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Past Presentations – Spring 2013

- March 20 - Adult Potentially Preventable Hospitalizations in Texas
- March 27 - Healthy Texas Babies: SIDS, SUID and Safe Sleep
- April 3 - Health Needs a Hero: A Story of Transformation
- April 10 - Advancing Equity in Working to Eliminate Racial and Ethnic Disparities in Health Care: How Far Have We Come and Where Do We Need to Go?
- April 17 - Promoting Health Literacy through Easy-to-Read Materials
- April 24 - Best Practices in Community Public Health: Preparing for the 2013 Mosquito Season and West Nile Virus
- May 1 - Youth Violence: Implications for Inpatient Services
- May 8 - West Nile Virus: An Update for Clinicians (5:30-6:30 pm)



Adult Potentially Preventable Hospitalizations in Texas

TRAIN Course ID: 1041803

Presenters: Mike Gilliam, Jr., MSW, MPH, Assessment & Benchmarking Specialist, Texas Department of State Health Services; David Coultas, MD, FACP, Vice President, Clinical & Academic Affairs. University of Texas Health Science Center - Tyler

Description: Please join nationally recognized pulmonologist David Coultas, MD, FACP, Vice President, Clinical & Academic Affairs, University of Texas Health Science Center - Tyler and Mike Gilliam Jr., MSW, MPH, Texas Department of State Health Services to learn how Texans are impacted by adult potentially preventable hospitalizations. In 2012, Mr. Gilliam was identified as a Public Health Hero by United Health Foundation's *2012 America's Health Rankings* for his landmark work with potentially adult preventable hospitalizations in Texas. This thought provoking presentation will include a description of the ten most cited causes of adult preventable hospitalizations, the financial impact, clinical prevention, as well as county-level efforts in Texas to attempt to prevent these hospitalizations.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES); Registered Sanitarians, LPC, LMFT, and certificate of attendance.

Presentation documents: To request a copy of the slides, handouts, and recorded webinar, contact the DSHS Audiovisual Library at avlibrary@dshs.state.tx.us. *CE credit is only available for those attending the live event, not the recording.*

Suggested resources: To request a full-text copy of any of the articles not available below, please e-mail library@dshs.state.tx.us.

1) [Can primary care visits reduce hospital utilization among Medicare beneficiaries at the end of life?](#) Kronman AC, et al. *J Gen Intern Med.* 2008 Sep;23(9):1330-5.

2) Changes in preventable hospitalization patterns among the adults: a small area analysis of US states. Basu J, Thumula V, Mobley LR. *J Ambul Care Manage.* 2012 Jul-Sep;35(3):226-37.

- 3) A comparative, retrospective, observational study of the prevalence, availability, and specificity of advance care plans in a county that implemented an advance care planning microsystem. Hammes BJ, Rooney BL, Gundrum JD. J Am Geriatr Soc. 2010 Jul;58(7):1249-55.
- 4) Controlling death: the false promise of advance directives. Perkins HS. Ann Intern Med. 2007 Jul 3;147(1):51-7.
- 5) [Geographic disparity in COPD hospitalization rates among the Texas population](#). Jackson BE, et al. Respir Med. 2011 May;105(5):734-9.
- 6) Interruptions in Medicaid coverage and risk for hospitalization for ambulatory care-sensitive conditions. Bindman AB, Chattopadhyay A, Auerback GM. Ann Intern Med. 2008 Dec 16;149(12):854-60.
- 7) [Overview of hospitalizations among patients with COPD, 2008](#). Wier LM, Elixhauser A, Pfuntner A, Au DH. Statistical Brief #106. 2011 Feb. Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]. Rockville (MD): Agency for Health Care Policy and Research.
- 8) [Potentially preventable hospitalizations for acute and chronic conditions, 2008](#). Stranges E, Stocks C. Statistical Brief #99. 2010 Nov. Healthcare Cost and Utilization Project (HCUP) Statistical Briefs [Internet]. Rockville (MD): Agency for Health Care Policy and Research.
- 9) [Preventable hospitalizations for congestive heart failure: establishing a baseline to monitor trends and disparities](#). Will JC, Valderrama AL, Yoon PW. Prev Chronic Dis. 2012;9:E85.
- 10) [Preventable hospitalizations for hypertension: establishing a baseline for monitoring racial differences in rates](#). Will JC, Yoon PW. Prev Chronic Dis. 2013 Feb;10:E24.
- 11) [Regional variation in the association between advance directives and end-of-life Medicare expenditures](#). Nicholas LH, et al. JAMA. 2011 Oct 5;306(13):1447-53.
- 12) [Safety-net facilities and hospitalization rates of chronic obstructive pulmonary disease: a cross-sectional analysis of the 2007 Texas Health Care Information Council inpatient data](#). Jackson BE, et al. Int J Chron Obstruct Pulmon Dis. 2011;6:563-71.

