COUNTY OF LOS ANGELES
Public Health

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TO: CHDP Providers

FROM: Yasangi Jayasinha, M.D., Director
Child Health and Disability Prevention Program

SUBJECT: **CHDP PROVIDER UPDATE #01-19**

I. Announcement

Dr. Yasangi Jayasinha was appointed the Director of the Child Health and Disability Prevention (CHDP) and Child Welfare Public Health Nursing (CWPHN) Programs effective October 16, 2018. Dr. Jayasinha has worked in both the public and private sectors, most recently serving as Director of Pediatric Primary Care at Olive View UCLA Medical Center.

II. AAP Preventive Care Guidelines

Please ensure that you are following the established AAP guidelines set forth for pediatric preventive care, which include recommendations for screenings and assessments at each well-child visit from infancy through adolescence.

III. Epinephrine Formulations

For pediatric patients weighing greater than 10 kg, an epinephrine autoinjector is the preferred method of delivery to treat anaphylaxis for speed, reliability, and ease of use. For infants weighing less than 10 kg, an exact weight- based dose should be given whenever possible. However, if drawing up an exact dose is likely to cause a significant delay in a patient with severe symptoms or is rapidly deteriorating, an 0.1 mg dose can be given by autoinjector. If the 0.1 mg autoinjector is not available, the 0.15 mg autoinjector can be used. If a CHDP site plans to stock epinephrine autoinjectors, instead of solution vials, three formulations (0.1 mg, 0.15 mg, 0.3 mg) should be

stocked, with at least three doses available of each. If the 0.1 mg formulation is unavailable, then the 0.15 mg and 0.3 mg doses are the minimum supplies needed.

IV. Vision Screening

Instrument-based screening is endorsed by the AAP and by the US Preventive Services Task Force as a valid method for screening very young children. A recent randomized, controlled, multicentered crossover study demonstrated photo screening to be superior to direct testing of visual acuity for screening well children ages 3 to 6 years in the pediatric office. If available, instrument-based screening can be attempted beginning at age 12 months. Several types of instrument-based vision screening are now available for use in ambulatory care settings. Although neither type provides a direct assessment of visual acuity, both identify ocular risk factors that can lead to early vision loss in children. Once children can read an eye chart easily, optotype-based acuity should supplement instrument-based testing. The actual age for this is not yet well established and likely varies depending on the child.

For optotype based visual acuity screening, an appropriate testing distance must be used. For children up to 5 years of age, especially when pictorial optotypes are used, this distance should be set at 10 feet rather than 20 feet as a standard. This shorter distance helps to enhance interaction between the child and the individual administering the screening without decreasing the accuracy of screening results. Current standardized preschool eye charts are typically calibrated for use at 10 feet. For children 6 years and older for whom a letter chart is used, the test distance may be appropriately set at either 10 feet or at the common standard of 20 feet, as long as the chart is properly calibrated for use at that distance.

The use of validated and standardized optotypes and acuity charts is important for an accurate assessment of vision. For this reason, only the LEA symbols and HOTV characters are recommended for preschool vision screening at this time. Other optotypes are not well validated in the screening environment. For school age children, either Snellen or Sloan charts should be used.

Please see link to the AAP Clinical Report "Procedures for the Evaluation of Visual Systems by Pediatricians" for further details: http://pediatrics.aappublications.org/content/137/1/e20153596

V. Hearing Screening

As per AAP Bright Futures Guidelines, hearing screening with audiometry should include 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See reference "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies," Sekhar, Deepa L. et al. Journal of Adolescent Health , Volume 59 , Issue 3 , 362 – 364.

VI. Vaccine Preventable Disease Control Program Tool Kits

The Los Angeles County Department of Public Health Vaccine Preventable Disease Control Program website includes Disease Management Tool Kits for providers and other helpful vaccine information. Click here for more information.

VII. Trainings Update

Vision Screening and Audiometric Screening trainings offered to our providers consists of two parts: lecture and practicum. Beginning March 1, 2019, CHDP Providers can elect to complete the lecture portion of their training via an online module followed by a scheduled practicum within two weeks. Please visit our CHDP website for further details or call your regional office for more information.

Fluoride varnish trainings are available to all CHDP Providers. Please call your regional office for further details and to schedule an in-office training. Stay tuned for an upcoming on-line option for this training.

VIII. Recent: CHDP Gateway to Health Coverage Bulletins

Bulletin 171	January 2019
Bulletin 170	December 2018
Bulletin 169	November 2018
Bulletin 168	October 2018

IX. Recent Medi-Cal News Flashes

January 11, 2019	March 2019 Medi-Cal Provider Seminar
October 16, 2018	November 1 Go Live: CHDP Phase 3 HIPAA Code Conversion for School-Based Services
October 15, 2018	Online PDF RAD and Medi-Cal Financial Summary

X. Archived Medi-Cal Bulletins & News Flashes

To view archived Medi-Cal News Flashes, click here and to view archived Gateway to Health Coverage Bulletins click here.

XI. Archived Provider Information Notices

To view archived PINs, click here.