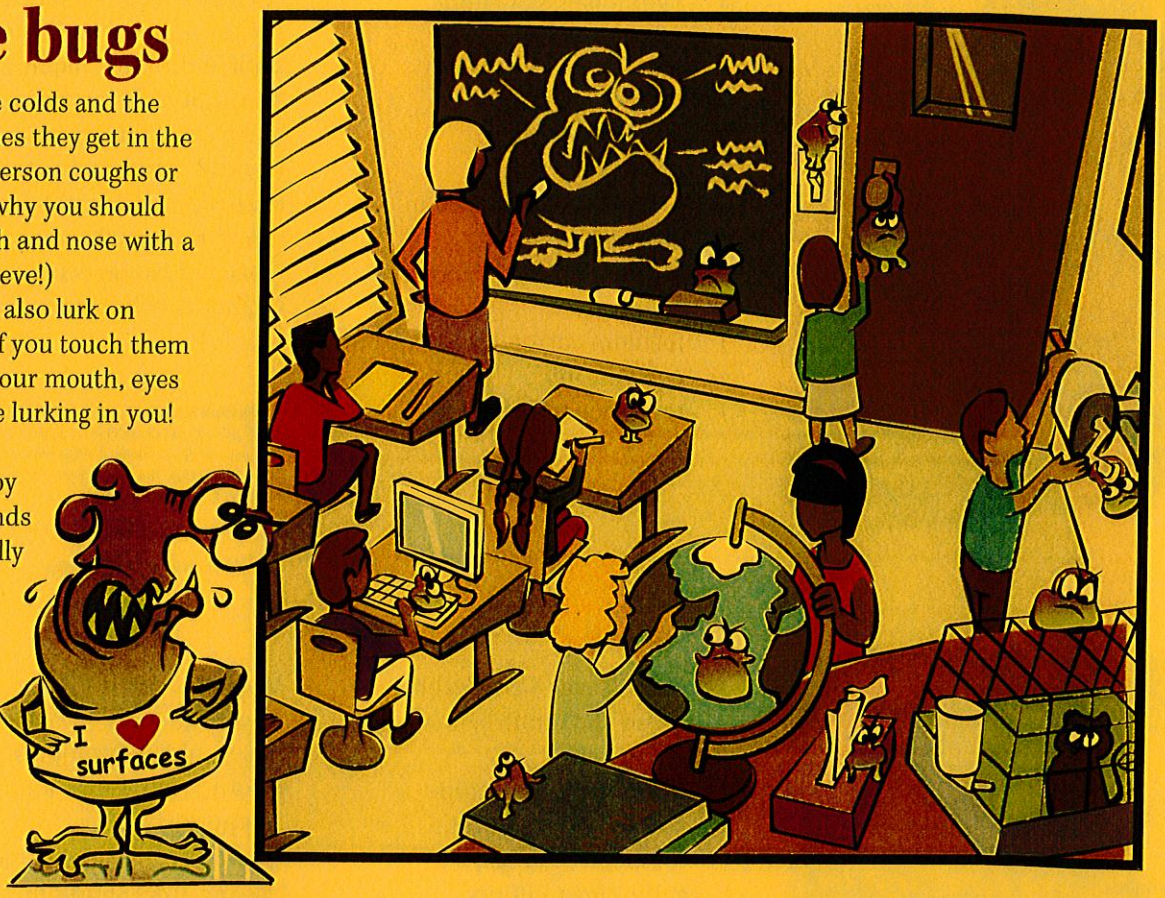
COLDS AND FLU

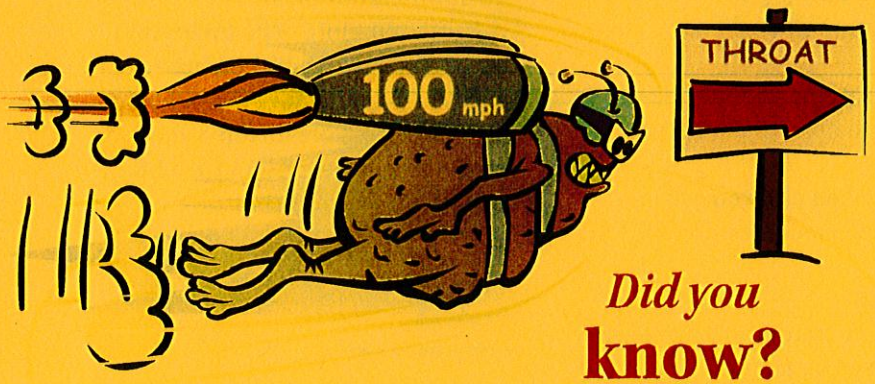
Bag the bugs

» Germs cause colds and the flu. Sometimes they get in the air when a sick person coughs or sneezes. (That's why you should cover your mouth and nose with a tissue or your sleeve!)