March 27

Healthy Texas Babies: SIDS, SUID and Safe Sleep



Presenters: William Brendle Glomb, MD, FCCP, FAAP, Medical Director, Texas Medicaid and CHIP Programs, Office of Health Policy and Clinical Services, HHSC; Susan Rodriguez, Texas Child Fatality Review Coordinator, Office of Title V & Family Health, DSHS

Healthy Texas Babies: SIDS, SUID and Safe Sleep

TRAIN Course ID: 1034641

Presenters: William Brendle Glomb, MD, FCCP, FAAP, Medical Director, Texas Medicaid and CHIP Programs, Office of Health Policy and Clinical Services, HHSC; Susan Rodriguez, Texas Child Fatality Review Coordinator, Office of Title V & Family Health, DSHS

Description: Over the past 20 years, the U.S. has made great strides in infant mortality reduction due to SIDS and has reduced the rate of death from this cause by 50%. However, there is still more that can be done, particularly as the decrease in the rate has not been as dramatic among all ethnic groups and disparities exist nationally and in Texas. This session will introduce participants to the history of the Safe Sleep movement and provide clarification for the terms SIDS, SUID and Safe Sleep. The session will examine the statistical picture of infant death due to sleep-related injury and how it has changed because of changes in death scene investigation. The speakers will also provide the national and state context for current safe sleep initiatives and give insight into use of tools for both clinical and community stakeholders in infant mortality reduction.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES); Registered Sanitarians, LPC, LMFT, and certificate of attendance.

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- 1) Apnea, sudden infant death syndrome, and home monitoring. Committee on Fetus and Newborn. American Academy of

Pediatrics. Pediatrics. 2003 Apr;111(4 Pt 1):914-7.

- 2) [Center for Disease Control: Sudden Infant Death Syndrome \(SIDS\)](#)
- 3) [A Child Care Provider's Guide to Safe Sleep](#)
- 4) Diagnosis and management of sudden death in children. Fish FA, Kannankeril PJ. Curr Opin Pediatr. 2012 Oct;24(5):592-602.
- 5) [Engaging Ethnic Media to Inform Communities about Safe Infant Sleep](#), National Center for Cultural Competence, Georgetown University, Washington, DC.
- 6) [A Parent's Guide to Safe Sleep](#)
- 7) [Rules of Safe Sleep](#), Video from Texas DFPS
- 8) [Safe Sleep for Babies](#): Includes "A Community Training," various Fact Sheets from DSHS
- 9) [Safe Sleeping Training Videos](#) from Texas DFPS
- 10) [Safe to Sleep Public Education Campaign](#) from NICHD
- 11) [SIDS and other sleep-related infant deaths: expansion of recommendations for a safe infant sleeping environment](#). Task Force on Sudden Infant Death Syndrome, Moon RY. Pediatrics. 2011 Nov;128(5):e1341-67.
- 12) Sudden infant death syndrome: an update. Moon RY, Fu L. Pediatr Rev. 2012 Jul;33(7):314-20.
- 13) [Texas Child Fatality Review](#), Maternal & Child Health, DSHS
- 14) "[Texas Infant Sleep Study](#)" 2010, Texas Department of State Health Services, Office of Program Decision and Support.



