

Child Health Notes



Promoting early identification and partnerships between families, primary health care providers & the community.

News about HPV Vaccine and Statewide Cancer Prevention Campaign



Reminder/Recall

Starting in July your patients 11 – 18 years old may have received a postcard from the Department of Health stating “HPV vaccination is cancer prevention.” The postcard asks them to call their health care provider to make sure

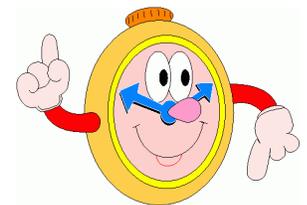
their children’s vaccines are up to date. Be sure to check their HPV vaccine status.

HPV Immunization Promotion Campaign

DOH will promote HPV immunization through a statewide multimedia campaign starting in August. The campaign will include radio, internet and social media. DOH is sharing this information with you to help you prepare for increased demand for HPV immunization that may result from the campaign.



**Don't Wait
to
Vaccinate**



**Back to School
shots aren't the
only Vaccines
your patients
need!**

**MCV
HPV
FLU**

**Flu Vaccine
should be
available the next
two weeks**



Register for a Provider training

The HPV online training is available for providers and clinic staff. CME, CE, and CNE credits are available. The focus of the training is on increasing knowledge about HPV vaccine, its safety and efficacy, and strategies for making a strong recommendation to parents.

<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HumanPapillomavirusHPV>

YOU CAN HELP PREVENT CANCERS CAUSED BY HPV

For more information go to:

<http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/Immunization/HPVInformation>



You Are the Key to HPV Cancer Prevention

You can help protect future generations of men and women from devastating HPV-related cancers.

Vaccination can prevent most of these cancers. As a healthcare professional, you're a trusted source of information.

By making a strong recommendation for HPV vaccination when kids are 11 and 12 years old, you will help close the door on HPV-related cancers.

Use the quick links below to jump down the page to the selected sections of HPV Information and resources for you and your patients.

HPV Vaccine Information

- [Vaccine safety](#)
- [Vaccine recommendations](#)
- [Vaccine coverage in the U.S.](#)

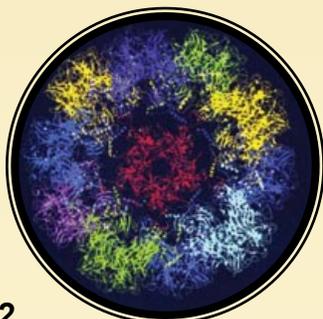
HPV Vaccine Information for

Clinicians - CDC and partners, including the American Academy of Pediatrics, recommend HPV vaccination of both girls and boys at ages 11 or 12 years and suggest that clinicians strongly recommend HPV vaccination for preteens and teens who have not yet been fully vaccinated.

Background

About 79 million Americans are currently infected with HPV. About 14 million people become newly infected each year. HPV is so common that most sexually-active men and women will get at least one type of HPV at some point in their lives.

Of the more than 40 HPV types that infect human mucosal surfaces, most infections are asymptomatic and transient. However, certain oncogenic types that persist can cause cervical cancer and other, less common cancers, including cancers of the anus, penis, vulva, vagina, and oropharynx (back of throat including base of tongue and tonsils). Other, non-oncogenic HPV types can cause genital warts and, rarely, respiratory tract warts in children which is a condition called juvenile-onset recurrent respiratory papillomatosis (RRP).



Virus-like particles (VLPs) assembled from the L1 protein of human papillomavirus 16



Routines Build Resiliency!

The importance of routines is often understated when it comes to the health and development of a child. Routines are a critical component in fostering the [7 C's of Resilience](#) (Competence; Confidence; Connection; Character; Contribution; Coping; and Control) and are one of the essential [5 R's of Early Literacy](#) (Reading, Rhyming, Routines, Reward, and Relationships) all of which buffer the negative effects of adversity and promote healthy development.

Routines are like instructions for children. Knowing what to expect teaches children to trust that caring adults will provide what they need (connection); gives children a sense of security and stability and increases their ability to cope with minor disruptions; provides a sense of control over their environment allowing children to relax and focus on playing, exploring, and learning; increases a child's competence and confidence in their ability to navigate the world around them and contribute to it in a meaningful way; and helps them learn positive, responsible behavior (character) that lays the foundation for healthy, life-long habits.

Discussing the importance of routines with parents is a quick, easy, and effective way to increase resiliency in children and promote healthy child development.



Young people live up or down to expectations we set for them.

They need adults who believe in them unconditionally and hold them to the high expectations of being compassionate, generous, and creative.

The 7 Cs: The Essential Building Blocks of Resilience

Competence: When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover themselves after a fall.

