



# CCHN NewsBriefs

Community Clinic  
Health Network

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Executive Director    Medical Director    Finance Director    Operations Director    Billing    Front Desk

## CCC Celebrates Community Heroes!

The Council of Community Clinics will honor community health heroes at a luncheon on Friday September 28th. The luncheon, held at the Doubletree Hotel in Mission Valley (Hazard Center) will take place from 11:30—2:00. Heroes will be honored in the categories of:

- Quality
- Business Efficiency
- Addressing Disparities
- Access

The Council of Community Clinics wishes to acknowledge our community partners that have helped advance the mission of the community health centers

and the Council of Community Clinics. Please join us as we recognize them. If you have not RSVP'd to the meeting, please contact Christie Weston at 619-265-2100, x301. It is essential that we have a complete head count several days before the event.

## Welcome Aboard!

The Council is proud to introduce you to our new Director of Health Policy and Community Health, Alaina Dall. Alaina has over ten years experience in various health sectors, including private non-profit healthcare organizations, county health and human services, university

settings and community based organizations. She has a passion for public health and policy issues and how they impact the underserved. She will make an important contribution to San Diego's community health centers. Alaina will be replacing, on a full time basis, Laura

Sisulak, who recently relocated to Oregon. Please join us in welcoming Alaina, who will be officially starting with the Council on October 1st, but will be working with us beginning mid September on a consulting basis.

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**The UCLA Center for Health Policy Research in partnership with The California Endowment has released a first-of-its kind report of health insurance rates in California's Assembly and Senate districts.**

**A copy of this report --- Uninsured Californians in Assembly and Senate Districts, 2000 is available at [www.healthpolicy.ucla.edu](http://www.healthpolicy.ucla.edu) and at [www.calendow.org](http://www.calendow.org) for your review and reference.**

## The Quality Corner

The Physician Council held an all day retreat at the Island Palms Resort on August 10, 2001. It was a successful day with active physician participation. The group worked on a Charter and a Mission Statement that they plan to adopt at their October meeting. Focus was put on selecting the continuous quality improvement projects (CQI) for 2002 and a revitalizing the utilization management monitors. The CQI projects for 2002 are Controlling Hypertension, Cholesterol Management, and a baseline disease management medical record audit on asthma management. The utilization monitors will include two of the monitors from 2001; productivity and visits by plan, plus referral volume.

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## Quality Corner (Continued)

On October 2, the Physician Council is conducting the second in a series of educational programs sponsored by Psizer. It will be held at the Island Palms Resort on Shelter Island. Dr Gene Beed, president of Horses, Zebras and Unicorns is the guest speaker. Case studies on improving preventive medicine and the diagnosis and treatment of depression are planned for this session. His company is a nationally known consulting firm specializing in quality improvement projects, information management and performance measurement. Applications for physician and nurse continuing education credits have been submitted. Due to limited space, clinics are invited to send three representatives in addition to the medical director.



### Meeting Announcement!

**The December Pharmacy & Purchasing Manager's Meeting will be a one and a half day affair at the New York-New York Hotel in Las Vegas on December 6th & 7th. This FREE conference will include continuing education credits for both pharmacists and physicians! Only 130 reservations will be taken for this conference. Please watch for a complete conference announcement and schedule of events to come out in the next week. If you are interested in attending, it is important that you get your RSVP in as soon as possible. We don't want to see anyone miss out on this opportunity for education and networking. It is also a chance to make a contribution to the activities of this council for next year!**

## Oral Health Safety Net

Thirteen clinics are participating in the Oral Health Safety Net Project (OHSN). The OHSN project is designed to promote education and preventive oral health measures for 0-5 year olds in San Diego County. The program addresses three issues. The first being implementation of an oral health prevention and education in at least 10 community health centers. The second issue is

conducting at least six mobile oral health early interventions and screening clinics. The last is expanding oral health treatment in at least 8 community centers. Thus far, four committees have been formed to address various needs of the project. They are the Oral Health Advisory Council, Treatment Committee, Prevention and Education Committee and the Data and Evaluation Committee. Some goals are

to provide oral health education to at least 6,000 children under 5 and their parents, conduct prevention, screening and fluoride varnish clinics for at least 120 children under age 5, and provide first dental examination for at least 1,440 children under age 5. The OHSN project is attacking the access to care and fighting dental disease to ensure our children have the best oral health.

