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Public Health Update

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In this update:

[Get Smart About Antibiotics](#)

[Pertussis \(whooping cough\)](#)

[Influenza](#)

[Partnering to Create Healthy Futures](#)

[Diabetes](#)

[Disparities in breast cancer](#)

[In-office blood lead testing](#)

[Follow us](#)

Get Smart About Antibiotics

What do sinusitis, most sore throats, bronchitis, runny noses and the regular cold have in common? They are upper respiratory tract infections usually caused by viruses that can't be cured with antibiotics. Yet, each year, health care providers in the U.S. prescribe tens of millions of antibiotics for viral infections.

To bring attention to this increasing problem, Maine CDC is observing Get Smart About Antibiotics Week this week, along with the Maine Medical Association, Maine Hospital Association, and Maine Public Health Association.

The campaign highlights the coordinated efforts of US CDC, states, and other partners to educate clinicians and the public about antibiotic resistance and the importance of appropriate antibiotic use.

Over-prescribing antibiotics, using a broad-spectrum therapy when a more specific drug would be better, starting and stopping medications, giving leftover medications to a friend who appears to have the same ailment you had, all contribute to the problem of antibiotic drug resistance, according to US CDC. As we enter this year's cold and flu season, CDC asks parents to not insist on getting antibiotics when a health care provider says they are not needed.

Health care providers are asked to take the time to educate patients about antibiotic resistance and the possibility of having serious side effects. For example, allergic reactions to antibiotics, such as rash and anaphylaxis, send thousands of patients to the emergency room each year, according to a study published in the *Clinical Infectious Diseases Journal*.

Health care providers can also prevent antimicrobial resistance by ensuring prompt diagnosis and treatment of infections, prescribing antibiotics appropriately, and following infection prevention techniques to prevent the spread of drug-resistant infections in health care facilities. Doctors cite diagnostic uncertainty, time pressure, and patient demand as the primary reasons for their tendency to over-prescribe antibiotics. Appropriate use of existing antibiotics can limit the spread of antibiotic resistance, preserving antibiotics for the future.

For treatment guidelines for Upper Respiratory Tract Infections, see: <http://go.usa.gov/YSb5>

For more information about antimicrobial resistance, including background articles, patient materials, and continuing education programs, see <http://go.usa.gov/YSbV>

Pertussis (whooping cough)

More than 600 cases of pertussis (whooping cough) have been reported in Maine this year; however, reported cases appear to be on a downward trend. Most reported cases have been in children ages 7 to 19. Close to 30 cases have been reported in children younger than 1 year old. Weekly updates on pertussis in Maine are posted to www.mainepublichealth.gov on Thursdays.

DTaP vaccine is recommended for all infants and children. Tdap vaccine is recommended for all preteens, teens, and adults.

For more information, visit <http://go.usa.gov/dCO>

Partnering to Create Healthy Futures

Maine's statewide Community Transformation Grant (CTG) is facilitating partnerships among state and local organizations to implement an evidence-based approach to reduce childhood obesity. Working with state agencies and private programs that care for children, the Maine CTG effort has been able to leverage the expertise of the Let's Go! 5210 Goes to Childcare program and added resources to support healthy eating and active living in childcare programs. Already, more than 230 additional sites are benefiting from the collaborative approach.

Challenge

In 2011, more than 38% of Maine's kindergarten students were overweight or obese. Carrying too much weight as a young child increases the risk of being an overweight or obese adult; increases the risk of having chronic diseases, such as Type 2 diabetes and heart disease; and leads to a poor quality of life. The good news is that with time and attention, the trend can be stopped and even reversed. Healthy eating and physical activity are two behaviors that are known to impact weight. These behaviors are influenced by family, and friends, and access to health options. For our youngest children who spend much of their days with childcare providers, the childcare setting presents an opportunity to set the stage for a lifetime of healthy habits. The challenge is in providing caregivers the assistance they need to foster healthy places and habits for our youngest residents.