Confidence: Young people need confidence to be able to navigate the world, think outside the box, and recover from challenges.

Connection: Connections with other people, schools, and communities offer young people the security that allows them to stand on their own and develop creative solutions.

Character: Young people need a clear sense of right and wrong and a commitment to integrity.

Contribution: Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good and may therefore more easily turn to others, and do so without shame.

Coping: Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick fixes when stressed.

Control: Young people who understand privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.

Universal Request Screening Form



Benton-Franklin Health District, in collaboration with Educational Service District 123, and Early Support for Infants and Toddlers (ESIT) also known as the Birth to 3 Program, has simplified the process for connecting children with developmental concerns to early intervention and special education services within Benton and Franklin Counties.

A new Universal Request for Screening form will replace existing referral/request for service forms to all local school districts and the ESIT program in both Benton and Franklin Counties.

What does this mean to your practice?

Effective immediately, when you refer a child to the ESIT Program or to **Special Education Departments** within the local School District for **Developmental Screening/Evaluation**, regardless of age, school district, or city of residence, you will use the same form. Children under 36 months of age are still referred to the ESIT Program for services and children over 36 months will still be referred to their local school district for services, but now there is one universal form to use. The use of a universal form reduces confusion, promotes consistency, and simplifies the process of connecting children to intervention services.

Extensive outreach to referral coordinators, nurses, and staff of local pediatricians and general practitioners has been occurring and most clinics are already successfully using the new universal request for screening form.



For more information please contact
Robin Henle 509-460-4249



Click on Link to get your Universal Request Screening Form

<http://www.bfhd.wa.gov/Publications/app/Universal%20Request%20Form>

**REQUEST FOR SCREENING
IN BENTON-FRANKLIN COUNTIES**

UNDER 36 MONTHS OVER 36 MONTHS
 SUBMIT TO LOCAL LEAD AGENCY SUBMIT TO LOCAL SCHOOL DISTRICT
SEE REVERSE FOR CONTACT INFORMATION SEE REVERSE FOR CONTACT INFORMATION

Date: _____
 Child's Name: _____ DOB: _____
 Gender: M _____ F _____ Parent/Guardian(s) Name: _____
 Language: English Spanish Other _____ Interpreter Needed _____
 Home Phone: _____ Cell: _____
 Address: _____ City: _____

PLEASE CHECK AREA(S) OF CONCERN:

Cognitive/Problem Solving Social/Emotional/Behavior Gross Motor Fine Motor
 Speech/Language Adaptive/Self-Help Vision Hearing Other: _____
If hearing and/or vision is a concern, please additionally refer to a medical specialist for further evaluation.

Specific Concerns or Diagnosis: _____

CONTACT INFORMATION OF PERSON REQUESTING SCREENING

Name/Agency: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Cell: _____ Fax: _____

****Please attach copy of developmental screen if completed****

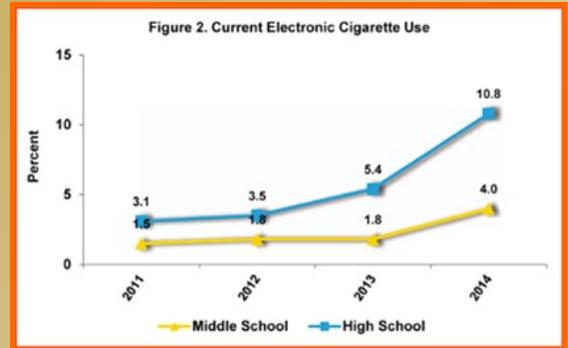
| | | |
|--|--|--|
| <p style="text-align: center;">Under 36 Months Benton-Franklin Local Lead Agency Benton-Franklin Infant/Toddler Program</p> <p>1425 Franklin St. B.Franklin, WA 99337 Phone: 509-793-1211 Fax: 509-793-4805 T.Fax: 800-250-0312</p> | | |
| <p style="text-align: center;">Over 36 Months</p> | | |
| <p>Pasco School District Special Education Services 1215 W. Lewis St. Pasco, WA 99301 Phone: 509-548-2700 Fax: 509-543-0796</p> | <p>Klona-Benton School District Special Services 1305 Olive Ave. Benton, WA 99301 Phone: 509-588-3024 Fax: 509-588-2876</p> | <p>Felley School District Special Services 2260017 E. Green Fern Rd. Kennewick, WA 99337 Phone: 509-385-2227 Fax: 509-385-4468</p> |
| <p>Richard School District Special Programs 615 Shaw Ave. Colfax, WA 99302 Phone: 509-967-4250 Fax: 509-942-3441</p> | <p>Prosser School District Special Services 1120 Main Ave. Prosser, WA 99350 Phone: 509-786-1820 Fax: 509-786-0972</p> | <p>North Franklin School District Special Services Manager PO Box 429 Condit, WA 99326 Phone: 509-224-9218 Fax: 509-224-9204</p> |
| <p>Kennewick School District Special Education Services Children aged 3-5 223 S. Commerce Kennewick, WA 99338 Phone: 509-322-2026 Fax: 509-223-0536</p> | <p>Patterson School District Special Education Services 15402 Phelan Ave. Puyallup, WA 99109 Phone: 509-875-2601 Fax: 509-875-2067</p> | <p>Kahlotus School District Special Services Manager PO Box 10 Buhler, WA 99315 Phone: 509-242-3338 Fax: 509-242-3339</p> |
| <p>Children over 5 Please send to Regional Head School</p> | | |
| <p style="text-align: center;">For Other Counties or Questions Educational Services District 123</p> | | |
| <p>Special Services Department 3918 W. Condit St. Pasco, WA 99301</p> | <p>Phone: 509-344-4941 Fax: 509-344-0796 Under 36 Months Fax: 509-543-3328 Over 36 Months Fax: 509-543-3328</p> | <p>Columbia Burbank Special Services Department 751 Maple St. Burbank, WA 99323</p> |
| <p>Phone: 509-545-8873 ext. 215 Fax: 509-542-1796</p> | | |