## MEDICAL ALERT: Important Information on "Mexican Aspirin"



Following is an important medical alert, relayed in a September 8th article in the Union Tribune, by Cheryl Clark, Staff Writer:

Many low-income Latinos in San Diego regularly use

dipyrone, a potentially lethal drug sold over the counter in Tijuana and called "Mexican aspirin," but few local doctors and nurses know about the drug's risks.

That is the conclusion of a new UCSD study, which says health-care providers are failing to tell patients that aspirin, ibuprofen or acetamino-

phen are much safer alternatives to treat pain and fever than dipyrone.

The drug is marketed in Mexico -- and sold illegally in the United States -- as Neo-melubrina, Dolo-tiaminol and Besetrol.

"I've seen children get very,

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## Physician Alert: Dangers of Mercury Pollution Prompt Change in Community Clinics

Mercury contamination has become so widespread that one in 10 women of childbearing age risk exposing their infants to harmful levels of mercury in the womb, according to a Centers for Disease Control March 2001 report. That adds up to 60,000 babies born each year with enough mercury in their bodies to cause neurological damage.

Ironically, a leading source of mercury contamination is health care. Mercury is prevalent in a variety of medical devices, the most notorious being mercurial blood pressure gauges, weighted tubing, and fever thermometers. Mercury is so highly toxic that even a small amount can lead to widespread pollution. One gram—the amount found in a single fever thermometer—is enough to contaminate an entire 20-acre lake.

There are approximately 84 grams of mercury in one blood pressure gauge. Exposure to mercury most often occurs by eating contaminated fish. The U.S. Food and Drug Administration issued a consumer advisory warning women of childbearing age to avoid swordfish, shark, king mackerel and tilefish since their tissues contain enough mercury to pose harm to the fetus.

Fortunately, many hospitals and community clinics have recognized their contribution to mercury-related illnesses and have undertaken efforts to phase out mercury-containing devices. Physicians for Social Responsibility-Los Angeles, a non-profit organization dedicated to making health care environmentally sound, has partnered with

the City of Los Angeles to implement a mercury thermometer and medical equipment exchange for community clinics. The project replaces mercury-containing medical equipment with readily available, cost-competitive alternatives. In addition, patients at participating clinics may bring in their mercury fever thermometers and exchange them for a free, non-toxic alternative.

If you would like to learn more about phasing mercury out of your clinic or hospital, please contact Johanna Congleton, Public Health Organizer for Physicians for Social Responsibility-Los Angeles at (310) 458-2694; [congleton@psr.org](mailto:congleton@psr.org).

## Studies Suggest Hepatitis G Virus Slows Down the AIDS Virus

Two studies in the September 6th edition of the *New England Journal of Medicine* (Vol. 345; No. 10; P 707-714 and 715-724) indicate that infection with a newly recognized virus seems to interfere with HIV, slowing its progression and prolonging survival of AIDS patients. The findings confirm earlier, smaller studies showing that patients with both HIV and hepatitis G lived longer than those infected with HIV alone. The hepatitis G virus, discovered in 1995, does not appear to cause hepatitis or any other disease, unlike other blood-borne hepatitis viruses that cause liver damage. It is found in about 2 percent of healthy blood donors. What isn't known is exactly how the virus inhibits HIV. Researchers say if they can figure that out, it could lead to new

treatments for the AIDS virus. "If we can identify the path GBV-C is taking to inhibit HIV, then we're well on the way to making this something practical," said researcher Dr. Jack Stapleton of the Iowa City Veterans Affairs Medical Center and the University of Iowa.

The Iowa study looked at 362 HIV-infected patients treated between 1988 and 1999. About 40 percent, 144 patients, were also infected with hepatitis G. About 29 percent of those infected with hepatitis G died during the four-year follow-up, compared with 56 percent of patients not infected with hepatitis G. A second study of 197 HIV patients in Germany also found significantly longer survival for the 33 patients with hepatitis G, even

after more potent AIDS drugs became available in 1996.

Dr. Steven Wolinsky of Northwestern University Medical School, co-author of an accompanying editorial, said findings of the two studies should be kept in perspective.

"While we're looking at larger numbers of patients, we still don't really have a specific mechanism, nor have we ruled out any other potential variables that may be responsible," Wolinsky said. German researcher Hans L. Tillman and Stapleton both warn against intentionally infecting HIV patients with hepatitis G while research continues, a warning echoed by Wolinsky.



