



Northwest Michigan Community Health Agency  
**HEALTH  
DEPARTMENT**  
of Northwest Michigan

*Health Department of Northwest Michigan*

# Physician's Update

*Joshua Meyerson, MD, MPH, Medical Director*

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(231) 547-7679 [j.meyerson@nwhealth.org](mailto:j.meyerson@nwhealth.org)



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## Influenza Update

In the 2006-07 Season, influenza activity peaked in mid-February in the United States and was associated with less mortality and lower rates of pediatric hospitalizations than during the previous three seasons. The Food and Drug Administration (FDA) has recommended that the 2007--08 trivalent influenza vaccine for the United States contain A/Solomon Islands/3/2006-like (H1N1), A/Wisconsin/67/2005-like (H3N2), and B/Malaysia/2506/2004-like viruses. This represents a change only in the influenza A (H1N1) component. A/Solomon Islands/3/2006 is a recent antigenic variant of the 2006—07 vaccine strain A/New Caledonia/20/99. The influenza A (H3N2) and influenza B components remain the same. More information can be found at [www.cdc.gov/flu](http://www.cdc.gov/flu).

On the production side, flu vaccine manufacturers expect to have a record of 132 million doses ready for the 2007-2008 flu season and even more could be available if a fifth company joins their ranks. With the expanded recommendations more than 200 million Americans should get vaccinated each year. Influenza kills an estimated 36,000 Americans each year, and hospitalizes another 200,000, according to the CDC. There are currently four companies that provide flu vaccines: Sanofi Pasteur Inc., which projects 50 million doses; Novartis Vaccines, which expects to make up to 40 million doses; and GlaxoSmithKline, which is planning 30 million to 35 million doses. In addition, MedImmune Vaccines Inc. plans to manufacture about 7 million doses of FluMist; a nasal mist recommended only for healthy people between ages 5 and 49.

## New Michigan Tobacco Quitline Fax Referral Program

The Quitline Fax Referral Program is now available. Attached to the newsletter is a fax referral form and instructions on how to refer individuals. This is a free and valuable service that is time saving and has the potential to help tobacco users quit. Tobacco use is the number one cause of preventable death in Michigan. If you have any questions about this service call Teresa Sington at 231-533-1012.

## Immunization Update

**CDC Launches Pre-Teen Vaccine Campaign:** The CDC's Pre-teen Vaccine Campaign is designed to inform parents, caregivers, family physicians and pediatricians about CDC's new vaccination recommendations for 11- and 12-year-olds. The three pre-teen vaccines include MCV4, which protects against meningitis and its complications; Tdap, which is a booster against tetanus, diphtheria, and pertussis or "whooping cough," and for girls, the HPV vaccine, which protects against the types of HPV that most commonly cause cervical cancer.

Research shows that pre-teens generally do not get preventive healthcare, visiting the doctor only when they are sick. One goal of this campaign is to encourage parents to take their pre-teens in for the recommended 11 or 12 year old check-up, which is endorsed by the American Academy for Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), in addition to CDC.

### HPV -- Gardasil and GBS (Guillain-Barre Syndrome) Fact Sheet:

CDC's Immunization Safety Office (ISO) has developed a fact sheet that was created in response to the National Vaccine Information Center's (NVIC's) recent press release, which called for a change to CDC's recommendations concerning human papillomavirus (HPV) vaccine. CDC's fact sheet, which emphasizes that there are no changes to any of the existing HPV recommendations and contains media talking points, can be found at: [www.cdc.gov/vaccines/vpdvac/hpv/downloads/hpv-gardasil-gbs.pdf](http://www.cdc.gov/vaccines/vpdvac/hpv/downloads/hpv-gardasil-gbs.pdf).

### Varicella Vaccine Delays

There have been delays in providers receiving their VFC Varivax vaccine. Merck has stated that this is not a shortage of varicella vaccine but a problem in packaging, that is in the process of being resolved. They also have an additional "batch" of varicella vaccine, and expect it to cover them during this time of catch up in getting orders filled. This delay in shipment is expected to be resolved by the end of September/beginning of October. VFC varicella orders are taking 4 to 6 weeks for delivery so please plan on this when placing orders.



