HEALTH DEPARTMENT of Northwest Michigan

# Physician's Update

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*According to the calendar, it's still Fall!*

## Vaccine Preventable Disease Update

### PCV13 recommended for ALL seniors

On August 13, 2014, the Advisory Committee on Immunization Practices (ACIP) recommended routine use of 13-valent pneumococcal conjugate vaccine, PCV13 (Prevnar 13), among all adults aged ≥65 years. This is in addition and in series with the polysaccharide 23-valent vaccine PPSV23 (Pneumovax). Ideally the PCV13 would be given first at age 65 followed by the PPSV23 6-12 months later. The vaccines should not be given concurrently and the minimum interval is 8 weeks. If they have previously received a dose of PPSV23 then the PCV13 should be given a minimum of one year after the PPSV23. If they have not received a dose of PPSV23 after age 65 then the subsequent PPSV23 dose should be given 6–12 months after PCV13 and ≥5 years after the most recent dose of PPSV23. Adults need only one dose of PCV13 so if they received a dose prior to age 65 then no further dose is necessary. Both pneumococcal vaccines can be given concurrently with other vaccines such as the flu vaccine. The recommendations for routine PCV13 use among adults aged ≥65 years will be reevaluated by the ACIP in 2018 and revised as needed. The recommendations for use of pneumococcal vaccines in adults are confusing to say the least. The MDCH has put together a "Quick Look" chart that I find useful: http://www.michigan.gov/documents/mdch/PPSV23_PCV13_Adults_101512_Final_401240_7.pdf.

The full recommendations are published in the MMWR http://www.cdc.gov/mmwr/pdf/wk/mm6337.pdf.

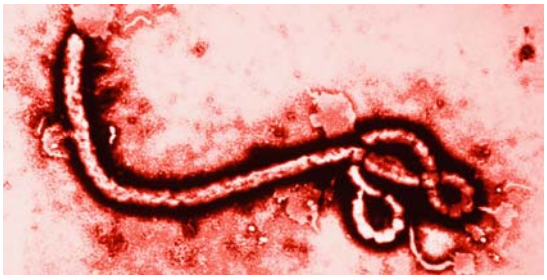
### HPV Vaccine

Three vaccinations are recommended for boys and girls aged 11-12 years: human papillomavirus (HPV), tetanus, diphtheria, and acellular pertussis (Tdap), and meningococcal (MenACWY). Nationally, HPV vaccination coverage lags behind the other vaccinations for this age group and remains far below the Healthy People 2020 target of 80% coverage by 2020. Many efforts have focused on accelerating HPV vaccination uptake and one of these is focusing on missed opportunities. In 2013, 93% of Michigan girls who were unvaccinated against HPV had a missed opportunity for HPV vaccination. Providers can partner with their office staff to check the vaccination status at each visit and offer all indicated vaccines at every visit. You can also schedule the next HPV dose appointment before the family leaves the office and utilize reminder strategies to ensure teens return for remaining doses. Visit the clinician-specific web portal for more resources and materials: www.cdc.gov/vaccines/YouAreTheKey

| HPV Vaccination Coverage (NIS 2013 Data) | | | |
|---|---|---|---|
| **Teens Aged 13-17** | **Michigan** | **US** | **HP2020 Target** |
| ***Girls*** | | | |
| ≥ 1 dose | 66% | 57.3% | 80% |
| 3 doses | 34.5% | 37.6% | 80% |
| ***Boys*** | | | |
| ≥ 1 dose | 30% | 34.6% | 80% |
| 3 doses | 7.7% | 13.9% | 80% |

# Ebola

The 2014 outbreak of Ebola viral hemorrhagic fever affecting several countries in West Africa is the largest in history. Currently there are ongoing cases in Sierra Leone, Liberia, Guinea, and recently Mali. Ebola disease is marked by the presence of high fever along with symptoms like severe headache, myalgia, vomiting, diarrhea, and bleeding with a case fatality rate in Africa that can be over 50%. Ebola is spread through the direct contact with blood and bodily fluids of a person who is currently sick as well as postmortem. Ebola is not spread through the air, water, or food and individuals are not contagious until they have fever and other symptoms. Ebola virus generally does not persist in the environment for more than 24 hours.



As I am sure you know there have been two cases imported to the United States with two additional cases in health care workers exposed while caring for a case. With the ongoing outbreak in Africa many people travelling to and residing in these countries will be returning to the U.S., many of them health care workers and volunteers helping to control the epidemic and care for the ill. At this time all travelers returning from the affected nations are being screened upon reentry and given information on monitoring themselves for illness. The screening process will also trigger notification of the state and local health department of the traveler's return to their jurisdiction.