Health Needs a Hero: A Story of Transformation

TRAIN Course ID: 1041868

Presenters: Eduardo Sanchez, MD, Vice President and Chief Medical Officer for BlueCross BlueShield of Texas; Jen Ohlson, Filmmaker

Description: Please join Eduardo Sanchez, MD, Vice President and Chief Medical Officer for BlueCross BlueShield of Texas and filmmaker Jen Ohlson for this thought provoking, inspirational presentation on the issues surrounding the childhood obesity epidemic, the solutions to reverse the trends and a powerful call-to-action for each of us to take personal responsibility in bringing about positive change. Over the last 25 years, the rate of obesity has doubled for children age six to 11 and has tripled for teens. Today about 10 percent of two- to five-year-olds and 15 percent of six- to 19-year-olds are overweight. Obesity in childhood has been associated with hypertension, diabetes, sleep apnea, and psychosocial and orthopedic problems. Overweight teens have a 70 percent chance of becoming overweight or obese adults. This presentation will include the epidemiology of childhood obesity; film clips of the documentary *Health Needs a Hero*; and a compassionate case study of a young girl facing the physical, emotional and social challenges of childhood obesity and her solution to reverse the trends. Copies of *Health Needs a Hero* are available for checkout at the [DSHS Audiovisual Library](#).

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES); Registered Sanitarians, and certificate of attendance.

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- 1) [Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation](#). Washington, DC: Institute of Medicine. 2012.
- 2) [CAN DO Houston: a community-based approach to preventing childhood obesity](#). Correa NP, et al. Prev Chronic Dis. 2010 Jul;7(4):A88.
- 3) Latino church leaders' perspectives on childhood obesity prevention. He M, et al. Am J Prev Med. 2013 Mar;44(3 Suppl 3):S232-9.

- 4) [Local Government Actions to Prevent Childhood Obesity](#). Parker L, Burns AC, Sanchez E. Washington, DC: Institute of Medicine. 2009.
- 5) Míranos! Look at us, we are healthy! An environmental approach to early childhood obesity prevention. Yin Z, et al. Child Obes. 2012 Oct;8(5):429-39.
- 6) [Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010](#). Ogden CL, Carroll MD, Kit BK, Flegal KM. JAMA. 2012 Feb 1;307(5):483-90.
- 7) [Recommended community strategies and measurements to prevent obesity in the United States](#). Khan LK, et al. MMWR Recomm Rep. 2009 Jul 24;58(RR-7):1-26.
- 8) [Trends in cardiovascular health metrics and associations with all-cause and CVD mortality among US adults](#). Yang Q, et al. JAMA. 2012 Mar 28;307(12):1273-83.
- 9) Using stand/sit workstations in classrooms: lessons learned from a pilot study in Texas. Blake JJ, Benden ME, Wendel ML. J Public Health Manag Pract. 2012 Sep-Oct;18(5):412-5.

April 10

Advancing Equity in Working to Eliminate Racial & Ethnic Disparities in Health Care: How Far Have We Come & Where Do We Need to Go?

Presenter: Dennis Andrulis, PhD, MPH, Assoc. Professor, Univ. of Texas School of Public Health and Senior Research Scientist, Texas Health Institute



Advancing Equity in Working to Eliminate Racial and Ethnic Disparities in Health Care: How Far Have We Come and Where Do We Need to Go?

