California’s new school immunization law, AB 354, requires that for school year 2011-12, all students entering 7th through 12th grades be immunized with a pertussis vaccine (Tdap). Act now to ensure students are ready to start school and are protected against the highly communicable disease of pertussis.

- **Send reminders and notices** to your patients who have not yet received a Tdap booster, including those who have received a dose of Td but not Tdap.
- **Stock enough Tdap vaccine** to meet the demand of patients in your practice requiring this vaccine. Confirm you have adequate and appropriate storage prior to placing your order.
- **Immunize with Tdap now at every opportunity**, including sports physicals and visits for mild illness or injury.
- **Provide clear and accurate documentation about Tdap immunization for your patients and their schools**. Vaccines have similar names and abbreviations, which can be confusing to school staff who will be keeping records for the new law. If you use the California Immunization Registry, consider printing out a copy of the ‘Blue Card’ after Tdap has been given for the student to take to school.

Senate Bill 614, a new law which provides a 30 grace period for implementation of the new Tdap school law (AB 354), was signed by the governor. The California Department of Public Health and the Santa Barbara County Public Health Department encourage providers, schools, and partners to continue your efforts toward protecting students against pertussis given California’s continued high levels of pertussis rates.

For more information on the new Tdap school requirement, visit www.ShotsForSchool.org.

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**West Nile Virus**

It’s summer and a good time to think about how to protect ourselves against mosquito bites and West Nile Virus (WNV) infection. In July, the first 2011 human case of WNV in California was confirmed here in Santa Barbara County. Although WNV activity has been low across the state, detected in 14 counties, CDPH recommends practicing the following “Four D’s” to prevent mosquito bite exposure:

- **DEET** - Apply insect repellent containing DEET, picaridin, oil of lemon eucalyptus or IR3535 according to label instructions.
- **DRESS** - Wear clothing that reduces the risk of skin exposure to mosquito bites.
- **DAWN and DUSK** - Mosquitoes bite in the early morning and evening so it is important to wear repellent at this time.
• DRAIN - Mosquitoes lay their eggs on standing water.

Please continue to report encephalitis, meningitis, and suspect WNV cases to the Santa Barbara County Disease Control Program by faxing a Confidential Morbidity Report to FAX: (805) 681-4069. For questions about WNV testing, please contact the Santa Barbara Public Health Lab at (805) 681-5255.

For more information about WNV or communicable diseases, please visit: www.westnile.ca.gov or www.sbcphd.org/dcp

TB Specimen Requirements

The Public Health Laboratory has been receiving specimens whose volumes are not sufficient for testing. This has been a barrier to completion of testing in a valid and timely manner.

There are minimal specimen amounts that we need for proper AFB smear reading, culture and testing, which will ensure that our AFB test result/reports are accurate and valid.

For respiratory specimens such as sputums and bronchial washings/lavage, a minimum of 3 mls is ideal. The primary reason for this volume is to insure that an adequate amount of AFBs will be recovered after digestion/decontamination and centrifugation. The same principle applies to specimens from all other non-sterile sites such as gastric contents, stool, abscesses etc.

For specimens from sterile sites including CSF, pleural fluids, pericardial fluids, synovial fluids or other fluids that required a sterile technique to access or surgery, a minimum of 1 ml is ideal.

We are aware that there are various causes for difficulties in collecting specimens and we will do our best to accommodate, but a respiratory specimen less than 2.5-2.0ml is precariously inadequate to confidently call as Negative.

Thank you for your kind attention. We look forward to continue being of service to you. If you have any questions, please do not hesitate to contact Debra Palacio, Laboratory Director, at (805) 681-5256.

Please reference our Specimen Requirements Manual, specifically pages 9, 10.

Climate Change is a Public Health Issue

96% of scientists agree that climate change is real and it is a threat to human health through extreme weather events. High temperatures and increased air pollution have an impact on cardiovascular disease, heat stress, and asthma. A rise in sea level has an impact in allergies, vector borne diseases, and water borne diseases. Extreme weather events may also impact the water and food supply as well as our mental health.

Many steps to reduce climate change are also the same steps to reduce other causes of health problems. In the area of travel, we decrease air pollution and carbon emissions with less auto travel and more walking and biking. More walking and biking are the same steps to take to increase physical activity and decrease heart disease. In the areas of food, we decrease air pollution and carbon emissions when we eat more fruits and vegetables that are locally grown. With an increased consumption of fruits and vegetables, we experience decreases in obesity, type II diabetes and many other health concerns. Increased physical activity and increased consumption of healthy food are good on multiple levels.

In the area of public health, we have opportunities to educate and mitigate the impacts of climate change if we focus on co-benefits. For more information, go to: www.cdc.gov/climatechange/