

DECEMBER 2019

# PROVIDER QUALITY NEWSLETTER



## Happy Holidays from your friends at MedPOINT

**Management!** Thank you  
for all you do to provide quality  
care to your patients. We value and  
appreciate each and every one of you.

### **Interpreta** - <https://portal.interpreta.com>

December is here and with just a few weeks left, we appreciate all your efforts to complete the preventive and chronic care screenings that are due. We hope you were able to maximize the use of Interpreta this year to identify gaps in care, run your Summary Report to identify focus measures, look up members and submit supplemental data online. We are always available to give you a Refresher Training or answer questions about the application. Please email [qualitymeasures@medpointmanagement.com](mailto:qualitymeasures@medpointmanagement.com) or call us at (818) 702-0100, ext. 1353.

### **NEW CPT II Codes - CDC Eye Exam Measure**

There are two new CPT II codes for the Comprehensive Diabetes Care (CDC) Eye Exam measure that make the member compliant for two years if they test negative for retinopathy in the current measurement year. Most providers have been using 3072F to indicate that an eye exam was negative for retinopathy in the prior year and this is still an active code. Codes 2023F, 2025F and 2033F have been added as of 10/1/19 and can be used in the current year to indicate that the exam was negative and indicate that the member does not need an eye exam in the next year. Please see the attached Diabetic Eye Exam Coding Guide for more details.

### **NEW CPT II Codes - CDC HbA1c Result**

Code 3045F (A1c level 7.0 - 9.0) has been replaced with two new CPT II codes as of 10/1/19. The new codes to use going forward are 3051F (A1c 7.0 - <8.0) and 3052F (A1c 8.0 - <9.0). Please be sure your billers, providers and IT teams are aware of these new codes and update your EHR systems and work flows accordingly. Submission of code 3045F on an encounter will be rejected by the health plans for dates of service past 10/1/19. However, if necessary, 3045F can still be submitted as supplemental data through the end of 2019.

## **Colorectal (COL) Measure Documentation**

If you are processing colon samples at the clinic instead of forwarding them to Quest, please be aware that your medical record must indicate that the result is “not Digital Rectal Exam (DRE)” or that it is “from spontaneous bowel movement.” If a supplemental data record is submitted for COL and it does not contain this language, it will be rejected and will not count toward the measure.

## **Member Satisfaction Survey Season**

Annual member satisfaction surveys are currently being distributed by MedPOINT. Please share the surveys with your members while they wait, during or after their visit. Collect the surveys before they leave your health center and send completed surveys to Scantron by 12/31/19 using the return label provided. Results will be available in 2020. If you have any questions regarding the surveys, please call 818-702-0100, extension 1353. Please note that this is the IPA member satisfaction survey and several health plans are sending out member satisfaction surveys as well.

To increase participation in the surveys, please convince patients that filling it out is worth their time. Let them know that their opinion matters and that you’ll use the feedback to make the office visit better for everyone. Post a flier in your waiting room thanking patients for taking the time to participate in the survey. Be sure to follow through on survey results so that patients see improvements.

Also consider placing comment cards and a suggestion box in the waiting room to encourage ongoing feedback. These cards are easy to review at staff meetings and help to reinforce successes and to quickly address any opportunities for improvement.

## **Flu Shot Facts**

Please use the attached California Health & Wellness 2019 Flu Shot Facts (English and Spanish) to educate patients about the importance and benefits of receiving a flu shot each year. Also, a list of cost flu-related videos developed by CDC is attached. For more flu patient-centered resources in multiple languages, visit the CDC webpage at <https://www.cdc.gov/flu/index.htm> and the California Department of Public Health’s webpage at <http://eziz.org/>.

## **Vaping: What Providers Can Do**

The California Department of Public Health (CDPH) asks that clinicians be alert for suspected cases of Vaping-Associated Pulmonary Injury (VAPI) presenting with respiratory complaints in both outpatient and inpatient settings in the context of recent use of vaping or “dabbing” devices, and an initial diagnosis of pneumonia or bronchitis that did not respond to antibiotics. Please see the attached fact sheet from LA Care Health Plan for more details.

