ISSUE 19
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JUST THE FACTS

A MONTHLY NEWSLETTER FROM YOUR METRO HEALTH CLINICIAN AMBASSADORS



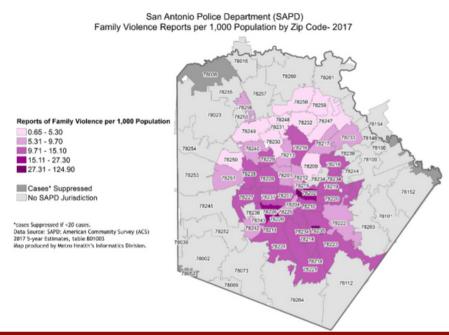
MONTHLY HIGHLIGHTS PURPLE PORCH SA

Did you know that according to the Collaborative Commission on Domestic Violence (CCDV), San Antonio has the highest number of domestic violence cases in the state? The San Antonio Police Department reports more than 40,000 family violence-related calls per year. Such violence has increased significantly at the national



level in the last 5 years, with 36% of women and 34% of men in the U.S. report experiencing intimate partner violence in their lifetimes (CCDV, 2020). In Texas, the prevalence is 40%, and these are just instances that were reported. Domestic violence is likely vastly underreported for reasons including fear of the abuser, stigma and lack of access to services. The top 5 San Antonio zip codes for family violence calls in 2021 in were 78207, 78223, 78228, 78227, and 78201 (CCDV 2021 Annual Statistical Report).

Join San Antonio Metro Health's Violence Prevention Program all month in turning San Antonio purple to raise awareness of and bring an end to domestic violence by switching to a purple porch light or decorating your porch with a purple wreath. You can also post a picture on social media using the hashtag #PurplePorchSA. On Thursday, Oct. 19, wear purple in solidarity with those who stand up against domestic violence.



JOIN THE 4TH ANNUAL DOMESTIC VIOLENCE AWARENESS SYMPOSIUM

(Oct. 5, 8:30 am-5 pm & Oct. 6, 8:30 am-12 pm)

The Collaborative Commission on Domestic Violence (CCDV) is proud to host the 4th Annual Domestic Violence Symposium. This virtual symposium invites professionals and community members to learn from and interact with experts in the domestic violence field.

The event is **FREE** and open to the community regardless of educational or professional background. CLEs and CEUs will be offered. Participants can join all sessions or select just a few.

To register, view the agenda, and list of speakers, please visit http://bit.ly/48idYVn.



You can view recordings from the 2022 symposium **here**, and view CCDV reports and data on domestic violence by visiting **ccdv.org/the-data/**.

Personal Safety Plan cards for your patients can be downloaded here in **English** or **Spanish**.

For a list of community resources, click here.

If you or someone you know is experiencing domestic violence, help is available.

National Domestic Violence Hotline

Call 1.800.799.7233 and TTY 1.800.787.3224 (confidential and free)

If you are unable to speak safely, you can log onto the **National Domestic Violence Hotline website** or text LOVEIS to 22522.

NATIONAL LATINX AIDS AWARENESS DAY

October 15, 2023, is National Latinx AIDS Awareness Day (NLAAD). NLAAD serves as an important occasion to address the disproportionate impact of HIV on Hispanic/Latinx communities. In 2020, the rate of Hispanic/Latino males and females living with HIV was 2.6 times higher than for their white counterparts in Bexar County (Aidsvu.org). NLAAD is also a day to promote HIV testing, and combat HIV stigma. To honor this observance, Metro Health's Mobile STD/HIV Clinic will hold an event on **October 21st at Mission Marquee**, in collaboration



with their Farmers & Artisans Market. This event aims to raise awareness about NLAAD by providing FREE testing and resources to the community from 9:00 am to 2:00 pm. For more information and resources on National Latinx AIDS Awareness Day and ways you can get involved, including information on testing and treatment locations visit <a href="https://doi.org/10.2016/nc.2016

FREE HIV HOME SELF-TEST KITS

Together TakeMeHome (TM), a collaboration between Emory University, Building Healthy Online Communities, CDC, NASTAD, OraSure and Signal, offers free home HIV test kits for patients who qualify. Patients can check their eligibility and order their free home self-test kit online at https://together.takemehome.org/

Patients should be advised that any positive results are preliminary and that they will need to have an additional test done with a healthcare provider to confirm positive results.

EDUCATIONAL OPPORTUNITIES

FETAL INFANT MORBIDITY REVIEW (FIMR)

Metro Health's Congenital Syphilis team invites you to join us for the upcoming Fetal Infant Morbidity Review on Congenital Syphilis (FIMR-S) for San Antonio on Tuesday, November 7th, 2023, 1:00 pm-4:30 pm. This meeting will be in-person at the Urban Ecology Center on 8400 NW Military Hwy, San Antonio, TX, 78231. At this FIMRS, we will review 3 cases focusing on congenital syphilis; following a case review. Participants will identify community action items. CE/CME is available and registration is required.

