

**In This Issue**

- Sick-Child Exclusion Policy Advisory Group Summary
- Pharmacy Initiative Launch
- Thank you and Goodbye!

**In The News**

[A Low Bar for Some New Antibiotics](#)- The Wall Street Journal

[Foodborne Illnesses Becoming Antibiotic Resistant](#)- The Weather Channel

[Obama Budget Boost Funds to Fight 'Nightmare Bacteria'](#)- USA Today

[After Fears of Antibiotic Resistance, 25 Drug Companies to Phase Out Use in Livestock](#)- Huffington Post

**Sick-Child Exclusion Policy Advisory Group Summary**

Widespread use of antibiotics is one of the factors driving emergence of antimicrobial resistant pathogens. When preventive measures are compromised, infections such as upper respiratory illness including common cold and seasonal influenza can spread among individuals in close contact. Children who are cared for in childcare facilities are at an increased risk of acquiring upper respiratory infections. In addition, childcare facilities, sometimes misuse sick-child exclusion policies by unnecessarily excluding children who have had certain illnesses or symptoms, and directors of childcare facilities require that ill children take antibiotics before they are readmitted.



The Sick-Child Exclusion Policy Advisory Group met at Penn State Milton S. Hershey Medical Center on May 18, 2012 as a collaboration between the PA Department of Health Get Smart Program and the Office of Child Development and Early Learning (OCDEL). The Sick-Child Exclusion Policy Advisory Group included experts in pediatrics medicine, directors of childcare centers, a representative from the Child Care Aware of America, public health officials and representatives from OCDEL. The Group's main objective was to develop practical guidance for implementing model childcare health policies as discussed in the journal of Infection Control and Hospital Epidemiology. Specifically, the Group intended to:

- identify events that result in confusion when implementing model sick-child exclusion policies and those events that do not fully meet exclusion criteria
- suggest action based on best practices from clinical perspective as well as childcare director's views
- provide options based on childcare director's experiences from childcare settings based on actual scenarios
- review childhood illnesses that should result in exclusion based on state regulations and guidelines reference by the American Academy for Pediatrics (AAP) Model Childcare Health Policies.

The full summary and results of the meeting will be available on [www.KnowWhenToSayNo.org](http://www.KnowWhenToSayNo.org) soon. The summary includes the recommendations from the group.

**Pharmacy Initiative Launch**

On Friday March 7<sup>th</sup>, 2014 the Pennsylvania Department of Health Get Smart: Know When Antibiotics Program in collaboration with the University of Pittsburgh School of Pharmacy and the Centers for Disease Control and Prevention launched an initiative to promote judicious use of antibiotics. The aims of the initiative is to engage pharmacy students in dissemination of public health guidance about appropriate use of antibiotics to patients visiting community drug stores in Western Pennsylvania, facilitate student led projects on innovative approaches to educate general public about judicious antibiotics use, and collaborate in research to guide community-based interventions to reduce unnecessary prescriptions of antibiotics.



The inaugural event included presentations to second year students. Presenters included faculty and public health officials from the Centers for Disease Control and Prevention (CDC) and Pennsylvania Department of Health. Guillermo Sanchez, PA, MPH, from the CDC in Atlanta, Georgia, Get Smart Campaign presented via Skype. He provided an overview of the national program including major activities, findings on research CDC led studies on antibiotics

**As of April 2011,  
antibiotic resistance:**

- cost the US an estimated \$20 billion a year in healthcare costs
- \$35 million in other society costs
- more than 8 million additional days that people spend in the hospital

(CDC.gov)

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prescriptions across the United States and highlights of the funded programs. Nkuchia M'ikanatha, DrPH, MPH, Pennsylvania Department of Health Get Smart Program provided rationale for state role in addressing threats from emerging pathogens including increased resistance to antimicrobials. He provided historical perspectives on the role of the state in protecting public health since the establishment of the Board of Health and Vital Statistics in 1885 to the present day. Natalie Mueller, MPH also from the Pennsylvania Department of Health Get Smart Program reviewed Web-based resources for pharmacists and led hand-hygiene demonstrations in which students participated in Glow Germ experiments.

Bonnie Falcione, PharmD concluded the presentation with a review of activities each student is expected to complete during an upcoming experiential learning rotation in a community pharmacy. The 109 students will spend one day each week for three weeks at 70 different community pharmacies throughout Western Pennsylvania engaging pharmacy patrons. Each student is expected to provide pharmacy patrons with a brochure on judicious antibiotic use and collect demographic data and knowledge data on antibiotic use.

The initiative will continue to work with University of Pittsburgh School of Pharmacy faculty Bonnie Falcione, PharmD, James Pschirer, PharmD, and Melissa McGivney, PharmD to provide research and learning opportunities to the students. The Public Health Pharmacy collaboration intends to expand effort aimed at promoting judicious antibiotic use through student rotations in pharmacy stores community engagement opportunities.

**Thank you and Goodbye!**



This is the last newsletter I will be sending as the Get Smart Program Intern. Starting in mid-April I am moving to Washington, DC to begin my career as a public health professional at Cooper Thomas, LLC. Cooper Thomas is a healthcare contracting agency working primarily with federal contacts. I am excited to make the move from Pittsburgh and learn more about federal healthcare agencies.

I wanted to thank all those who have read and received the Get Smart Newsletter these past few months. I also want to thank Get Smart supporters and stakeholders for helping promote the program and encourage judicious antibiotic use. Thank you to everyone at the PA Department of Health in Harrisburg and Pittsburgh for being welcoming and encouraging as I finished my degree and found a job. Thank you Nkuchia for allowing me to work on this program and supporting my ideas. The Get Smart program has fostered a passion for fighting antibiotic resistance that will continue throughout my career.

The next intern will continue the newsletters and spreading the Get Smart message. I wish him/her luck with the program! I hope he/she can learn as much about cooperation, professionalism, and public health practice as I did from Get Smart stakeholders and the PA Department of Health.

Thank you all again and goodbye!

Have ideas for the newsletter? Want to unsubscribe? E-mail [nmueller@pa.gov](mailto:nmueller@pa.gov) with all inquiries and comments.