## Spotlight On... NOROVIRUS

*With several reported outbreaks in our area already I thought a quick review of this common virus might be helpful:*

Noroviruses are a group of related single-stranded RNA viruses that are a major cause of acute gastroenteritis and the major cause of epidemic and outbreak associated gastroenteritis in humans. Noroviruses are named after the original strain "Norwalk virus," which caused an outbreak of gastroenteritis in a school in Norwalk, Ohio, in 1968. Currently, there are at least four norovirus genogroups (GI, GII, GIII and GIV), that in turn are divided into at least 20 genetic clusters. The CDC estimates that 23 million cases of acute gastroenteritis and half the foodborne outbreaks are due to norovirus annually.

The incubation period for norovirus disease is usually between 24-48 hours (median 33-36hrs), but cases can occur within 12 hours of exposure. Norovirus infection usually presents as acute onset vomiting, watery non-bloody diarrhea with abdominal cramps and nausea.

Low-grade fevers, body ache, headache, and myalgia may also occur. Symptoms usually last for 24 to 60 hours and recovery is generally complete. The most common complication is dehydration that occasionally requires IV fluids and hospitalization, especially in the very young and the elderly. Treatment is supportive. Immunity to Norovirus wanes after a few months and is type specific; individuals and communities are generally susceptible repeatedly.

Norovirus is highly infectious (with an infectious dose as few as 10 particles), and outbreaks can occur in group settings where there is close contact between individuals (i.e. schools, nursing homes, day care centers, assisted living communities, cruise ships) and in places/events where there is a common food and/or water source (i.e. restaurants, banquets, wedding receptions, parties, etc.).

Most foodborne outbreaks of norovirus illness are likely to arise through direct contamination of food by a food handler immediately before its consumption. Outbreaks have frequently been associated with consumption of cold foods, including various salads, sandwiches, and bakery products. Liquid items (e.g., salad dressing or cake icing) that allow virus to mix evenly are often implicated as a cause of outbreaks. Food can also be contaminated at its source, and oysters from contaminated waters have been associated with widespread outbreaks of gastroenteritis. Other foods, including raspberries and salads, have been contaminated before widespread distribution and subsequently caused extensive outbreaks.

During outbreaks several modes of transmission have been documented; for example, initial foodborne transmission in a restaurant, followed by secondary person-to-person transmission to household contacts. Shedding usually begins with onset of symptoms and may continue for 2 weeks after recovery. Attack rates (the percent of people exposed that become symptomatic) are generally very high – 2/3 to ¾ of the exposed individuals often become ill.

Diagnosis is generally made in association with outbreaks that fit the epidemiological characteristics. Stool can be tested for Norovirus RNA by PCR techniques. This is done at the State Lab routinely only in conjunction with an outbreak investigation. Testing of food (ie shellfish) or water is rarely done.

Prevention of foodborne norovirus disease is based on the provision of safe food and water. Noroviruses are relatively resistant to environmental challenge: they are able to survive freezing, temperatures as high as 60°C, and have even been associated with illness after being steamed in shellfish. Moreover, noroviruses can survive in up to 10 ppm chlorine, well in excess of levels routinely present in public water systems. Despite these features, it is likely that relatively simple measures, such as correct handling of cold foods, frequent handwashing, and paid sick leave, may substantially reduce foodborne transmission of noroviruses.

## Communicable Diseases May—Aug. 2007

<u>Disease</u>	<u>Antrim</u>	<u>Chx</u>	<u>Emmet</u>	<u>Otsego</u>	<u>Total</u>
Campylobacter	1	2	2	0	5
Cryptosporidiosis	0	0	2	0	2
Salmonellosis	0	0	2	2	4
Meningitis - Aseptic	0	0	0	1	1
Streptococcus pneumoniae, Inv	0	1	0	0	1
Blastomycosis	0	0	1	0	1
Flu Like Disease	113	42	398	83	636
Streptococcal Dis, Inv, Grp A	1	0	1	0	2
Chlamydia (Genital)	7	14	22	8	51
Gonorrhea	1	2	6	1	10
Chickenpox (Varicella)	1	0	2	0	3
Pertussis	0	0	0	1	1
Hepatitis A	0	0	1	0	1
Hepatitis B, Chronic	0	0	1	0	1
Hepatitis C, Chronic	6	1	5	9	21
Hepatitis C, Unknown	0	0	0	1	1
<b>Total</b>	<b>130</b>	<b>62</b>	<b>443</b>	<b>106</b>	<b>741</b>

To report STDs or HIV, contact Bert Notestine at 347-5022, or use our secure fax 231-547-0460.

