

Houston Health

Fall 2000
Houston Department of
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A Quarterly Newsletter for Advisory Councils of the Houston Department of Health and Human Services



Special Focus on Children



Registry expected to improve child immunization coverage

All Houston Department of Health and Human Services health centers are now equipped with a powerful tool to help improve the local childhood immunization rate in the area: the Houston-Harris County Immunization Registry.

The Internet-based registry, designed to serve as a confidential electronic record containing immunization information on all vaccinated youths, was introduced at HDHHS sites in May. The system today contains slightly more than 2 million individual vaccination records, representing about 360,000 immunized children age 17 or younger. Every month, health centers input the immunization records of about 5,000 children into the registry database.

Eventually, the registry will be introduced into the region's other health care providers, both public and private. It will serve as a central record storage space for participating physicians, clinics and hospitals and have the capability to review the information on each child in the system and calculate when the next immunizations are due. Also, it will make it easy to send to families immunization reminders in the form of post cards and either automated phone messages or



personal phone calls.

A quality assessment feature of the registry will generate reports aimed at helping health care providers identify areas of improvement in their immunization delivery practices.

According to a national immunization survey conducted by the Centers for Disease Control and Prevention (CDC), there have been significant improvements in Houston's immunization rate, which in 1999 rose to 67 percent for children age 19 to 35 months old from 11 percent in 1991. Still, the 67 percent level is well below the national average of 80 percent. Additionally, the same CDC survey also ranks Houston in last place

among the 50 states and 26 urban centers surveyed because of results in up-to-date immunizations for children in the 19 to 35 months age category.

It is recommended that children receive 80 percent of their lifetime vaccinations by age two, ensuring protection against potentially deadly diseases such as diphtheria, tetanus, pertussis (whooping cough), polio, measles, mumps, rubella, H. influenza type b, varicella (chicken pox) and hepatitis B. Although 98 percent of Houston children eventually receive the needed vaccinations because of

See *Record*, page 2

Record fragmentation cause of low immunization

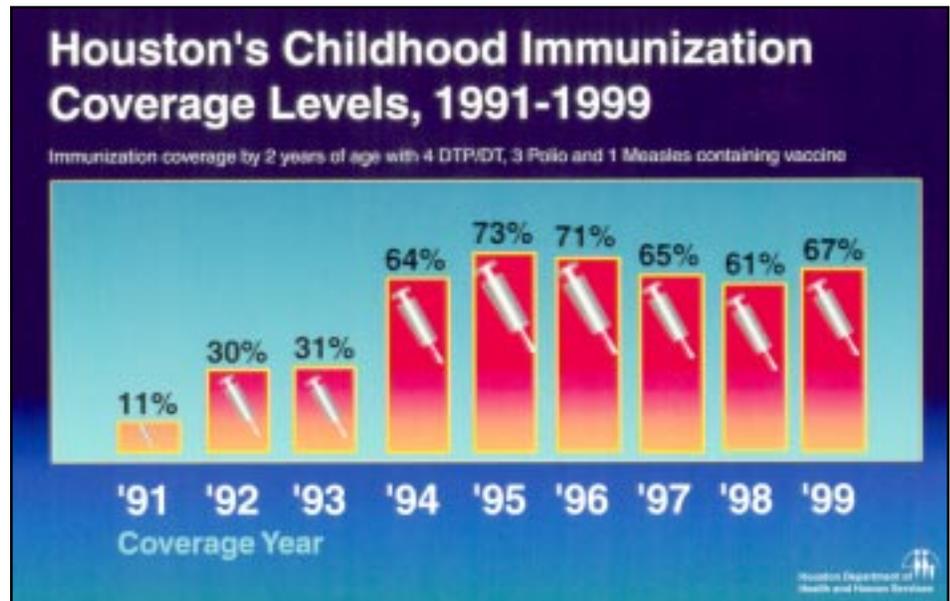
continued from page 1

mandatory immunization requirements to enroll in school, it is from birth to two years of age when they are most susceptible to diseases and their deadly effects.

Major reasons suggested as culprits for the low immunization coverage levels include record fragmentation and limited access to accurate information about immunization records. Without the registry there is no way to easily follow the immunization status of children who, for example, receive one vaccination from a public health nurse, another from a private doctor or yet another from one of the many immunization events sponsored by grocery stores, shopping malls, etc. The problem is compounded if parents fail to present their children's immunization records when they change health care providers who already lack an efficient mechanism to verify vaccination for new patients without documentation.