## **Office Ally Payor Code**

We all know the importance of submitting encounters for services rendered to give you credit for HEDIS® gap closure, among other things. When submitting encounters through Office Ally, it is important to use the correct payor code. Check that you are using the right IPA code by downloading the MedPOINT Office Ally Payer ID List 2019 here: [https://www.medpointmanagement.com/provider-resources/Billing Information / Office Ally Payer ID List 2019](https://www.medpointmanagement.com/provider-resources/Billing%20Information/Office%20Ally%20Payer%20ID%20List%202019).



## **Monthly Health Themes**

- ▶ **December:** National Influenza Vaccination Week (2-8)
- ▶ **January:** Cervical Health Awareness Month

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## CDC Eye – Comprehensive Diabetes Care Retinal Eye Exam Coding Guide

Significant changes to retinal exam codes were put in effect as of 10/1/19. Codes 2023F, 2025F and 2033F were added to indicate “without evidence of retinopathy.” Using the new codes provides the opportunity to make the member compliant for two years if they are negative for retinopathy in the current year. Please be sure your billers and providers are aware of these new codes.

The Comprehensive Diabetes Care (CDC) Eye Exam HEDIS measure is for diabetic members (Type I or II) age 18 to 75 years who had one of the following with an Optometrist or Ophthalmologist:

- A retinal or dilated eye exam by an eye care professional every year (positive for retinopathy or non-negative result).
- A negative retinal or dilated eye exam by an eye care professional every 2 years (negative for retinopathy).

Blindness is not an exclusion for this measure (except for bilateral eye enucleation).

**Any provider can use CPT-II codes to report results of a retinal exam by an eye care professional:**

Diabetic Retinal Screening with Eye Care Professional (face to face)	2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed
Diabetic Retinal Screening with Eye Care Professional (face to face)	<b>2023F</b>	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; <b>without evidence of retinopathy</b>
Diabetic Retinal Screening with Eye Care Professional	2024F	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed
Diabetic Retinal Screening with Eye Care Professional	<b>2025F</b>	7 standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; <b>without evidence of retinopathy</b>
Diabetic Retinal Screening with Eye Care Professional (retinal telemedicine, i.e. EyePACS)	2026F	Eye imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed
Diabetic Retinal Screening with Eye Care Professional (retinal telemedicine, i.e. EyePACS)	<b>2033F</b>	Eye imaging validated to match diagnosis from 7 standard field stereoscopic retinal photos results documented and reviewed; <b>without evidence of retinopathy</b>
Diabetic Retinal Screening Negative	<b>3072F</b>	Low risk for retinopathy (no evidence of retinopathy in the prior year)

The date of service for first six CPT-II codes should be the same year as the retinal exam. The date of service for 3072F should be the year following the retinal exam to indicate that no eye exam is needed in the current year because the prior year result was negative. Once prior year exams are captured with this code, it is recommended to switch to 2022F-2033F going forward.

Documentation of the eye exam results must be present in the legal medical record that is signed and dated by a provider. *Example: Retinal eye exam completed by Dr. John Doe, OD, with no evidence of retinopathy, 6/2/17.*

**Optometrists and Ophthalmologists can report retinal exam results in the following additional ways:**

Intravitreal injection (67028); Discission of vitreous strands (67030, 67031); Vitrectomy (67036, 67039-67043); Repair of retinal detachment (67101, 67105, 67107, 67108, 67110, 67113); Removal of implanted material (67121); Prophylaxis of retinal detachment (67141, 67145); Destruction of localized lesion of retina/choroid (67208, 67210, 67218, 67220, 67221); Destruction of extensive or progressive retinopathy (67227, 67228); Ophthalmological examination and evaluation (92002, 92004, 92012, 92014, 92018, 92019, S0620-S0621); Scanning computerized ophthalmic diagnostic imaging (92134); Ophthalmoscopy (92225-92226); Remote imaging for retinal disease (92227-92228); Angiography (92230, 92235, 92240); Fundus photography with interpretation and report (92250); Moderate to high complexity office visit or consultation (99203-99205; 99213-99215; 99242-99245); Diabetic indicator; retinal eye exam (S3000)

**Eye Care Providers can document negative retinopathy outcomes for diabetic members by simply submitting their encounter with one of the “diabetes without complications” ICD10 codes below.** This is highly recommended.

