

PUBLIC HEALTH CONNECTION

A quarterly newsletter from the Clinton County Health Department

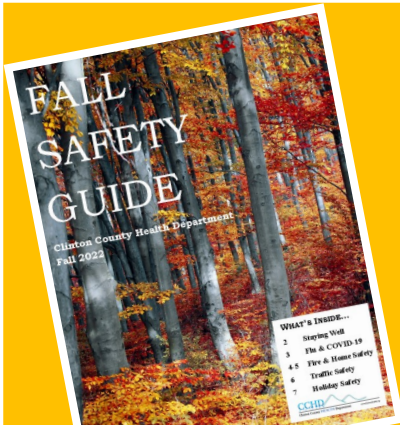
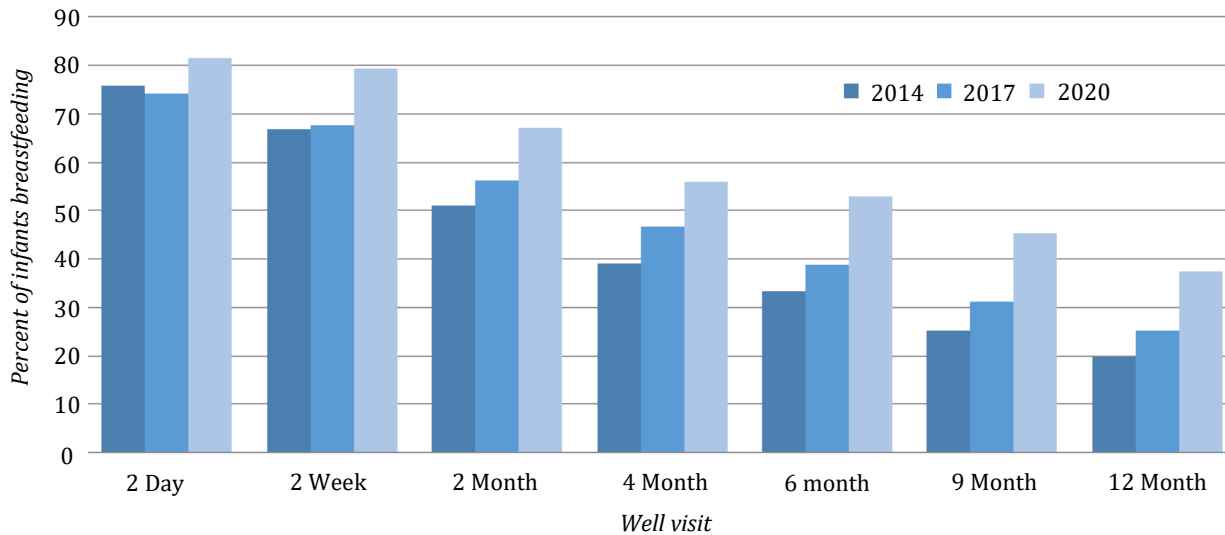
INFANT FEEDING IN CLINTON COUNTY

Since 2013, CCHD has collected public health surveillance data on infant feeding to obtain timely information on changes in feeding approaches and duration in Clinton County. The latest iteration of this data was collected in January 2022 through clinical chart reviews for infants born 1/1/20-12/31/20. While the data set is a convenience sample, findings indicate that from 2013 to 2020 there was an 18.01 percentage point increase in the number of infants chest/breastfeeding, both exclusively and in combination with formula (see *Figure 1* below).

In 2020, 81.6% of infants were chest/breastfeeding, exclusively and in combination with formula, at the 2-day well visit. While this percentage decreased to 37.5% by the 1-year well visit, from 2013 to 2020 there was a 48.8% increase in the percentage of infants who were chest/breastfeeding at the 2-day well visit and continuing at the 1-year well visit. The largest decrease in chest/breastfeeding rates continues to be between the 2-week and 2-month visits.

Overall increases may be attributed to the normalization of chest/breastfeeding in our community and an increase in the number of lactation professionals who provide individualized support throughout the care continuum. For a copy of the complete *Clinton County 2020 Infant Feeding Data Summary*, contact Health Planning and Promotion at **518-565-4993**.

Figure 1. Infants breastfeeding in Clinton County by well visit (exclusive & any), 2014, 2017, 2020



- ✓ Staying Well
- ✓ Flu Season
- ✓ COVID-19
- ✓ Fire & Home Safety
- ✓ Traffic Safety
- ✓ Holiday Safety

To access the guide, patients can visit <https://bit.ly/3yudpHS>.

Fall into our latest *Safety Guide*.

IMMUNIZATION UPDATES

The Advisory Committee on Immunization Practices (ACIP) recently released updated recommendations for hepatitis B vaccination. The ACIP recommends that adults aged 19 to 59 and those 60 years and older with risk factors for infection “should” receive the hepatitis B vaccine; those 60 years and older without known risk factors for hepatitis B “may” receive the vaccine (<https://bit.ly/3QreOor>).