Over-immunization aggravates the immunization challenge. Parents may lose records belonging to their children, who then might be vaccinated with unneeded extra doses. The registry will help alleviate the problem by preventing over vaccination, which has no health benefit and only results in an additional medical cost.

Parental misconceptions about vaccines could represent another factor contributing to the low immunization rate. Since there has been an absence of major outbreaks of vaccine-preventable diseases in recent years, a large number of parents now may mistakenly believe that immunizations are not necessary. Also, the complicated vaccination schedule might be confusing for some parents.



Access to immunization services is not a problem in the Houston area. HDHHS has immunization sites at more than 50 locations, the Harris County Public Health and Environmental Services operates 30 additional sites, almost 500 private provider sites participate in the federal Vaccines for Children program and many other primary care sites offer immunizations.

A long-term goal for the registry is the creation of a system able to consistently maintain high immunization coverage for young children. However, a critical challenge will be the recruitment of 90 to 95 percent of immunization providers into the local registry to successfully address the problem of record fragmentation.

Now that the registry is in place at HDHHS sites, the next step is to put it into the Harris County Public Health and Environmental Services and the Harris County Hospital District. The focus then will shift into incorporating providers in the private sector.

Currently, HDHHS' Immunization Program is working with several community partners including Reliant

Energy, the Harris County Medical Society and the Greater Houston Community Foundation in an effort to establish a 501(c3) organization dedicated to help obtain funding to support implementation of the registry.

The organization will seek funds from local business groups, private foundations, corporations and community agencies. Monies raised will be used to implement and maintain the infrastructure necessary to incorporate the registry into the entire health care community.

The Texas Department of Health supplied the initial funding for the registry and Baylor College of Medicine and Texas Children's Hospital later contributed \$2 million.

Texas Children's Hospital, the lead agency addressing the technical issues, maintains the hardware and hosts the registry on the Internet.

The registry web site, located at <http://imreg.tch.tmc.edu>, includes basic immunization information for the public, links to helpful sites and has a secure-access section for health care providers.

Calendar

DECEMBER

National Drunk and Drugged Driving (3D) Prevention Month

3D Prevention Month Coalition

Safe Toys and Gifts Month

Prevent Blindness America
www.preventblindness.org

1 **World AIDS Day**

American Association for World Health
www.aawhworldhealth.org

7
Houston/Harris County Area Agency on Aging, Area Planning Advisory Council Meeting, 9 a.m. at Houston Department of Health and Human Services, 8000 N. Stadium Drive.

9
HIV/AIDS Training Institute, Mayor Pro-Tem Jew Don Boney & Houston Department of Health and Human Services, George R. Brown Convention Center, 9 a.m.-3 p.m., RSVP at 713-731-2286.

JANUARY

National Birth Defects Prevention Month

March of Dimes Birth Defects Foundation
www.modimes.org

4
Houston/Harris County Area Agency on Aging, Area Planning Advisory Council Meeting, 9 a.m. at Houston Department of Health and Human Services, 8000 N. Stadium Drive.

16-22
Healthy Weight Week
Healthy Weight Network

FEBRUARY

National Children's Dental Health Month

American Dental Association
www.ada.org

Wise Health Consumer Month
American Institute for Preventive Medicine
aipm.healthy.net

7
Infant Mortality Conference
Houston Department of Health and Human Services (HDHHS)
For more information, call 713-794-9335.

14
National Condom Day
American Social Health Association
www.ashastd.org

MARCH

National Nutrition Month
American Dietetic Association
www.eatright.org

19-25
National Inhalants and Poisons Awareness Week
National Inhalant Prevention Coalition
www.inhalants.org

Children and Healthcare Week™
Association for the Care of Children's Health
www.acch.org

National Poison Prevention Week
Poison Prevention Week Council

BabyNet Helpline links families to healthier future

BabyNet Helpline celebrated in October its third year of helping women access free or low-cost health care.

The aim of the citywide telephone service is to reduce low birth weight and high infant mortality rates by providing information and referrals for prenatal and preventive care to at-risk women and children.

Since its inception, BabyNet Helpline has received slightly more than 4,000 telephone calls from families unfamiliar with how to access aid from the health and human services system.

Helpline clients with pregnancy-related questions accounted for about 46 percent of the total calls received

by health department staff while 6 percent of the callers needed information on child health or immunizations.

The remaining 47 percent



involved information and referral requests for everything from Medicaid, Harris County Hospital

District Gold Cards, Women Infants and Children nutrition services, sexually transmitted diseases and social services to food and diapers.