Register Here

PSYCH ADVICE FOR THE PEDIATRIC PRIMARY CARE PROVIDERS: SUPPORTING PEDIATRIC PATIENTS EXPOSED TO TRAUMA AND LOSS -

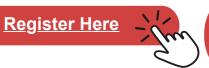
Join the Texas Child Mental Health Care Consortium for a virtual live event on approaches for primary care providers to support children exposed to trauma and grief. Register here. View the flyer for more information here. CME/CE available.

DISABILITY-FRIENDLY HEALTHCARE PROVIDER WORKSHOP -

disABILITYsa will be hosting provider workshops for clinicians called Creating Disability Friendly Healthcare Environments in San Antonio. These 2.5-hour workshops provide healthcare workers with resources and tools to provide disability-friendly and inclusive environments for the 1 in 7 San Antonians living with disabilities. Upcoming workshop dates:



Oct. 21, 8:30 am to 11:30 am Nov. 14, 5:00 pm to 8:00 pm



ON-DEMAND OFFERINGS

Preparing for the Upcoming Respiratory Virus
Season: Recommendations for Influenza, COVID19, and RSV Vaccines for Older Adults - This marks
the first autumn and winter virus season with vaccines
accessible for the three primary culprits behind most
hospitalizations: COVID-19, RSV, and influenza. On
Sept. 19, the CDC provided crucial information for
clinicians during a Clinician Outreach and
Communication Activity (COCA) call.
Recommendations for the 2023 viral respiratory
season are outlined below:

NFLUENZA

- Vaccination of all persons aged >6 months who do not have contraindications is recommended. Adults 65+ should get a high-dose or adjuvanted flu vaccine.
- Changes: Updating U.S. influenza vaccine compositions for 2023-2024
 - Persons with egg allergy: Should receive influenza vaccine, no additional safety measures required.

 Updated COVID-19 vaccines recommended for everyone aged >6

- The vaccines are covered by insurance.
 Uninsured and underinsured children and adults have access to vaccines through VFC or Bridge Programs.
- A single 2023-24 dose is recommended for everyone ages 5 years and older.

RSV

COVID-19

- RSV can cause serious illness in older adults. Certain underlying medical conditions and advanced age are associated with an increased risk of severe RSV.
- Adults 60+ may receive an RSV vaccine based on shared clinical decision-making with a healthcare provider.

Pharmacists - A series of six 30-minute educational modules for pharmacists on sexually transmitted infections, developed by two national public health organizations. Content is now posted on the American Pharmacists' Association (APhA) website and includes high-yield topics tailored for pharmacists such as approaching sexual health discussions with patients, creating an environment of equitable care, basics of STI/HIV diagnosis, treatment and prevention, and collaboration with public health around STI/HIV care.

Sexual Health Discussions with Patients for

OTHER RESOURCES

Firearm Safety and Patient Health - A Proactive Guide to Protecting Patients and Their Families -- A

downloadable guide for healthcare providers from the American College of Surgeons with best practices for discussing firearm safety and injury prevention in the clinical setting. You can also download the Gun Safety and Your Health brochure for patients here.

Inclusive Dermatology Resources for Providers

A majority of Texas patients have skin of color, but light skin predominates in traditional dermatology textbooks. A growing number of online dermatology atlases show a range of skin tones, including:

- Skin of Color Image Atlas, American Academy of Dermatology
- · Inclusive Dermatology Gallery, University of New Mexico School of Medicine
- In Plain Sight Digital Guidebook, American College of Obstetricians and Gynecologists

SA KIDS BREATHE

Providers: looking for cessation resources?

Metro Health's SA Kids BREATHE EXHALE team can help!

A variety of
NO—COST
strategies
are available for
your patients
ready to quit.

Phone-Based Counseling, No Cost Nicotine Replacement Therapy, Self-Help

Anonymous Text to Quit Program for Youth

Call the EXHALE Team at (210) 207-8758

Expert Quitting Information

Text-Message Quit Support, Educational Videos, and Testimonials

What can your clinic do to help?

Please take the opportunity to refer your high-risk patients with asthma who fulfill our attached criteria. Our CHWs are ready to take the time to serve your patients with education and resources and to work as a team with you to continue to improve their asthma control.

Please do not hesitate to email SAKB at sakidsbreathe@sanantonio.gov or Dr. Svatek at sakidsbreathe@sanantonio.gov or Dr.