To report a Communicable Disease to the Health Department:

Emmet and Charlevoix Counties:

Pat Guillaume, RN  
231-347-5636

Otsego and Antrim Counties:

Sandy Tarbutton, RN  
989-732-6869

OR  
Send a secure fax 24 hours / day:  
231-547-0460

## The Michigan Tobacco Quitline Fax Referral Program

The Michigan Tobacco Quitline service is designed to help all tobacco users quit. One special feature is a **Fax Referral Program**, which is designed to help tobacco users who have indicated that they are ready to quit in the next 30 days.

The Quitline is funded through the Michigan Department of Community Health and is operated by the American Cancer Society, a leader in telephonic tobacco cessation counseling with over ten years of experience in the field.

**Your** professional advice can motivate them to quit.

### The Michigan Quitline is:

- Supported by the Michigan Department of Community Health with funding from the Centers for Disease Control and Prevention and the Healthy Michigan Fund.
- Staffed by professionally trained smoking cessation Quit Coaches.
- **FREE** to you and your patients.
- Designed so **you do not need to invest a lot of time in the process.**
- Able to triage callers, who may have a quitline service through their insurance provider, to the most appropriate resource.

All you and your medical staff need to do to refer a patient to the Michigan Quitline is fill out a **Fax Referral Form** after confirming that the patient is willing to quit in 30 days. Patients must initial the consent box giving permission to make the referral. Once we have received your fax with the patient initials and signatures, our Quit Coaches will take it from there.

### The Michigan Quitline offers:

- A fax referral service that makes it easier to enroll qualified patients.
- Proactive Quit Coaches who initiate a series of calls to patients who are ready to quit.
- A full package of patient education materials, including specialized materials for pregnancy, teens, and Spanish-speaking patients.
- Up to eight weeks of free patches for uninsured patients.
- Reduced cost patches, gum or lozenges for callers who qualify.
- Feedback to referring physicians on patient progress.

## How to implement the Quitline Fax Referral Program

**Using the referral program is simple. Just follow these steps:**

**Ask** (Is your patient/client a tobacco user?)

**Advise** (Give brief advice to quit.)

**Assess** (Is the tobacco user willing to make a quit attempt within 30 days?)

**Assist** (Refer them to Michigan Quitline. Fill out the fax referral form. Have the patient sign and initial the form. Make a copy of the completed form for your patient. Fax form to the Quitline at **(877) 747-9528.**)

**Arrange** (Follow-up: The Quitline will call the patient to begin counseling. You can address quit attempt at next visit.)

# MICHIGAN TOBACCO QUITLINE

## FAX REFERRAL FORM

**\*\*PROVIDER FAXES THIS COPY TO QUITLINE (877) 747-9528\*\***

1. Print Patient Name \_\_\_\_\_

2. Today's Date \_\_\_\_\_

3. DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. Pregnant Yes \_\_\_ No \_\_\_ 5. Disabled Yes \_\_\_ No \_\_\_

6. Language Spoken (if other than English) \_\_\_\_\_

7. Provider \_\_\_\_\_

8. Clinic Name and Department \_\_\_\_\_

9. Address, City and Zip \_\_\_\_\_

10. Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Patient Initials

**I give my permission to my health care provider to fax this information. I understand that a Quitline Counselor will call me. I understand this is a free service.**

Patient Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Patient Address: Street \_\_\_\_\_

City \_\_\_\_\_, MI ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**The Quitline will call you. Please check the best times for the Quitline to reach you.**

Morning    Afternoon    Evening    Weekend

**If you are unavailable when we call you, may we leave a message, identifying ourselves as the Tobacco Quitline? \_\_\_\_Y \_\_\_\_N**

**Michigan Tobacco Quitline 1-800-480-QUIT (7848)**

5/9/07

*Please give patient a PATIENT copy before faxing to the Michigan Tobacco Quitline  
(877) 747-9528*