ACIP vaccination recommendations for the 2022-2023 influenza season may be viewed at <https://bit.ly/3B3O6wr>. For additional information on influenza vaccine composition for the 2022-2023 influenza season, visit <https://bit.ly/3KWJQnb>.

IDENTIFYING AND MANAGING LEAD EXPOSURE

New York State (NYS) Public Health Law and Regulations require health care providers to obtain a blood lead test for all children at 12 and 24 months of age, regardless of risk. Lead exposure risk should also be assessed at each well visit for all children aged 6 months to 6 years.

According to data obtained from NYSIIS, in Clinton County only 69.98% of one year olds and 65.97% of two year olds were tested for blood lead levels (BLL) in 2021. In the first half of 2022, 68.33% of one year olds and 67.24% of two year olds were tested. While less than 1% of children tested in Clinton County in 2021-22 had an elevated BLL, universal testing remains vital in the identification of any children that may have been exposed to lead.

Table 1. Reported Cases of Elevated Blood Lead Levels, Clinton County, 2018-2022*

	2018	2019	2020	2021	2022*
5 - 9.9 µg/dL			7	3	4
10 - 14 µg/dL	1	3	3	2	1
15 - 19 µg/dL	0	2	0	0	0
> 20 µg/dL	1	1	0	1	1

*As of 9/28/2022.

In addition, Federal Law requires that all Medicaid eligible children be tested for lead at one and two years of age. In Clinton County, the lowest percentage of children tested are those with Medicaid or Fidelis Care Insurance. The LeadCare II point-of-care testing system allows for blood lead levels to be checked quickly in the office, with results available in three minutes. However, a recall of Lead Care II Magellan test kits from 9/28/2021 to 3/30/2022 necessitated that venous samples be drawn instead of capillary sampling, which may have contributed to the decrease in lead tests performed during that time period. If a child’s capillary sample results in $\geq 5 \mu\text{g/dL}$ a venous sample should be drawn to confirm the level. Elevated levels should be reported to the child’s county of residence.

In Clinton County, the Lead Poisoning Prevention Program offers in-home education to parents regarding lead hazards and prevention of lead poisoning. An EPA-certified Lead Assessor is also available to sample homes when a child is identified with elevated blood lead levels. As part of this program, CCHD reviews all blood lead levels reported through NYSIIS. In any cases of $\text{BLL} \geq 5 \mu\text{g/dL}$, patients are contacted and education is provided on next steps to prevent any further lead poisoning, diet considerations to help lower lead levels, and environmental controls, such as how to clean effectively for lead dust. CCHD also provides case management to children with elevated BLLs of $\geq 5 \mu\text{g/dL}$, until the BLL is $< 5 \mu\text{g/dL}$ for two consecutive tests. For questions, contact CCHD at 518-565-4848.

Provider Resource

NYS Guidelines for Health Care Providers for the Prevention, Identification, and Management of Lead Exposure in Children is available at <https://on.ny.gov/3T08JBO>, and Quick Reference Guide: Management of Children According to Blood Lead Level is available at <https://on.ny.gov/7Eyl4sl>.

WIC PROGRAM UPDATE

A new version of the WIC Medical Documentation Form for specialty formulas and medical nutritionals has been streamlined to make it easier for health care providers to complete. Please note WIC will now provide all supplemental foods at 6 months old unless food restrictions are indicated on the form based on medical condition. The form may be accessed at www.health.ny.gov/forms/doh-4456.pdf.

ANNUAL TUBERCULOSIS UPDATE

National incidence of reported tuberculosis (TB) (cases per 100,000 persons) rose 9.4% during 2021 (2.37) compared with that in 2020 (2.16), but remained 12.6% lower than the rate during 2019 (2.71). A total of 7,860 TB cases were reported during 2021, 687 more than during 2020 (7,173) and 1,040 fewer than during 2019 (8,900). During 2021, TB incidence increased among both U.S.-born and non-U.S.-born persons, according to the Centers for Disease Control and Prevention (CDC).

In NYS (excluding NYC), the incidence of TB was 1.4 per 100,000 during 2020; this is the most recent state-level data available. In Clinton County, the incidence of TB was 1.2 per 100,000 during 2019; no cases of TB were reported in Clinton County during 2020 or 2021.

Pandemic mitigation efforts and reduced travel may have contributed to the reported decrease in TB across the U.S. in recent years. While the reported national incidence of TB increased slightly from 2020 to 2021, concerns for missed or delayed TB diagnoses remain. Health care providers are encouraged to consider TB disease when evaluating patients with signs and symptoms consistent with TB (e.g., cough of >2 weeks in duration, unintentional weight loss, and hemoptysis). More information about diagnosing and treating TB can be accessed at <https://bit.ly/3zogisC>.