BabyNet Helpline staff members

develop a record once a call is received, schedule appointments for the client and follow up on the outcome. Staff allocates a considerable time to follow up on original callers and as a result data shows approximately 75 percent of the clients keep their prenatal appointments. A minimum of three attempts is made to follow up on difficult-to-reach original callers. So far, 82 percent of follow up calls have been successful.

Reaching mothers in Houston's minority communities is crucial since their babies are most at risk of low birth weight and infant mortality. Thirty-four percent of callers are

See *BabyNet*, page 5

Lead an environmental threat to young children

Approximately 14 percent of Houston children receiving lead screenings have blood levels registering the toxicant at concentrations high enough to cause harmful effects on learning and behavior. Also, about 600 families with children who have elevated blood lead levels are identified in Houston every year.

The findings derive from screening data supplied by Houston Department of Health and Human Services' Childhood Lead Poisoning and Prevention Program as well as the Texas Department of Health for a surveillance study conducted by the University of Texas-Houston School of Public Health. HDHHS' program alone has screened more than 53,000 children since it began addressing

childhood lead poisoning in 1992.

The study revealed that 14.4 percent of children screened had an initial blood lead concentration equal to or greater than 10 micrograms per deciliter, the lowest level associated with adverse effects on a child.

The National Center for Environmental Health at the Centers for Disease Control and Prevention (CDC) reports that elevated blood lead levels in children can result in learning disabilities, behavioral problems and mental retardation. Seizures, coma and even death are possible at extremely high levels such as 70 micrograms per deciliter or higher.

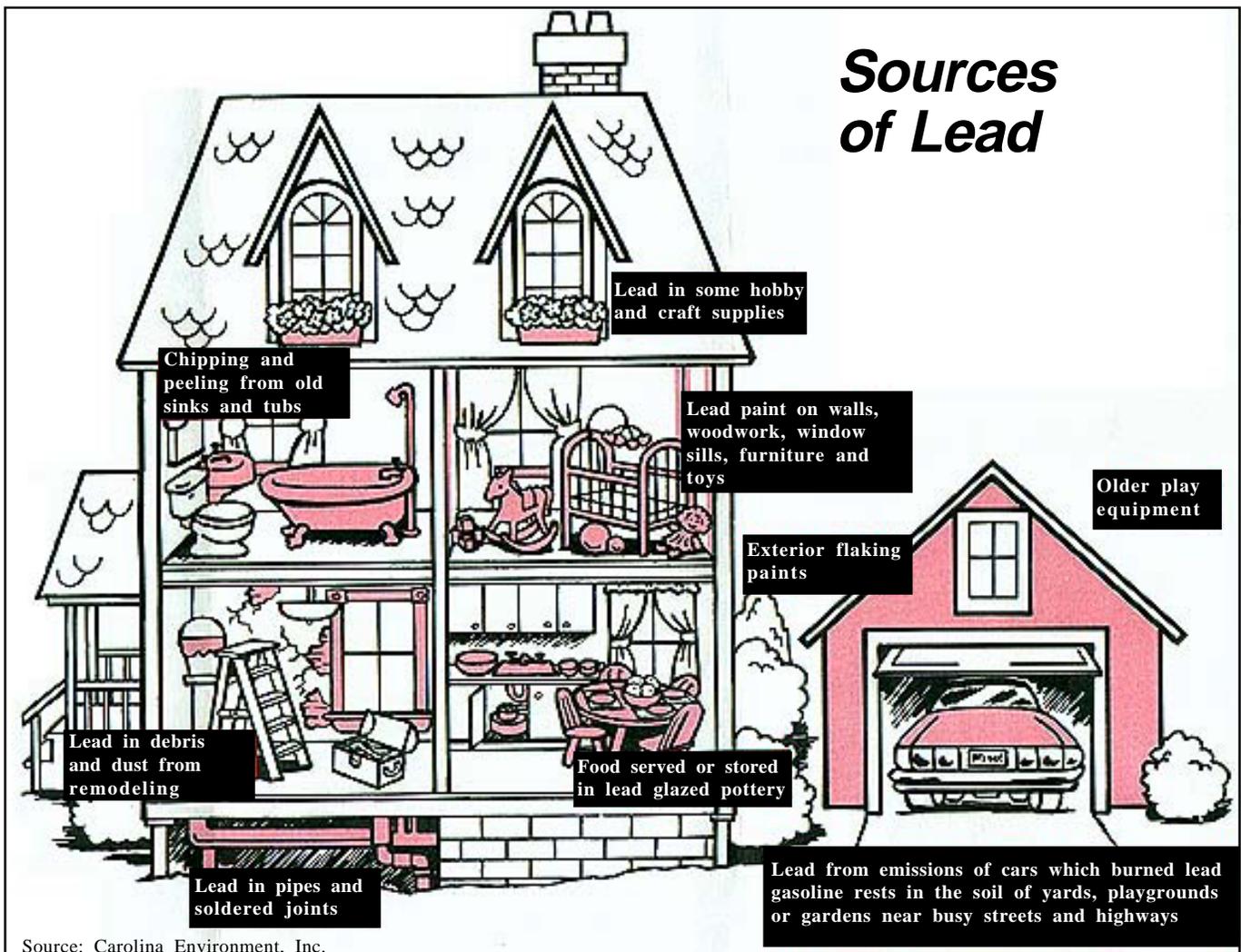
Children who need to be under a doctor's care include those with blood