Program Phone: 210-207-7282 Send Referral to our secure fax or via your secure email: 210-207-9757

sakidsbreathe@sanantonio.gov

Find Referral Form here:

https://www.sanantonio.gov/

Health/HealthServices/Asthma#265203359
referral

HEALTH NEWS

RSV Vaccine in Pregnancy

A new RSV vaccine is recommended for people 32–36 weeks pregnant, with seasonal administration during September–January in most of the United States. This single-dose vaccine provides protection against severe RSV illness to the recipient's baby for up to 6 months of age. The vaccine can be administered at the same time as other immunizations routinely recommended during pregnancy. Compared to placebo, the RSV vaccine reduced the risk of severe lower respiratory tract infection by 76.5% at 180 days after birth.

Alternatively, nirsevimab, a monoclonal antibody administered to newborns in the first week of life during RSV season, reduces the risk of both hospitalizations and health care visits for RSV in infants by about 80%.

CDC guidance states most infants will likely only need protection from either the maternal RSV vaccine or infant immunization, but not both. Prenatal care providers are asked to offer information on both the maternal vaccine and infant monoclonal antibody and consider patient preferences when determining the course of action. For a CDC rundown on pros and cons of each option, click here.

New Perinatal Mental Health Resources

Texas PeriPAN offers free real-time access to a multidisciplinary network of mental health experts—including reproductive psychiatrists—for peer-to-peer consults by phone, vetted and personalized referrals and resources, and behavioral health CMEs.

PeriPAN is for all clinicians serving pregnant and postpartum women, including primary care providers, midwives and nurses. Call 888-901-2726, Monday-Friday 8 AM- 5PM, to enroll within 5 minutes and get help with a patient quickly. (When connected, press 3 for Region and 2 for Institution.) Learn more here. Maternal mental health conditions are the most common complications of pregnancy and childbirth. They affect 1 in 5 perinatal women and are the leading underlying cause of pregnancy-related death in the United States. Women who get treatment can and do recover.

The **American Psychiatric Association** recently released a perinatal mental health toolkit and fact sheets for prescribers and patients, available <u>here</u>.

Resources for patients:

- Postpartum Support International helpline and support groups: postpartum.net and 1-800-944-4773
- National Maternal Mental Health Hotline: 1-833-9-HELP4MOMS mchb.hrsa.gov/national-maternal-mental-health-hotline
- Action Plan for Depression and Anxiety Around Pregnancy Similar to an Asthma Action Plan, but for mental health, from the National Institutes of Health: <u>English</u> | <u>Spanish</u>. View all NIH maternal mental health resources <u>here</u>.

HEALTH NEWS

FDA Clarification on Phenylephrine

On Sept. 14, the FDA clarified a recent advisory committee decision on oral phenylephrine. The advisory committee consensus on Sept. 12 was that existing scientific evidence does not support the recommended dosage of orally administered phenylephrine as an effective nasal decongestant. Importantly, no safety concerns were raised, and phenylephrine-containing nasal sprays were not under consideration.

If upon consideration, the FDA also determines that oral phenylephrine lacks effectiveness, it will next propose to remove oral phenylephrine as an over-the-counter ingredient. The public will have an opportunity to comment. See more here. For a YouTube Recording of the Nonprescription Drugs Advisory Committee meeting, click here and here.

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Health Care Provider Knowledge about Pneumonia Vaccines

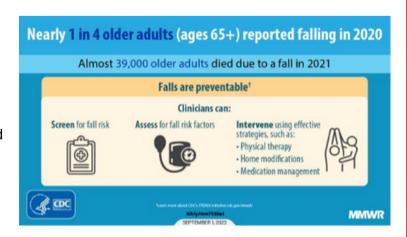
On Sept. 8, the CDC released results of a survey of 757 family physicians, general internists, and pharmacists, in which around half of respondents were unfamiliar with 2021 ACIP pneumococcal vaccination recommendations on PCV15 and PCV20.

Respondents indicated that CDC's nuanced recommendations, which varied based on vaccination history and underlying medical conditions, were challenging to interpret and implement. This uncertainty might contribute to the low rates of PCV15 and PCV20 uptake among adults aged ≥65 years. As of December 2022, only 4.4% of Medicare beneficiaries aged ≥ 65 years had received PCV15 or PCV20; coverage was 7.1% among those aged 65–69 years. In response, CDC broadened recommendations for PCV20 to include adults who previously received PCV13 only. CDC encourages vaccine providers to make use of the **PneumoRecs VaxAdvisor**, available as a mobile app or through a web browser. This tool helps healthcare providers quickly determine which PCV vaccine is appropriate for each patient and when it should be administered: <u>IOS | Android | Web version</u>. Read the MMWR <u>here</u>. Current pneumococcal recommendations for adults ages 19 and older can be found <u>here</u>.