E-cigarette use triples among middle and high school students in just one year

According to the National Youth Tobacco Survey (NYTS), use of electronic cigarettes by Middle School and High School students in the U.S. tripled from 2013-2014. E-cigarette use among adolescents has now surpassed use of conventional cigarettes, as well as all other tobacco products.

Adolescents who use e-cigarettes are more likely to start smoking conventional cigarettes within the next year as well. Although e-cigarettes do not contain tobacco, they do contain nicotine, along with various chemicals and flavorings. Due to lack of regulation, nicotine levels among similar products vary widely and even products labeled as “no nicotine” may contain nicotine. Nicotine exposure to children of any age is very dangerous, and the added chemicals in e-cigarettes may pose additional risks to adolescents, whose brains are still in a critical developmental state. Nicotine use in adolescence may lead to harmful effects on brain development and addiction or long-term use. For video clips of the FDA’s Center for Tobacco Products director speaking about the findings of the 2014 NYTS, please visit:

<http://dmr.homefrontdc.com/697/ctp-nyts-findings/>.



Right click Open Hyperlink to watch Video

In addition to the potential harmful effects of electronic cigarette use to adolescents, the liquid nicotine used in e-cigarette cartridges can be very toxic, especially to young children. Poisoning to young children can occur in three ways: ingestion, inhalation, or absorption through the skin or eyes. Poison Center calls due to electronic cigarettes have risen from 1 per month in 2010 to 215 in February 2015. The amount of nicotine in one e-cigarette cartridge can have as much nicotine as a whole pack of cigarettes (about 20mg), but this can vary greatly from cartridge to cartridge.

Cartridges sold for use in e-cigarettes are not required to be child-proof and may be very appealing to young children, due to their candy and fruity flavorings. According to the Children’s Safety Network (CSN), just a few drops of the liquid contained in e-cigarette cartridges on a child’s skin can result in a visit to the E.R. Symptoms of nicotine poisoning can include seizures, arrhythmia, vomiting, diarrhea, or even death. For more information on this topic, the recorded webinar, [Preventing E-Cigarette Poisoning Among Children and Youth](#) is available on the CSN webpage.

The FDA is working on laws that would allow for federal regulation of electronic cigarettes and products, but is important for parents and healthcare providers to be aware of the potential risks these products may pose to children and adolescents. Healthcare providers can also help by:

Educating parents and adolescents about the dangers of nicotine and electronic nicotine delivery systems, such as e-cigarettes. Informing parents and adolescents about the risk of poisoning to young children through nicotine products, such as e-cigarette cartridges. Encouraging cessation by current smokers and e-cigarette users, and offering support and resources.





“Breastfeeding and Work: Let’s make it work!”

Women now make up nearly half of the US workforce. However, women returning to work after maternity leave often face challenges in many respects. In one particular area, employers can make a big difference to new moms. August 1-7 was World Breastfeeding Week. With this year’s theme “Breastfeeding and Work – Let’s Make It Work!” the World Alliance for Breastfeeding Action (WABA) called for concerted action to help women combine breastfeeding and work.