lead levels of 20 micrograms per deciliter or higher and those with a range between 15 and 19 micrograms per deciliter over a period of three months.

HDHHS offers free lead screenings to children between six months and 6 years of age at all its health centers. A blood lead test is the only method able to determine lead poisoning. Children usually do not show lead poisoning symptoms for several years.

A high concentration of lead-poisoned children in Houston live in neighborhoods in the inner city, an area more likely to contain older homes with lead-based paint, the most significant source of lead exposure.

See *Inner*, page 5



Source: Carolina Environment, Inc.

Inner-city's young children at-risk to lead effects

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Zip codes found to have the highest numbers of lead poisoned children are 77003, 77004, 77007, 77009, 77011, 77019, 77026 and 77028. They comprise inner-city neighborhoods to the west, north, northeast, east and south of downtown.

The CDC estimates that more than 80 percent of all homes built before 1978 in the United States have lead-based paint in them. Houses built before 1950 pose the greatest hazard to children because they are much more likely to contain lead-based paint than newer homes. The older the house, the more likely it is to contain lead-based paint and a higher concentration of lead in the paint.

As lead-based paint in older homes deteriorates, it creates dust as well as paint chips which can be eaten by young children, especially those between one and three years of age who frequently pick up objects and put them in their mouths. Renovation or remodeling can disturb lead paint. Also, a young child can easily chew on painted surfaces such as window sills and door frames in a lead-exposed home.

Lead Hazards

Children can be harmed by lead by:

- Getting lead dust from old paint on their hands or toys and then putting their hands in their mouths
- Inhaling lead dust from old paint
- Eating chips of old paint or dirt that contain lead
- Drinking water from pipes lined or soldered with lead

Where can lead be found?

- Dust and paint chips from old paint
- Homes built before 1978, particularly those that are in need of repair or are in deteriorating condition
- Soil that has lead in it
- Hobby materials such as stained glass, paints, solders, fishing weights and buckshot
- Folk remedies
- Workplace dust brought home on the clothing of people who have jobs that use lead.

Other potential sources of lead exposure are contaminated soil, operating or abandoned industrial sites and smelters, dust on parents' clothes contaminated at the workplace or during hobbies, mini blinds, lead-based ceramics used for cooking, eating or drinking and traditional home remedies or cosmetics containing lead.

The main treatment for lead poisoning is to stop the exposure. Removing the lead from a child's environment helps to ensure a sustained decline in blood-lead levels. In some cases, medications are used to lower elevated blood-lead levels.

The longer children are exposed to lead, the greater the likelihood that they will sustain damage to their health. Although particularly harmful to the developing brain and nervous system of fetuses and young children, lead can harm virtually every system in the human body. It can damage the kidneys, the nervous system and the reproductive system and cause high blood pressure.

Houston children under three years of age are most likely to suffer from elevated blood lead levels, the study found. Thirty-seven percent of screened children ages 2 and 3 experienced lead levels equal to or greater than 10 micrograms per deciliter while those under 2 had incidence of 33 percent. The figures dropped to 24 percent for 4 and 5-year-olds screened and 5 percent for 6-year-olds.

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HDHHS website:

www.ci.houston.tx.us/department/health

City of Houston website:

www.ci.houston.tx.us

BabyNet seeks to reduce area's infant mortality, low birth weight

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African-American, Hispanics, 37 percent; Anglo, 16 percent; Asian, 2.4 percent and others, 10.6 percent.