Measure Component	Code	Description
Diabetes – no evidence of retinopathy	E10.9	Type 1 diabetes mellitus without complications
Diabetes – no evidence of retinopathy	E11.9	Type 2 diabetes mellitus without complications
Diabetes – no evidence of retinopathy	E13.9	Other specified diabetes mellitus without complications

**Fundus photography must be coded by an Ophthalmologist or Optometrist to count for HEDIS.** CPT code 92250-TC, which is sometimes coded by PCP’s to track the technical component of retinal photos, does not meet the measure.

**CPT II Code Tips:**

1. The new CPT II codes eliminate most scenarios which previously required supplemental data.
2. In contrast to CMS quality reporting programs in which the CPT II code is expected to be on the same claim as a “denominator event,” for the purposes of HEDIS, a CPT II code can have any date of service in the measurement year and can be the only code on an encounter.
3. Best practice is to submit the CPT II code with the date of service of the exam once the exam is reviewed by a provider.
4. Appropriately trained staff can code provider-reviewed exams in accordance with clinic policies and procedures.

**Supplemental Data Tips:**

1. EHR extracts and medical records are the most common types of supplemental data submitted for this measure.
2. Supplemental data is subject to increased audit scrutiny and not every health plan accepts it.
3. Clinics must provide medical records for validation of EHR extracts on request.
4. Supplemental data must contain all the information (member identifiers, date of service, type of exam, result and responsible provider) that would be needed to code the encounter.
5. To be compliant for two years, medical records must state "normal retinal exam" or "no retinopathy." In contrast to encounter data, the presence of ICD 10 codes E10.9, E11.9 or E13.9, or notation of "diabetes without complications" in the medical record does not equate to a normal exam.
6. Patient-reported results are permitted if documented by the PCP in the medical record during the measurement year.

# Vaping: What Providers Can Do



**L.A. Care**  
HEALTH PLAN®

**For All of L.A.**

The California Department of Public Health (CDPH) asks that clinicians be alert for suspected cases of Vaping-Associated Pulmonary Injury (VAPI) presenting with respiratory complaints in both outpatient and inpatient settings in the context of recent use of vaping or “dabbing” devices, and an initial diagnosis of pneumonia or bronchitis that did not respond to antibiotics.

If cases occur locally, clinicians are asked to:

- Collect and hold the original product and/or devices the patient has on hand for testing purposes.
- Report the case by phone to the applicable local health department:
  - County of Los Angeles Department of Public Health: (888) 397-3993
  - City of Long Beach Health Department: (562) 570-4302
  - City of Pasadena Public Health Department: (626) 744-6043

Action Items for Physicians:

1. Ask patients presenting with respiratory complaints in both outpatient and inpatient settings about their use of vaping or “dabbing” devices, especially patients who had an initial diagnosis of pneumonia or bronchitis that did not respond to antibiotics. For patients who do vape, ask these follow-up questions:

**Type of vape used**

- Do you vape nicotine-containing substances?
- Do you vape substances that contain cannabis or cannabinoid compounds like tetrahydrocannabinol (THC) and cannabidiol (CBD)?

**Amount of use**

- When was the last time you vaped?
- How often do you vape?
- How long have you been vaping?

**Source**

- Where do you purchase your vaping supplies?
- What brands are your vaping devices, cartridges, and oils?

2. Report suspected cases to the local health department within one (1) business day.
  - An official from your local health department may interview the patient or family members.
  - The local health department will contact the hospital lab to arrange the transfer of biospecimens remaining from the patient to the public health lab. You do not have to order any specific cultures or tests on blood or urine that you would not normally request for the care of the patient.