TRAIN Course ID: 1041870

Presenter: Dennis P. Andrulis, PhD, MPH, Associate Professor, University of Texas School of Public Health and Senior Research Scientist, Texas Health Institute

Description: Longstanding and extensive racial and ethnic disparities in access, quality and outcomes of care have been well documented in health care services. But these historical challenges have not gone unnoticed. Researchers, providers and policymakers have turned significant attention to finding the causes and working to reduce or eliminate these gaps, while communities of color and their representatives have increased efforts to bring to light their needs and ways to address them. Related financial support to spur innovation and assist investigators in finding causes and improvements have focused greater attention on this priority. This presentation is co-hosted with the Center for the Elimination of Disproportionality and Disparities, Health and Human Services Commission.

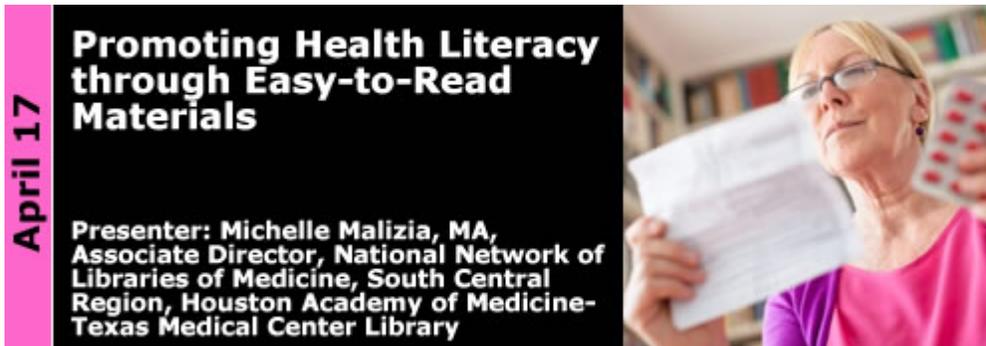
Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES); Registered Sanitarians, and certificate of attendance.

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Suggested resources: To request a full-text copy of any of the articles not available below, please e-mail library@dshs.state.tx.us.

- 1) [Advancing Effective Communication Cultural Competence, and Patient- and Family-Centered Care: A Roadmap for Hospitals](#). Joint Commission, 2010.
- 2) Cancer in relation to socioeconomic status: stage at diagnosis in Texas, 2004-2008. Risser DR, Miller EA. South Med J. 2012 Oct;105(10):508-12.
- 3) Clinical care and health disparities. Starfield B, Gervas J, Mangin D. Annu Rev Public Health. 2012 Apr;33:89-106.
- 4) [Comprehensive Framework and Preferred Practices for Measuring and Reporting Cultural Competency](#). National Quality Forum, 2009.
- 5) Conceptual approaches to the study of health disparities. Diez Roux AV. Annu Rev Public Health. 2012 Apr;33:41-58.
- 6) [The Economic Burden of Health Inequalities in the United States](#). LaVeist TA, Gaskin DJ, Richard P. Joint Center for Political and Economic Studies, September 2009.

- 7) From documenting to eliminating disparities in mental health care for Latinos. López SR, et al. Am Psychol. 2012 Oct;67(7):511-23.
- 8) Is Hospital Service Associated with Racial and Ethnic Disparities in Experiences with Hospital Care? Hicks LS, et al., American Journal of Medicine. 2005 May;18(5):529-35.
- 9) [National Healthcare Disparities Report](#), AHRQ, 2011.
- 10) [National Standards for Culturally and Linguistically Appropriate Services in Healthcare](#), U.S. Dept. of Health and Human Services, Office of Minority Health, 2007.
- 11) Racial/ethnic disparities in health and health care among U.S. adolescents. Lau M, Lin H, Flores G. Health Serv Res. 2012 Oct;47(5):2031-59.
- 12) The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures. Fadiman A. New York: Farrar, Straus and Giroux. 2012) ISBN: 978-0374533403.
- 13) Toward a social policy for health. Hurowitz JC. N Engl J Med. 1993 Jul 8;329(2):130-3.