Solution

Maine's Community Transformation Grant is leveraging limited resources through public-private partnerships and multiple collaborations to address childhood obesity. The approach uses a structured, evidenced process, Let's Go! 5210 Goes to Childcare or Let's Move, to help licensed child care providers identify and implement more supports in their programs for healthy eating and active living. Through education and guidance, providers will adopt practices that foster healthy lifestyle choices for Maine's most vulnerable, our children.

Results

Maine's CTG has built on the strengths and skills of the Statewide Childhood Obesity Taskforce partners to create and implement common approaches and tools to support healthier childcare environments. Maine's nine public health districts have created plans and started implementation of the structured process with their local licensed childcare providers and local Let's Go! 5210 Goes to Childcare partners. In the first year with the help of CTG, more than 230 additional licensed childcare sites have enrolled with Let's Go! 5210 Goes to Childcare to begin the change process.

Future Directions

This is an opportunity for licensed childcare providers and supporting agencies to benefit from technical assistance and resources to promote healthy eating and active living in your communities. The ultimate goal is to create a healthy start for our youngest residents by surrounding them with healthy environments and promoting habits that prevent obesity. By 2016, we expect to see one-third of Maine's licensed childcare sites make environmental changes to support healthy living. There will be continued strong collaboration across public and private agencies working to address childhood obesity in Maine.

Influenza

Maine CDC recently reported the first flu activity for the 2012-2013 season. For more information and clinical recommendations for this flu season, see the Nov. 5 health alert at <http://go.usa.gov/YSTQ>

Weekly updates on flu activity are available online:

- for Maine: <http://go.usa.gov/NoK>
- for the US: <http://go.usa.gov/ITB>
- for the world: <http://go.usa.gov/ITK>

Maine CDC reminds everyone to take everyday preventive measures against the flu:

- Wash your hands frequently
- Cough and sneeze into your elbow or shoulder
- Stay home when you feel sick
- Get vaccinated – find locations at www.flu.gov

Diabetes

November is National Diabetes Month. In 2010, nearly 26 million persons in the United States had diabetes, and an estimated 79 million adults had prediabetes. Persons with diabetes can take steps to control the disease and prevent complications, and those with prediabetes can prevent or delay the onset of type 2 diabetes through weight loss and physical activity.

For more information, see this MMWR: <http://go.usa.gov/YSGR>

Disparities in breast cancer

Black women have higher death rates from breast cancer than any other racial or ethnic group. They are 40 percent more likely to die from breast cancer than white women, according to a *Vital Signs* report from US CDC, available at <http://go.usa.gov/YSGF>

Breast cancer is the second leading cause of cancer deaths among women in the United States. Breast cancer deaths are going down fastest among white women. Black women are more likely to die of breast cancer than other women.

Many factors contribute to this difference. For more information, see this US CDC feature: <http://go.usa.gov/YS7A>

In-office blood lead testing

The Maine Childhood Lead Poisoning Prevention Program is pleased to announce rules adopted Nov. 5 now allow providers two options for blood lead testing:

1. Continue to submit blood lead samples to the State Health and Environmental Testing Laboratory; or
2. **Perform capillary blood lead analysis using a CLIA waived in-office blood lead testing device**, such as a LeadCarell, and directly report all test results to Maine Childhood Lead Poisoning Prevention Program.

Providers must have approval from the Maine Childhood Lead Poisoning Prevention Program before they can begin in-office testing.

The intent of the law is to increase blood lead testing of children under age 6 years by removing barriers to testing, such as travelling to an off-site location to have blood drawn. Using a direct-read blood lead analyzer, providers will be able to perform a capillary blood lead test and within minutes report the result to the patient's parent/guardian. (Note: All elevated blood lead levels will require a venous confirmation through the State Health and Environmental Testing Laboratory.)

For more information, visit <http://go.usa.gov/YhnT>

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You may subscribe to these updates for free through an RSS feed at <http://go.usa.gov/G6u>. In Internet Explorer and Firefox, you will be prompted to Subscribe to the Feed and then select the folder where feeds are stored.

For clinical consultation and outbreak management guidance, call Maine CDC's toll-free 24-hour phone line: 1-800-821-5821

For questions and potential exposure to poison, call the Poison Center's 24-hour phone line: 1-800-222-1222