**For All of L.A.**

### **Resources for Providers**

For current information on the vaping crisis go to:

- [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html)
- <http://publichealth.lacounty.gov/lahan/>

To help your patients quit vaping, please refer them to the California Smoker's Helpline at (800) 987-2908 or [www.nobutts.org](http://www.nobutts.org).

Should you have any questions or require further assistance with health education issues, please contact L.A. Care Health Plan's Health Education department at (855) 856-6943 or [HealthEd\\_Info\\_Mailbox@lacare.org](mailto:HealthEd_Info_Mailbox@lacare.org).

# Flu Shot Facts

Mr. Mrs. Ms.

## AS YOUR DOCTOR, I STRONGLY SUGGEST THAT YOU

- Get a flu shot\* each year if you are 6 months or older.
- Ask family and caregivers to get a flu shot.
- Ask about anti-viral drugs to treat flu illness early.

### 10 things to know about flu shots:

1. Flu shots do not cause the flu.
2. Side effects are small compared to how it prevents serious illness.
3. If flu vaccines do not closely match the flu virus, there is still added protection.
4. Most flu vaccines do not have mercury, although it is safe even if a vaccine has mercury. There are vaccines made without the flu virus or egg. However, vaccines made with egg are safe even with a known egg allergy. Check with your doctor if there is known egg allergy.\*
5. October (just before flu season starts) is the best time to get a flu shot. However, flu shots help any time before flu season ends (April).
6. Seniors need special vaccines that give extra protection.
7. A flu shot protects a pregnant woman and her baby from very serious illness.
8. Persons with heart, lung or other diseases need a flu shot to prevent serious flu problems.
9. Check with your health plan. There is no cost or a very small cost for flu shots.
10. Many places offer flu shots. You can go to a health department, pharmacy, work, or a clinic (urgent care, school, college). Call Member Services for a list of pharmacies. The phone number is on the back of your health plan card.

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\*Some people should not get a flu shot. For example, if you had a severe reaction in the past, talk to your doctor. A doctor may watch you for a short time after a flu shot. For more information, go to <https://www.cdc.gov/vaccines/vpd/should-not-vacc.html>.

**For current information about the flu, visit:**

<https://www.cdc.gov/flu/prevent/index.html>





# Información sobre la vacuna contra la gripe

Sr./Sra.

## MIS RECOMENDACIONES COMO MÉDICO

- Vacúnese contra la gripe\* todos los años a partir de los 6 meses de edad.
- Pídale a sus familiares y cuidadores que se vacunen contra la gripe.
- Consulte sobre los medicamentos antivirales para tratar la gripe de manera temprana.

## Diez cosas que debe saber sobre las vacunas contra la gripe:

1. Las vacunas no le causan gripe.
2. Los efectos secundarios son mínimos en comparación con su efectividad para prevenir enfermedades graves.
3. Aunque las vacunas no coincidan exactamente con el virus que causa la gripe, aumentan la protección.
4. La mayoría de las vacunas contra la gripe no contienen mercurio. De todos modos, son seguras aun cuando lo contienen. Existen vacunas que no se fabrican a base del virus que causa la gripe ni de huevos. Sin embargo, las vacunas que se fabrican con huevo son seguras, incluso si es alérgico al huevo. Consulte con el médico si es alérgico al huevo\*.
5. Octubre (justo antes de que comience la temporada de gripe) es el mejor momento para vacunarse. Sin embargo, las vacunas son efectivas en cualquier momento antes de que termine la temporada de gripe (abril).
6. Los adultos mayores necesitan vacunas que les brinden protección extra.
7. La vacuna previene que la embarazada y su bebé tengan una gripe muy grave.
8. Las personas con enfermedades pulmonares, cardíacas o de otro tipo deben vacunarse para evitar problemas graves a causa de la gripe.
9. Consulte con su plan de salud. Las vacunas contra la gripe se ofrecen sin costo o a un costo muy bajo.
10. Las vacunas contra la gripe se consiguen en muchos lugares. Puede solicitarlas en un departamento de salud, en una farmacia, en el trabajo o en una clínica (en un centro de atención de urgencia, la escuela o la universidad). Llame al Departamento de Servicios al Afiliado para obtener una lista de farmacias. El número de teléfono figura en el reverso de la tarjeta del plan de salud.