The African-American community continues to have higher rates of infant mortality

and low birth weight.

The age range with the largest number of callers was 25-34, which

represented 26 percent of all calls. It was followed by the age range of 18-21 at 24.3 percent. The age ranges of 16-17 and 35-44 were identical at 6.91 percent each.

Program statistics on financial resources showed 70 percent of clients had no medical coverage, 11 percent had Medicaid coverage, 3 percent maintained health insurance and a tiny fraction used the Harris County Hospital District's Gold Card program. BabyNet helped these families not only obtain care, but also assisted them in their efforts to secure some type of medical coverage.

Influenza vaccine basics for 2000-2001 season

As a result of delay in distribution of influenza vaccine supplies by pharmaceutical companies, federal health officials have recommended healthy people wait until December to get their flu shot this year.

The Houston Department of Health and Human Services initially received 10 percent of its vaccine order and in mid-November began vaccinating those most at risk of serious illness from influenza such as the elderly, pregnant women and people with chronic illnesses. HDHHS will resume its flu vaccination campaign as soon as it receives the remainder of its vaccine order.

Questions & Answers for the 2000-2001 Flu Season:

WHY GET VACCINATED?

Influenza is a serious disease.

It is caused by a virus that spreads from infected persons to the nose or throat of others. The "influenza season" in the U.S. is from November through April each year.

Influenza can cause fever, sore throat, cough, headache, chills and muscle aches.

People of any age can get influenza. Most people are ill with influenza for only a few days, but some get much sicker and may need to be hospitalized. Influenza causes thousands of deaths each year, mostly among the elderly.

THE INFLUENZA VACCINE CAN PREVENT INFLUENZA.

The viruses that cause influenza change often. Because of this, influenza vaccine is updated each year by replacing at least one of the viruses with a newer one. This is done to make sure that influenza vaccine is as up-to-date as possible.

Protection develops about two weeks after the shot and may last up to a year.

WHO SHOULD GET INFLUENZA VACCINE?

People at risk for getting a serious case of influenza or influenza complications, and people in close contact with them (including all household members) should get the vaccine.

An annual flu shot is recommended for these groups:

- everyone 50 years of age or older
- residents of long-term care facilities housing people with chronic medical conditions
- anyone who has a serious long-term health problem: heart disease, kidney disease, lung disease, metabolic disease, such as diabetes, asthma, anemia and other blood disorders

• anyone whose immune system is weakened because of:

- HIV/AIDS or other diseases that affect the immune system
- long-term treatment with drugs such as steroids
- cancer treatment with x-rays or drugs

• anyone 6 months to 18 years of age on long-term aspirin treatment (who could develop Reye Syndrome if they catch influenza)

- women who will be past the third month of pregnancy during the influenza season and
- physicians, nurses, family members or anyone else coming in close contact with people at risk of serious influenza.

Others who should consider getting influenza vaccine include:

- people who provide essential community services
- travelers to the southern hemisphere between April and September, or those traveling to the tropics any time
- students and staff at schools and colleges to prevent outbreaks and
- anyone who wants to reduce their chance of catching influenza.

CAN I GET INFLUENZA EVEN THOUGH I GET THE VACCINE THIS YEAR?

Yes. Influenza viruses change often, and people may develop illness due to other viruses not matched by the vaccine. But people who *do* get influenza despite being vaccinated often have a milder case than those who did not get the shot.

Also, to many people "the flu" is any illness with fever and cold symptoms. They may expect influenza vaccine to prevent these illnesses. But influenza vaccine is effective only against illness caused by influenza viruses and not against other causes of fever and colds.

SHOULD PEOPLE CONSULT WITH A DOCTOR BEFORE GETTING THE INFLUENZA VACCINE?

Consult with a doctor before getting an influenza vaccination if you:

- ever had a serious allergic reaction to *eggs* or a *previous dose of influenza vaccine* or
- have a history of Guillain-Barre Syndrome (GBS).

If you are moderately or severely ill at the time the shot is scheduled you should usually wait until you recover before getting influenza vaccine. Talk to your doctor or nurse about rescheduling the vaccination.

WHAT ARE THE RISKS FROM INFLUENZA VACCINE?

A vaccine, like any medicine, is capable of causing serious problems, such as severe allergic reactions. The risk of a vaccine causing serious harm, or death, is extremely small. Almost all people who get influenza vaccine have no serious problems from it. *The viruses in the vaccine are killed, so you cannot get influenza from the vaccine.*