But germs can also lurk on everyday items. If you touch them and then touch your mouth, eyes or nose, they'll be lurking in you!

You can help protect yourself by washing your hands often. It's especially important to wash your hands after touching things that germs like to hide on. See if you can find the 10 germs hiding in this classroom.





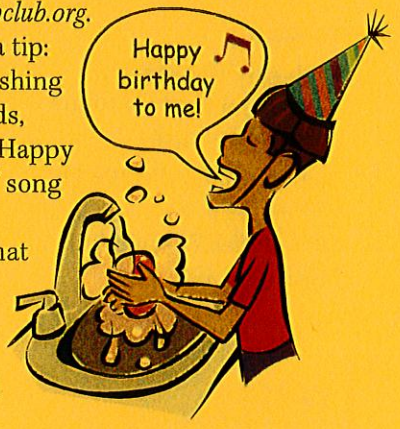
Did you know?

» Sneezes can travel fast—at more than 100 miles per hour. It's no wonder they can spread colds and the flu when they're not covered up!

Scrub-a-dub

» For fun ways to learn about washing your hands, go to *www.scrubclub.org.*

Here's a tip: When washing your hands, sing the "Happy Birthday" song 2 times! It takes that long to get your hands good and clean.



recipes

Firehouse lentil soup

Ingredients

- 1½ cups uncooked lentils
- 6 cups water
- ½ teaspoon black pepper
- ½ teaspoon cumin
- ½ teaspoon oregano
- 2 bay leaves
- 1 4-ounce can diced green chilies, undrained
- 1 medium red bell pepper, chopped
- 1 medium carrot, diced
- ¼ cup lime juice
- 1 tablespoon olive oil

Directions

Place first 6 ingredients in large pot. Bring to a boil and simmer until lentils are tender, about 20 minutes. Remove 1 cup of lentils and puree with green chilies in blender. Add back to the soup. Add bell pepper and carrots and cook until the vegetables are tender. Discard bay leaves before serving and serve with lime juice and olive oil.

Nutrition information Serving size ⅙ recipe. Per serving: 200 calories; 35 calories from fat; 3g total fat (1g saturated fat); 0g trans fat; 0mg cholesterol; 80mg sodium; 32g total carbohydrates; 12g dietary fiber; 3g sugar; 13g protein; 40% vitamin A; 80% vitamin C; 6% calcium; 25% iron.

*Percent Daily Values are based on a 2,000-calorie diet.

Source: Centers for Disease Control and Prevention

French country bean soup

Ingredients

- 2 tablespoons olive oil
- 1 carrot, cut in half-moons
- 1 rib celery, sliced
- 1 small onion, chopped in bite-size pieces
- 1 small leek, chopped in bite-size pieces
- 3 outer leaves Savoy cabbage, rolled and cut in ½-inch strips
- 4 cups fat-free, reduced-sodium chicken broth
- 1 teaspoon dried thyme
- 1 garlic clove, chopped
- 2 cups squash (e.g., butternut), peeled and diced
- 1 can (15 ounces) chickpeas or white beans, rinsed and drained
- 1 cup cooked chicken cut in bite-size pieces (optional)

Directions

- Heat oil in medium Dutch oven or large, deep saucepan.
- Saute carrot, celery, onion, leek, and cabbage until leaves are bright green and other vegetables start to soften, about 3 minutes.
- Add broth. Cover and simmer for 15 minutes.
- Add thyme, garlic, squash and beans. Cover and simmer 15 minutes. Stir in chicken, if using.
- Ladle soup into deep bowls and serve accompanied by toasted slices of whole-grain French bread or other rustic bread. (This soup reheats well. It keeps up to 5 days, covered, in the refrigerator.)

Nutrition information Makes 8 servings (with chicken). Per serving: 123 calories; 3g total fat (2g saturated fat); 18g carbohydrates; 3g protein; less than 1g dietary fiber; 586mg sodium; 425mg potassium.

Source: American Institute for Cancer Research

health sense

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Si desea este folleto en español, llame al 877-661-6230 (oprima 2).