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\*Algunas personas no deben vacunarse contra la gripe. Por ejemplo, si tuvo una reacción grave antes, hable con el médico. Este lo observará durante un tiempo después de que le apliquen la vacuna. Para obtener más información, visite <https://www.cdc.gov/vaccines/vpd/should-not-vacc.html>.

**Para obtener información actual sobre la gripe, visite el siguiente sitio web:**

<https://www.cdc.gov/flu/prevent/index.html>



# Well Child/Teen Visits and Immunization-Related Educational Videos

## Compiled by California Health & Wellness Health Education Program

### Immunization-Related Videos

The majority of the CDC videos listed below are on CDC-TV (or YouTube.) and the [www.ShotByShot.org](http://www.ShotByShot.org).

cc = closed caption available

E or Eng = English, S or Span = Spanish

For more information or technical assistance, please contact the CA Health & Wellness Plan Health Educator: [kmagie@cahealthwellness.com](mailto:kmagie@cahealthwellness.com) OR 916-246-3801.

Topic	Year	Title	Source	Language Time	Comments
<b>1.Well child visit – PARENTING milestones (Eng)</b>	2018	Baby Steps: “Learn the Signs. Act Early.”	Video: <a href="https://www.cdc.gov/ncbddd/actearly/multimedia/video.html">https://www.cdc.gov/ncbddd/actearly/multimedia/video.html</a> By CDC	Eng: 4:32 (3 <sup>rd</sup> video listed on webpage)	Learn how to look for developmental milestones and what to do if you’re worried about your child’s development or think there’s a problem. <i>Birth to 5: Watch Me Thrive!</i> will help families and providers:
<b>2.Well child visit – PARENTING milestones (Span)</b>		Desarrollo Infantil: Es Mejor Saber (Child Development: It’s Better to Know)	Span Video: <a href="https://www.cdc.gov/ncbddd/spanish/actearly/biblioteca-multimedia.html">https://www.cdc.gov/ncbddd/spanish/actearly/biblioteca-multimedia.html</a> By CDC	Span: 5:39	Aprenda por qué es importante a reconocer los indicadores del desarrollo y saber qué hacer si hay algo que le preocupa sobre el desarrollo de su niño. (Learn why it is important to recognize developmental milestones and what to do if you have concerns about your child’s development.)
<b>3.Well teen visits</b>	2015	American Academy of Pediatrics releases new guidelines for wellness checkups	<a href="https://www.youtube.com/watch?v=CmjiuNiFlmY">https://www.youtube.com/watch?v=CmjiuNiFlmY</a> By wfla News channel 8 (Tampa, FL)	Eng.: 1:32	The new year could mean new health screenings for your children (cholesterol, depression, HIV, etc.)
4.Babies	2014	The Immunization Baby Book	<a href="https://www.cdc.gov/cdctv/lifestagesandpopulations/baby-book-immunization.html">https://www.cdc.gov/cdctv/lifestagesandpopulations/baby-book-immunization.html</a> By National Center for Immunization and Respiratory Diseases (NCIRD)	Eng: 4:18 cc	For parents there’s no greater joy then watching your child grow up happy and healthy. That’s why most parents choose the safe, proven protection of vaccines. Flipping through this baby book, you can learn what vaccines babies need, when they’re needed, and why it’s so important to follow CDC’s recommended immunization schedule. Immunization gives you the power to protect your baby from 14 serious childhood diseases by age 2. For more information about vaccines, visit <a href="https://www.cdc.gov/vaccines/parents">https://www.cdc.gov/vaccines/parents</a> .
5.Babies	n/a	Protégé la salud de su bebe cn las vacunas	<a href="https://www.cdc.gov/vaccines/parents/childhood-vaccines/index-sp.html">https://www.cdc.gov/vaccines/parents/childhood-vaccines/index-sp.html</a> By CDC	Span: :30	De enfermedades infantiles muy serias Parents: importance of timely vaccines