Promoting Health Literacy through Easy-to-Read Materials

TRAIN Course ID: 1041857

Presenter: Michelle Malizia, MA, Associate Director, National Network of Libraries of Medicine, South Central Region, Houston Academy of Medicine-Texas Medical Center Library

Description: Health literacy includes not only finding and understanding health information, but acting on that information to make appropriate health decisions. For many who struggle with basic literacy, health-related tasks such as understanding patient care instructions, reading prescription labels, and signing consent forms become extremely difficult. Low health literacy also has very tangible costs, including higher health care costs, poor disease management and incorrect medication use. This presentation will discuss “plain language” initiatives and the importance of text, type, graphics, “white” space, layout, and person first respectful language in the design of health education materials. Please join Michelle Malizia, National Network of Libraries of Medicine, to learn about cutting edge tools to evaluate the readability of print materials and patient literacy levels.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES); Registered Sanitarians, and certificate of attendance.

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- 1) Adolescent health literacy: the importance of credible sources for online health information. Ghaddar SF, et al. J Sch Health. 2012 Jan;82(1):28-36.
- 2) Assessing Health Literacy, created by the Penn Minority Aging Research for Community Health (MARCH), University of Pennsylvania includes links to the TOFHLA and REALM assessments. See http://www.rcmar.ucla.edu/rcmar_wiki/Health_literacy.html
- 3) Health literacy and asthma. Rosas-Salazar C, et al. J Allergy Clin Immunol. 2012 Apr;129(4):935-42.
- 4) [Health Literacy and Patient Safety: Help Patients Understand](#). Weiss B. Chicago: AMA Foundation, 2007.
- 5) [Health Literacy Universal Precautions Toolkit](#). DeWalt DA, et al. AHRQ Publication No. 10-0046-EF) Rockville, MD. Agency for Healthcare Research and Quality. April 2010.
- 6) [How to Write Easy-to-Read Health Materials](#)
- 7) [Improving health by improving health literacy](#). Benjamin RM. Public Health Rep. 2010 Nov-Dec;125(6):784-5.
- 8) Literacy and the Older Adult: Educational Considerations for Health Professionals. Billek-Sawhney B, Reicherter EA. Topics in

Geriatric Rehabilitation. 2005 Oct-Dec;21(4):275-81.

9) Low health literacy and health outcomes: an updated systematic review. Berkman ND, et al. Ann Intern Med. 2011 Jul 19;155(2):97-107.

10) [NIH Plain Language Online Training](#). National Institutes of Health.

11) Promoting Health Literacy training from the National Network of Libraries, South Central Region:

<http://nnlm.gov/training/healthliteracy/>

12) [Validation of screening questions for limited health literacy in a large VA outpatient population](#). Chew LD, et al. J Gen Intern Med. 2008 May;23(5):561-6.



April 24

Best Practices in Community Public Health: Preparing for the 2013 Mosquito Season and West Nile Virus

Presenters: Zachary S. Thompson, Director of the Dallas County Health Dept.; Christopher Perkins, DO, MPH, Medical Director & Health Authority, Dallas County Health Dept.

Best Practices in Community Public Health: Preparing for the 2013 Mosquito Season and West Nile Virus

TRAIN Course ID: 1041860

Presenters: Zachary S. Thompson, Director of the Dallas County Health Department; Christopher Perkins, DO, MPH, Medical Director and Health Authority, Dallas County Health Department

Description: Texas was challenged in 2012 by an extraordinary number of West Nile virus (WNV) cases. About one third of the country's deaths due to WNV in 2012 occurred in Texas, with the majority of the cases occurring in North Texas. Local Health Departments throughout Texas are busily preparing for the 2013 arbovirus season, in hopes of preventing high levels of illness through control of vector mosquitos. Please join Zachary S. Thompson, Director of the Dallas County Health Department and Christopher Perkins, DO, MPH, Medical Director and Health Authority, Dallas County Health Department, to learn innovative and effective epidemiology, prevention, diagnosis, and treatment strategies for WNV. This presentation is co-sponsored with the Texas Association of Local Health Officials (TALHO).