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Unintentional Falls in Older Adults

Among adults aged ≥ 65 years, unintentional falls are the leading cause of injury and injury-related deaths. In 2020, the percentage of older adults who reported falling in the past year varied from 19.9% in Illinois to 38.0% in Alaska, with Texas at 29.0%. In 2021, the unintentional fall-related death rate ranged from 30.7 per 100,000 population in Alabama to 176.5 in Wisconsin, with Texas at 65.1%. The CDC's STEADI initiative recommends that healthcare providers screen older adults for fall risk, assess



modifiable risk factors, and implement effective interventions such as physical therapy, home modifications, and medication management to address every risk factor. See more here. For CDC's Algorithm for Fall Risk Screening, Assessment, and Intervention, click here. For further provider resources to implement fall reduction techniques in your practice, click here.

MPOX

Vaccine Effectiveness

A <u>recent MMWR</u> on Sept. 8, based on surveillance data from the California Department of Public Health, found that vaccination significantly reduced hospitalization associated with mpox in both HIV-infected and uninfected individuals. A total of 250 (5.4%) mpox patients were hospitalized, including four (1.6%) who received 1 dose, one (0.4%) who received 2 doses, 12 (4.8%) who received post-exposure prophylaxis, and 233 (93.2%) who were unvaccinated. Completing the 2-dose series best protects individuals at risk, yet only an estimated 11% of people at risk in Bexar County have immunity, making ours <u>one of the nation's highest risk counties</u> for another mpox outbreak.

Mpox vaccines continue to be available to patients at the Metro Health STI Clinic at 512 E. Highland Blvd, Ste 150. Appointments are no longer required.

STOMP Trial

Have a patient looking for mpox treatment with TPOXX? Patients can readily access it through the STOMP trial at UT Health San Antonio. STOMP is a NIAID-funded clinical trial to evaluate the effectiveness of the antiviral tecovirimat, also called TPOXX, for the treatment of human mpox infection. People can self-enroll by visiting stomptpoxx.org/main. For more information, providers can visit clinicaltrials.gov/ct2/show/NCT05534984.

Contact information:

University of Texas San Antonio Clinical Research Site 7703 Floyd Curl, Dr, San Antonio, TX 78229 210-567-4823

COVID CORNER

COVIDTests.gov Reopens

Four free home tests per household can again be requested as of Sept. 25. The website also explains what to do after testing positive and links to <u>testinglocator.cdc.gov</u>, where symptomatic people without insurance can find free testing sites.

For people with questions about how long to stay away from other people or wear a mask after illness, the CDC's calculator is <u>here</u>.

Updated COVID-19 Vaccine

As of Sept. 12, the CDC recommended that all individuals aged 6 months and older receive an updated COVID-19 vaccine for this fall and winter. **Bivalent mRNA COVID-19 vaccines are no longer recommended** in the United States. For mRNA vaccines, the formulation for the 2023–2024 season is a monovalent vaccine based on the Omicron XBB.1.5 sub-lineage of SARS-CoV-2. Novavax is currently formulated as a monovalent vaccine based on the original strain of SARS-CoV-2. See full details here.

The <u>Vaccines.gov</u> locator can be filtered for pharmacies that have the vaccine in stock and for Bridge Access Program sites, which administer the vaccine at no charge to people who are uninsured or underinsured. The Bridge Access Program will expire Dec. 31, 2024.

Most people ages 5 and up need only one dose, even if they've never been vaccinated against COVID in the past. For males ages 12-39 years who need multiple doses because of immunocompromise, CDC recommends an 8-week interval to reduce the small risk of myocarditis and pericarditis. Read more here.

Immunize.org will update their Key Resources for Providers Checklist to align with the new recommendations. Learn more by clicking <u>here</u>.

Ask the Experts Series

From Immunize.org

Q: May influenza vaccines be given at the same time as RSV vaccine?

"While CDC states that it is acceptable to coadminister influenza and RSV vaccines, there are issues that should be considered before deciding to coadminister these vaccines to a specific patient. Data informing simultaneous administration with influenza vaccines is limited and evolving. Data on coadministration of RSV and influenza vaccines showed that antibody titers were somewhat lower with coadministration; however, the clinical significance of this is unknown. In addition, administering RSV vaccine with one or more other vaccines at the same visit might increase local or systemic reactogenicity. Data are available for coadministration of RSV and influenza vaccines, and evidence is mixed regarding increased reactogenicity.

"ACIP advises that when deciding whether to coadminister other vaccines with an RSV vaccine, consider whether the patient is up to date with currently recommended vaccines, the feasibility of the patient returning for additional vaccine doses, risk for acquiring vaccine-preventable disease, vaccine reactogenicity profiles, and patient preferences." Click here to view the full MMWR on the RSV vaccine in older adults. Click here to read more from Immunize.org's "Ask the Experts" series.

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Schedule an appointment with us today!

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Message and data rates apply.

You can now self-schedule your virtual academic detailing sessions with the Clinician Ambassador team!

Scan Here