6.Babies: Pertussis	2014	Babies on the Move: Protecting Babies with Vaccination	<a href="https://www.cdc.gov/cdctv/diseaseandconditions/vaccination/babies-move-exposure.html">https://www.cdc.gov/cdctv/diseaseandconditions/vaccination/babies-move-exposure.html</a> By National Center for Immunization and Respiratory Diseases (NCIRD)	Eng: 0:60 cc	Babies are on the move–visiting grocery stores, playgrounds and other places with parents and caregivers. As they come into contact with others, babies can be exposed to serious diseases like measles and whooping cough. Parents can protect their child from 14 diseases before they turn 2 years old by making sure they get all of the safe, proven protection of vaccines according to CDC’s recommended immunization schedule.
7.Children: recommended vaccines	2014	Vaccination: A Key Piece of the Puzzle	<a href="https://www.cdc.gov/ncird/media/resources/index.html">https://www.cdc.gov/ncird/media/resources/index.html</a> By National Center for Immunization and Respiratory Diseases (NCIRD)	Eng.1:01 Span: :30 cc	Parents work hard to keep their babies healthy and safe. But, even healthy babies need vaccines to protect them from serious diseases. By vaccinating them according to CDC’s recommended schedule, parents can protect their babies from 14 serious diseases before they turn two years old.
8.Babies: Pertussis during pregnancy	2016	Pregnant? Help protect your baby from whooping cough	<a href="https://www.youtube.com/watch?v=SkafS5pwMu0">https://www.youtube.com/watch?v=SkafS5pwMu0</a> By CDC	E: 2:54	Laura just entered her third trimester of pregnancy and is considering getting her whooping cough vaccine so she can pass on protection to her baby. Follow along as she seeks advice about the vaccine from both her Ob-Gyn and close friend. Since whooping cough can be deadly, pregnant women should get vaccinated during their third trimester to help protect their babies. For more information, please visit <a href="http://www.cdc.gov/pertussis/pregnant/">http://www.cdc.gov/pertussis/pregnant/</a>
9.Pertussis cough		(no title)	<a href="https://www.youtube.com/watch?v=S3oZrMGDMMw">https://www.youtube.com/watch?v=S3oZrMGDMMw</a> By Mayo Clinic	2:24	Infant girl with whooping cough
10. Children: Meningococcal disease	2009	Have You Heard?	<a href="https://www.cdc.gov/cdctv/diseaseandconditions/vaccination/have-you-heard.html">https://www.cdc.gov/cdctv/diseaseandconditions/vaccination/have-you-heard.html</a> By National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)	Eng: 4:42 cc	Have you heard? Meningococcal disease is a serious, potentially fatal illness. There are approximately 1,000 cases of meningococcal disease in the U.S. each year. Since this video was produced, new vaccine recommendations have been made. Adolescents 11 through 18 years of age should still get a dose of the meningococcal conjugate vaccine, preferably at age 11 or 12 years; now a booster dose is recommended at age 16 years.
11.Children, Teens		Doctor, Mom, Son HPV vaccine	<a href="https://vimeo.com/311807459">https://vimeo.com/311807459</a> UC Irvine Professor Suellen Hopfer	Eng: 1:30	
12.Adults	2015	Adult Vaccines	<a href="https://www.cdc.gov/cdctv/diseaseandconditions/vaccination/adultvaccines-long.html">https://www.cdc.gov/cdctv/diseaseandconditions/vaccination/adultvaccines-long.html</a> By National Center for Immunization and Respiratory Diseases (NCIRD)	Eng: 3:01 cc	With busy jobs and four active kids, Mary Beth and Barckley Toole don’t have time to get sick. A call from the doctor’s office reminded Mary Beth that they need vaccines to help stay healthy – just like their kids do. Follow along as she and Barckley find out what vaccines are recommended for adults.
13. Adults		Little Saigon	<a href="https://vimeo.com/310818805">https://vimeo.com/310818805</a>	Eng	Target audience: young adults