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master-Certified Health Education Specialists (M-CHES); Registered Sanitarians, and certificate of attendance.

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1) [Controlling Urban Epidemics of West Nile Virus Infection](#). Haley RW. JAMA. 2012 Oct 3;308(13):1325-6.

2) Medical Crisis Response. Conde C. Tex Med. 2012 Nov 1;108(11):35.

3) [West Nile Virus Infection among Humans, Texas, USA, 2002-2011](#). Nolan MS, Schuermann J, Murray KO. Emerg Infect Dis. 2013 Jan;19(1):137-9.

4) [West Nile Virus – What You Need to Know](#). CDC Fact Sheet.



May 1

Youth Violence: Implications for Inpatient Services

Presenters: James E. (Jim) Smith, LCSW, DCSW, Superintendent of North Texas State Hospital (NTSH); Stacey L. Shipley, PsyD, Director of Psychology at NTSH; Thomas R. Mareth, MD, Clinical Director for Psychiatric Services at NTSH; Jeff Bearden, LCSW, Director of Forensic Psychiatric Programs at NTSH

Youth Violence: Implications for Inpatient Services

TRAIN Course ID: 1041907

Presenters: James E. (Jim) Smith, LCSW, DCSW, Superintendent of North Texas State Hospital (NTSH); Stacey L. Shipley, PsyD,

Director of Psychology at NTSH; Thomas R. Mareth, MD, Clinical Director for Psychiatric Services at NTSH; Jeff Bearden, LCSW, Director of Forensic Psychiatric Programs at NTSH

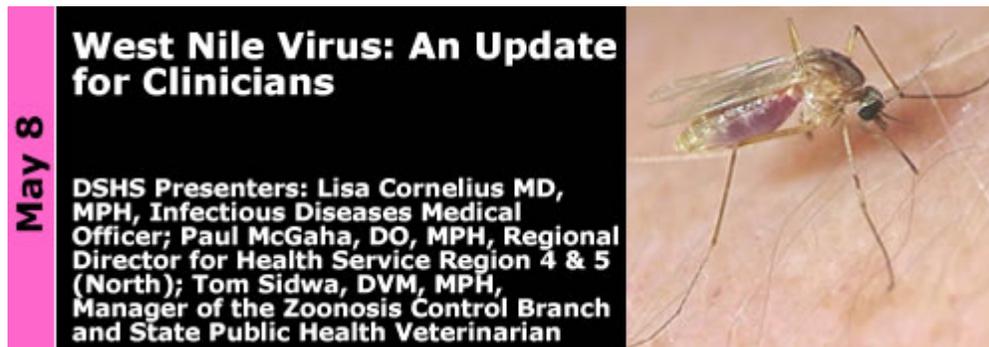
Description: Youth violence and mental illness can cross all socioeconomic boundaries. In some instances, adolescent violence can be no less shocking than that of adults. Although there are many more questions about youth violence than there are answers, mental health services play a critical role in helping to provide answers and treatment options for this perilously underserved group. This presentation will provide an overview of issues associated with the evaluation, treatment, and management of youth who have engaged in serious or lethal violence. A synopsis of the need and availability of mental health services for youth in Texas, some unique aspects of youth violence and adolescent violence risk assessment, principal medical treatment goals, and program planning in adolescent forensic inpatient settings will be offered.

Continuing Education Credit Hours Type: 1.5 contact hours for Continuing Medical Education (CME); Continuing Nursing Education (CNE); Social Workers; Certified Health Education Specialists (CHES) and Master Certified Health Education Specialists (MCHES); Registered Sanitarians, LPC, LMFT, and certificate of attendance.