Employers who support pumping in the workplace can minimize stress and increase the working mother’s productivity. Babies who continue to receive breast milk through their first year are sick less often, which means a reduction in lost work hours due to family illness. By having anticipatory policies in place to provide for this need, employers can ease the stress of returning from maternity leave. Federal law now requires most employers to provide adequate breaks and a private location for mother’s to pump breast milk. The requirements are simple and can be implemented in most workplaces:

- **Flexible breaks for employees to express milk or nurse babies (some employers allow breastfeeding mothers of young babies to bring their infant to work or have on-site daycare facilities)**
- **A private non-bathroom location to pump with a door that can be locked**
- **A clear written policy outlining how you support breastfeeding employees**
- **Provide information for employees on integrating work and breastfeeding.**



Visit <http://www.withinreachwa.org/what-we-do/healthy-communities/breastfeeding/> for resources and sample policies.

The Breastfeeding Coalition of Washington and the WithinReach Breastfeeding program promotes, protects, and supports breastfeeding as vital to the health of our communities.

BREASTFEEDING Resource Links

[Loving Support© Makes Breastfeeding Work](#) (link is external)

[Loving Support Award of Excellence](#)

[Breastfeeding Peer Counseling](#)

[Breastfeeding and the Hospital Experience](#)

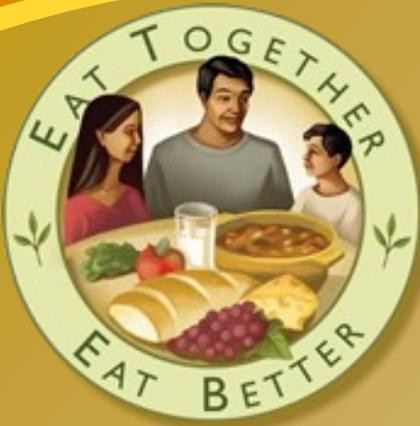
[Breastfeeding in the Workplace](#)

[General Educational Materials](#)

[Reports and Statistics](#)

[World Breastfeeding Week](#)





Family Meals

To make room for all of life's priorities—after-school activities, sporting events, homework, errands—family meals is often one of the first things to go. A warm and wholesome meal around the table gets traded in for leftovers nuked in the microwave at various points of the evening, or meals on wheels, as kids are shuffled to and from soccer games or band practice. And yet, the benefits of family dinners for your patients are well-documented: Children from families who eat together see improved health outcomes. They eat better, get better grades, are less likely to get involved with drugs and alcohol, and have less stress and anxiety, according to both current and past research.

Everyone at the dinner table tends to eat better when meals are eaten together as a family—research has shown that families who eat dinner together tend to get more fiber, vitamins, and minerals, and less fat as well.

Here are some tips to get family meals back on the schedule:

- **Try to have as many meals together as a family as possible.**
 - ⇒ Compromise on days and times.
 - ⇒ It can be family dinners or family breakfasts.
- **Set a No Electronics rule – including TV.**
 - ⇒ TV and cell phones, handheld video games are all disruptions that can be avoided. This allow everyone to focus on the food and the conversation.
- **Keep meals pleasant and focus on positives.**
 - ⇒ Discuss what they did during the day, what they have planned for the rest of the week.
 - ⇒ While they might not always share everything, paying attention to cues at dinner can often let parents know if everything is OK or if there is cause for concern.



Walk This Way

With kids heading back to school, walking is a great way to add a few minutes of exercise. However, unintentional pedestrian injuries are the fifth leading cause of injury-related death in the United States for children ages 5 to 19. Distraction for both drivers and pedestrians has become a huge factor in these injuries and deaths.



Teach kids to make eye contact with drivers before crossing the street.

Top Tips

Talk to kids about how to be safe while walking. It's always best to walk on sidewalks or paths and cross at street corners, using traffic signals and crosswalks.

Encourage walking in groups to and from school. A "Walking School Bus" is a simple way to improve safety and encourage walking. With a Walking School Bus, a group meets at designated places at regular times along the route with an adult volunteer.

Teach kids at an early age to put down their devices and then look left, right and left again when crossing the street.

Children under 10 should cross the street with an adult. Every child is different, but developmentally, it can be hard for kids to judge speed and distance of cars until age 10.

Remind kids to make eye contact with drivers before crossing the street and to watch out for cars that are turning or backing up.

When driving, be especially alert in residential neighborhoods and school zones and be on the lookout for bikers, walkers or runners who may be distracted or may step into the street unexpectedly.

See more at: <http://www.safekids.org/walkingsafelytips#sthash.Ac74fc21.dpuf>

Safe Kids Benton-Franklin is hosting a free car seat inspection event where nationally certified technicians can help you properly install your car seat.

SATURDAY, SEPTEMBER 19, 2015

10:00 am – 2:00 pm

Pasco Fire Station #83, 3203 Road 68, Pasco

PLEASE CALL (509) 460-4214 for more Information