			By UC Irvine Professor Suellen Hopfer		Encourages talking with your doctor about HPV vaccination; raises awareness about cancer prevention
14.Flu	2009	I Never Get the Flu	<a href="https://www.cdc.gov/cdctv/diseaseandconditions/influenza/never-flu-h1n1.html">https://www.cdc.gov/cdctv/diseaseandconditions/influenza/never-flu-h1n1.html</a> By National Center for Immunization and Respiratory Diseases	Eng.1:00 cc	If you think 2009 H1N1 flu can't affect you, your family, or your friends, think again. Take 60 seconds to watch this reminder on why vaccination is so important. All of the excuses any of us make don't stand a chance against this serious disease.
15.Flu	n/a	Breannes's Story By Shot-by-Shot	<a href="http://www.shotbyshot.org/stories/breannes-story/">http://www.shotbyshot.org/stories/breannes-story/</a>	Eng: 1:58 cc	Gary and Denise share how their 15-month-old daughter, Breanne, died suddenly from influenza. (Courtesy of Families Fighting Flu)
16.Flu	2015	Protect Yourself, Protect your Family	<a href="https://www.cdc.gov/cdctv/diseaseandconditions/vaccination/protect-your-baby.html">https://www.cdc.gov/cdctv/diseaseandconditions/vaccination/protect-your-baby.html</a> Source: CDC	Eng: :30 Span: :30	This season, everyone needs a flu vaccine. Protect yourself and your family!
17.Flu – Native Am Indians	2010	Take 3	<a href="https://www.cdc.gov/cdctv/lifestagesandpopulations/take3.html">https://www.cdc.gov/cdctv/lifestagesandpopulations/take3.html</a> By National Center for Immunization and Respiratory Diseases	Eng: 1:00	Wes Studi, Hollywood actor and Cherokee tribal member, urges American Indians and Alaska Natives to “Take 3” as the best way to protect themselves, their families and their tribal communities from flu and the H1N1 virus: get vaccinated, prevent the spread of germs and take antivirals when prescribed.
18.Hygiene: cover coughs and sneezes	2018	Cover Your Coughs and Sneezes – Kids	English: <a href="https://www.cdc.gov/cdctv/diseaseandconditions/influenza/cover-coughs-kids.html">https://www.cdc.gov/cdctv/diseaseandconditions/influenza/cover-coughs-kids.html</a> By National Center for Immunization and Respiratory Diseases (NCIRD)	Eng: :18 cc	Flu prevention starts with everyday preventive actions. Help kids establish healthy habits that help prevent the spread of flu and germs that can cause illness by watching these videos and practicing.
19.Hygiene: proper handwashing	2016	Fight Germs: Wash your hands!	English: <a href="https://www.cdc.gov/cdctv/healthyliving/hygiene/fight-germs-wash-hands.html">https://www.cdc.gov/cdctv/healthyliving/hygiene/fight-germs-wash-hands.html</a> Spanish: <a href="https://www.cdc.gov/cdctv/spanish/healthyliving/acabe-con-los-microbios.html">https://www.cdc.gov/cdctv/spanish/healthyliving/acabe-con-los-microbios.html</a> By National Center for Emerging and Zoonotic Infectious Diseases	Eng: 3:00; Span: 3:23 cc	This handwashing demonstration will show you how handwashing can get rid of germs and chemicals that get on our hands every day.
20.1918 Pandemic (flu)		1918 Pandemic (H1N1)	<a href="https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html">https://www.cdc.gov/flu/pandemic-resources/1918-pandemic-h1n1.html</a>  <a href="https://espanol.cdc.gov/enes/flu/pandemic-resources/1918-pandemic-h1n1.html">https://espanol.cdc.gov/enes/flu/pandemic-resources/1918-pandemic-h1n1.html</a>	Eng:1:32  Span:1:32	Mortality was high in people younger than 5 years old, 20-40 years old, and 65 years and older. The high mortality in healthy people, including those in the 20-40 year age group, was a unique feature of this pandemic.