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- 1) Court and the Legal System: Delinquent Conduct, Psychology of School Violence, Etc., Shipley SL, Arrigo BA. In Introduction to Forensic Psychology, 3E: Court, Law Enforcement, and Correctional Practices. New York: Elsevier/Academic Press. 2012:277-312.
- 2) In the Echoes of Gunfire: Practicing Psychologists' Responses to School Violence. Evans G, Rey J. Professional Psychology: Research & Practice. 2001 April;32(2):157-64.
- 3) [The "Pseudocommando" Mass Murderer: Part I, The Psychology of Revenge and Obliteration](#). Knoll JL. Journal of the American Academy of Psychiatry and the Law. 2010;38(1):87-94.
- 4) Psychological Adjustment in Bullies and Victims of School Violence. Estevez E, Murgui S, Musitu G. European Journal of Psychology and Education. 2009;24(4):473-83.
- 5) Refining and Resolving the Blur of Gault for Juvenile Capital Offenders in Texas: A World without the Juvenile Death Penalty. Mikhail D. Victims and Offenders. 2006;1:99-121.
- 6) Roper v Simmons, 543 US 551 (2005)
- 7) [The School Shooter: A Threat Assessment Perspective](#). O'Toole ME. Quantico, VA: National Center for the Analysis of Violent Crime, 2000.



West Nile Virus: An Update for Clinicians

DSHS Presenters: Lisa Cornelius MD, MPH, Infectious Diseases Medical Officer; Paul McGaha, DO, MPH, Regional Director for Health Service Region 4 & 5 (North); Tom Sidwa, DVM, MPH, Manager of the Zoonosis Control Branch and State Public Health Veterinarian

West Nile Virus: An Update for Clinicians

TRAIN Course ID: 1041908

Presenters: Lisa Cornelius MD, MPH, Infectious Diseases Medical Officer, DSHS; Paul McGaha, DO, MPH, Regional Director for Health Service Region 4 and 5 (North), DSHS; Tom Sidwa, DVM, MPH, Manager of the Zoonosis Control Branch and State Public Health Veterinarian, DSHS.

Description: Texas residents may be dramatically impacted by West Nile virus-associated disease in any given year. The 2012 arbovirus season in Texas was the worst since West Nile came to the state in 2002. Of those infected in 2012, 1,878 individuals became ill. The number of West Nile neuroinvasive disease cases (the more severe form of the disease) was nearly double the previous high (439 in 2003 versus 852 in 2012). West Nile virus claimed 89 lives in 2012. There is no way to accurately predict the magnitude of the 2013 season, so the Texas Department of State Health Services is urging all Texans to become aware of the health risks associated with West Nile virus and to take precautions against exposure to mosquito bites that may transmit the virus. Please join Texas Department of State Health Services staff Lisa Cornelius MD, MPH, Paul McGaha, DO, MPH, and Tom Sidwa, DVM, MPH, to learn more about West Nile virus in Texas, including its epidemiology, prevention, diagnosis, and treatment.

Continuing Education Credit Hours Type: 1.0 contact hours for Continuing Medical Education (CME) and Continuing Nursing

Education (CNE).

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- 1) Clinical Characteristics and Functional Outcomes of West Nile Fever. Watson JT, et al. *Ann Intern Med*. 2004 Sep 7;141(5):360-5.
- 2) [The Emergence of West Nile Virus during a Large Outbreak in Illinois in 2002](#). Huhn GD, et al. *Am J Trop Med Hyg*. 2005 Jun;72(6):768-76.
- 3) Neurocognitive and Functional Outcomes in Persons Recovering from West Nile Virus Illness. Sejvar JJ, et al. *J Neuropsychol*. 2008 Sep;2(Pt 2):477-99.
- 4) Prognosis after West Nile Virus Infection. Loeb M, et al. *Ann Intern Med*. 2008 Aug 19;149(4):232-41.
- 5) [West Nile Virus Information from the Centers for Disease Control and Prevention](#)



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