## MEDICAL ALERT: Important Information on “Mexican Aspirin” (Continued)

very sick, and one child even died after taking this drug," said Dr. Lori Taylor, lead author of the report and assistant clinical professor of pediatrics at the University of California San Diego.

"Although many are familiar with this medication, they are unaware of the significant, life-threatening side effects it can have."

Mexican pharmacies sell the drug because it is effective and relatively inexpensive, Taylor said. It can cause agranulocytosis, a debilitating and often lethal drop in white blood cells that the body needs to fight infection, she said.

Next week, state health officials plan to announce that charges will be filed against several store owners in Oceanside, where the sale of dipyron is suspected.

"We're seeing it being sold illegally just about everywhere, in swap meets, bakeries, *taquirias* and grocery stores," said Susan Bond, supervising investigator for the Food and Drug Branch of the California Department of Health Services.

Complications from dipyron, also called metamizol, are estimated in one of every 20,000 to one in every 3,000 periods of use. The actual number of bad reactions may be higher because clinicians do not always know to aggressively ask what drugs have been taken when a child gets very sick, Taylor said.

The U.S. Food and Drug Administration banned dipyron in 1977. The drug still is used in some European hospitals for certain patients

with extremely high fever who cannot be helped by other drugs and where the patient can be monitored. Manufacturers continue to market the drug in other countries, saying the number of problems is small enough to justify the risks, Taylor said, "but those of us who see even a few cases say these are just too many." Dr. David Sine, a pediatrician at Children's Hospital in Kearny Mesa, said:

"There's no reason to have this drug on the market anywhere. There are safer alternatives."

The study, funded by UCSD and the Civic Collaborative through the Pugh Charitable Trust, found 38 percent of 200 uninsured or Medi-Cal patients at the Linda Vista Health Care Center and Mid-City Community Clinic had used dipyron either for themselves or their children.

Taylor then sent surveys to 1,358 pediatricians, family doctors and nurse practitioners. Of the 40 percent who responded, 21 percent of the doctors and 7 percent of the nurses were aware of dipyron's adverse effects.

The percentage of those who knew about dipyron's risk was considerably higher in physicians and nurses with larger Latino practices, who spoke Spanish or who were trained close to the border.

UCSD's report was published in the September issue of the *Western Journal of Medicine*. It was co-written by faculty members Drs. Sergio Abarca, Bonnie Henry and Lawrence Fried-

Sine said Children's Hospital sees two to five patients a year whose illness can be attributed to the drug.

He said dipyron is often called "Mexican aspirin," "Mexican *motrina*" or "Mexican *ibuprofena*." It is dispensed by Mexican pharmacists, even when customers ask for aspirin or ibuprofen, because the druggists consider dipyron essentially the same as aspirin, Motrin or ibuprofen, only cheaper. The customer rarely knows the difference. "Unless you specifically ask what the child took, and ask to see the bottle, the pieces of the puzzle don't always come together," Sine said.

"We see these kids who are much sicker than they should be, with low white cell count in the presence of bacterial infection," a tell-tale sign of dipyron use. While most reported cases occurred among lower-income Latino groups, Sine said that health-care providers always should look for dipyron as the culprit when they see low white cell count and infection with no other obvious cause.

"Some children might be given 'Mexican aspirin' by their nannies," he said.

Taylor got the idea for the survey two years ago when a toddler with raging infections came into a San Diego clinic where she was treating patients, and later died at Children's Hospital. The child's providers were aware he had taken dipyron and had noted it on the medical chart, but they were unaware it could cause terrible symptoms, Taylor said.

"I thought to myself, if the clinic didn't know this, there must be lots of other people in San Diego who don't know it either," she said.

In a separate commentary in the journal, Dr. Christine Haller of the UCSF Division of Clinical Pharmacology wrote that patients rarely tell their physicians about use of drugs banned in the United States.

The UCSD study "provides valuable information about a non-English-speaking population group that has been largely underrepresented" in surveys about use of unconventional therapies," Haller wrote in the journal.

"Physicians must be able to advise patients about potentially harmful therapies such as dipyron."

The CCHN Staff is currently in the process of developing posters for clinics to display, warning about the potentially harmful side-effects that dipyron may cause.



*The staff of the Council of Community Clinics wishes to express its condolences to all those who have been personally effected by the recent tragedies in New York, Washington and Pennsylvania. Our thoughts and our prayers are with the victims of these terrible events, and their families.*