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PUBLIC HEALTH CONNECTION

A quarterly newsletter from the Clinton County Health Department

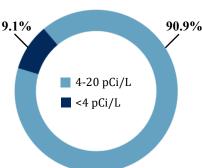
PATIENT RESOURCE: RADON TESTING

Radon, a naturally occurring radioactive gas, is the second leading cause of lung cancer in the United States (US). Exposure to radon and tobacco results in synergistic health effects, substantially increasing a person's lung cancer risk.

Released during the natural decay of uranium in soil, rock and water, radon is colorless and odorless. Radon can leak into a home through cracks in a foundation, the dirt floor of a crawl space, or openings around a sump pump. Any home can have high radon levels—whether it is old or new, has a basement or is built on a slab. The New York State (NYS) Department of Health (DOH), US Environmental Protection Agency

(EPA), and the Surgeon General recommend all homes be tested for radon. In 2021, out of 462 homes tested in Clinton County 42 had a radon level of 4 pCi/L or higher, which requires mitigation (see Chart 1).

Chart 1. Reported Radon Levels in Homes Tested, Clinton County, 2021



Health care providers are encouraged to educate

patients on the health risks of radon exposure and the importance of radon testing and mitigation. Consider adding radon testing questions to your routine electronic medical record questionnaire, and provide information in your office that promotes radon testing and mitigation. Find additional information at https://on.ny.gov/33GzHc] and <a href="https://on.ny.gov/33GzHc] and <a href="https://on.ny.gov/addzHc] and <a href="https://on.ny.gov/addzH

The Clinton County Healthy Neighborhoods Program is an additional local resource for patients. Radon is just one area of indoor air quality and home safety that the program addresses. Free radon test kits and other home safety products are available based on household needs. Patients may schedule a home visit by calling **518-565-4870** or visiting

www.clintonhealth.org/healthyneighborhoods.

CHRONIC DISEASE SELF-MANAGEMENT PROGRAMS

Overweight and obesity continue to be concerning issues in Clinton County. The percentage of local adults who are either overweight or obese is 70.8%; this is higher than the Upstate New York average of 64.2% and the NYS average of 62.7%. The burden of obesity likely contributes to the county's challenges related to diabetes, cardiovascular disease and certain cancers. Self-management education is key to achieving control and long-term positive health outcomes for patients with these diagnoses. However, local participation in these opportunities has been suboptimal. According to findings from the NYS Behavioral Risk Factor Surveillance System survey, only 7.5% of Clinton County residents with chronic conditions have taken a course or class to learn how to manage their condition. This percentage is significantly lower than both the NYS participation rate of 12.1% and the 2024 Prevention Agenda goal of 10.6%.

New opportunities are available for residents. CCHD is partnering with the North Country Healthy Heart Network to increase patient participation in chronic disease self-management education. Courses address prevention and management. Programs can be completed as self-paced online or interactive online courses with over-the-phone check-ins; in-person group sessions are also available. There are currently programs targeting diabetes, heart disease, anxiety, chronic pain, COPD, and cancer. If you

are interested in receiving promotional rack cards (see Image 1) to distribute to patients or if you would like more information on chronic disease selfmanagement programs, contact the Division of Health Planning and Promotion at 518-565-4993.





Image 1. Promotional rack cards



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CLINICAL GUIDANCE: TUBERCULOSIS TESTING

Interferon-Gamma Release Assays (IGRAs) are whole-blood tests that can aid in diagnosing *Mycobacterium tuberculosis (Mtb)* infection and are an alternative to the Mantoux tuberculin skin test (TST). IGRAs approved in the United States are the QuantiFERON®-TB Gold Plus (QFT-Plus) and the T-SPOT®.TB test (T-Spot). For assistance in selecting the preferred test for your patient, see *Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children* at https://www.cdc.gov/tb/publications/guidelines/pdf/ciw778.pdf.

Locally, CCHD has observed an increase in use of IGRAs in recent years. Following this increase, many providers have sought guidance on interpretation of results and next steps for patients. Table 1 below provides a brief glance at interpretation of the five elements of the QFT-Plus.

As with the TSTs, IGRAs should be used as an aid in diagnosing infection with *Mtb*. A positive TB blood test result means the patient is likely infected with *Mtb*, but may not have active TB disease. Most people have latent TB infection (LTBI). A diagnosis of LTBI requires that TB disease be excluded by medical evaluation. This should include checking for signs and symptoms suggestive of TB disease, a chest x-ray, and, when indicated, examination of sputum or other clinical samples for the presence of *Mtb*. Decisions about a diagnosis of *Mtb* infection should also include epidemiological and historical information.

All IGRA results are submitted to CCHD through the Electronic Clinic Laboratory Reporting System (ECLRS). An additional report by the provider to the health department does not need to be made *unless* you, as the provider, suspect **active** TB disease.

If the QFT-Plus result is positive and the patient is asymptomatic, send the patient for a chest x-ray and refer to an infectious disease specialist. As the provider, if you determine or suspect your patient has **active** TB disease, immediately call the health department at **518-565-4848**. Sputum specimens should be ordered and collected specimens should be sent to Wadsworth Laboratory. For additional information, visit https://www.cdc.gov/tb/publications/factsheets/testing/igra.htm.

Table 1. Interpretation of QFT-Plus test results					
Nil (IU/ml)	TB1 minus Nil (IU/ml)	TB2 minus Nil (IU/ml)	Mitogen minus Nil (IU/ml)	QFT-Plus Result	Result interpretation
	≥0.35 and ≥25% of Nil	Any	Any	Positive	<i>M. tuberculosis</i> infection likely
	Any	≥0.35 and ≥25% of Nil			
	<0.35 <i>or</i> ≥0.35 and <25% of Nil	<0.35 <i>or</i> ≥0.35 and <25% of Nil	≥0.50	Negative	<i>M. tuberculosis</i> infection NOT likely
	<0.35 <i>or</i> ≥0.35 and <25% of Nil	<0.35 <i>or</i> ≥0.35 and <25% of Nil	<0.50	Indeterminate	Likelihood of M. tuberculosis infection cannot
>8.0	Any				be determined

Source: QFT-Plus Package Insert 06/2022 (https://bit.ly/3VtH5xs)

IMMUNIZATION UPDATES

Earlier this year, the Advisory Committee on Immunization Practices (ACIP) updated recommendations for adult pneumococcal vaccination (https://bit.ly/2Wx9yVS).

Highlights include:

- Everyone 65 years or older should receive a pneumococcal conjugate vaccine (either PCV15 or PCV20). If PCV15 is used, it should be followed by a dose of PPSV23 vaccine. This eliminates the previous clinical decision making recommendation for this age group.
- Everyone 19-64 years with certain underlying medical conditions or risk factors should receive a pneumococcal conjugate vaccine (either a PCV15 or PCV20). If they receive a PCV15, they should receive a dose of PPSV23 at least one year later; however, 8 weeks can be considered in certain populations.

The revised recommendations apply to all adults who have not previously been vaccinated for pneumococcal disease with a pneumococcal conjugate vaccine, and are reflected on the 2022 Adult Immunization Schedule (https://bit.ly/3v8zv0i).

Guidance for patients who have already received a previous dose of PCV13 and/or PPSV23 is available at https://bit.ly/3GffFHi. Find answers to commonly asked questions regarding pneumococcal vaccines are at https://bit.ly/32q6Tzz.

FREE Developmental Screenings

CCHD offers developmental screenings for children under 3.

- No cost to families
- Friendly, trained screeners
- Standardized Screening Tool

Patients or guardians may visit www.clintonhealth.org/specialneeds or call 518-565-4848 for more information.