The CDC has established tiered risk factors for Ebola disease for travelers and others possibly exposed to Ebola virus along with corresponding guidance on what type of monitoring should be in place. Essentially all travelers upon return to our area will be monitored for the 21 days after their last exposure. This Active monitoring will include the individual taking their temperature twice daily and then having daily contact with the health department to report their temperature as well as the presence of any symptoms of Ebola disease. If individuals at risk for Ebola develop fever or other signs of illness during these 21 days they may require evaluation and testing for disease. At this time planning is still underway to identify local resources to assure the safe transport and treatment of potential Ebola cases. All health care facilities should be prepared for the possibility of evaluating these individuals utilizing proper isolation procedures. Lab testing will be approved by and performed by the state lab in Lansing along with the CDC. There is ongoing discussion at the state level (through the Office of Public Health Preparedness and the Regional Health Care Coalition Groups) to identify facilities that can serve as state or regional sites for the care and treatment of individuals with suspected or confirmed Ebola disease. I am sure there will be more guidance coming from these groups as planning moves forward.

The health department has activated our incident command team in order to assure that we have procedures in place if and when we may have residents return to our area that require monitoring for disease and to assure that the potential risk of local spread is minimized.

The guidance that has come forth from the state and CDC has reflected the fluidity to the situation both nationally and globally and has already gone through several revisions. I direct you to the CDC website www.cdc.gov/vhf/ebola and the state website www.michigan.gov/ebola to assure that you have the most up to date recommendations. The Health Department will continue to monitor the situation and maintain communication with both our local and state partners in order to prepare a cohesive response to the needs of our community. If you have any questions or concerns please contact me at 231-547-7679 or J.Meyerson@nwhealth.org.

# Influenza Update

It is that time of year again. Influenza Vaccine is recommended for everyone, every year. This year the Advisory Committee on Immunization Practices (ACIP) gave a preferential recommendation for the Live Attenuated Influenza Vaccine (LAIV or nasal flu) for children between 2-8 years of age. This was based on data that suggested better protection in this age group vs. the Inactivated Influenza Vaccine (IIV or flu shot). However, new data from studies conducted last season suggest that the LAIV was not effective against influenza H1N1 pandemic strain when compared to IIV in children 2-8 years.

This data was presented to the ACIP in October. LAIV is predicted to provide protection against the influenza A H3N2 strain and the B strains in the vaccine. Early surveillance data for this season show a predominance of these H3N2 and B strains thus far. The ACIP did not change their recommendations and either vaccine is acceptable. The American Academy of Pediatrics has stated no preference among the vaccine types. Given the unpredictable nature of influenza each season, any licensed and age-appropriate vaccine should be used and immunization should not be delayed to obtain a specific product.

# EV D68 and acute flaccid paralysis

This summer and fall there was a nationwide outbreak of severe respiratory illness among children due to enterovirus-D68, especially among children with asthma. Enterovirus is a very common cause of febrile illness in children and peak activity occurs in late summer and early fall. What was unusual this year was the main circulating strain, D68, has not circulated in this country in the recent past and the association with lower respiratory tract disease is unusual for enteroviruses. There have been at least 11 deaths linked to EVD-68 this year nationwide.

Against this backdrop there has also been an outbreak of acute flaccid myelitis, characterized by acute onset of focal limb weakness in patients under age 21 with associated MRI findings of a spinal cord lesion largely restricted to gray matter. CSF has shown elevated protein and white cells but no organisms including Enterovirus. As of November 12, CDC has verified reports of 75 cases in 29 states including Michigan which has reported at least 3 cases. Most of the patients had a preceding respiratory illness and many had NP swabs that were positive for EVD-68. Enteroviruses can cause acute flaccid paralysis, with polio being the prime example, but it is still not known if there is a link between EVD-68 and these illnesses. Updated information is available at www.cdc.gov.

# MCIR

As the adult immunization schedule gets more complicated and individuals often receive vaccines at multiple locations over time, it is clear that the use of an immunization registry would improve the ability to track the immunization history and give reminders of different vaccines that may be needed that day. The Michigan Care Improvement Registry (MCIR) is a robust immunization registry and I strongly encourage all providers to utilize this system to record and check immunization status for their adult clients (Entering all vaccines administered to children into MCIR is required by law). Many EHR's can now share vaccine information with MCIR and hopefully this information exchange will expand greatly over time. For more information on utilizing MCIR in your office go to www.mcir.org or contact the Health Department.

## Communicable Disease Totals 2014 Year-to-Date

| Disease | Antrim | Chx | Emmet | Otsego | Total |
|---|---|---|---|---|---|
| Amebiasis | 0 | 0 | 1 | 5 | **6** |
| Campylobacter | 2 | 6 | 5 | | **13** |
| Cryptosporidiosis | 0 | 0 | 0 | 4 | **4** |
| Salmonellosis | 2 | 2 | 3 | 1 | **8** |
| Giardiasis | 1 | 0 | 3 | 0 | **4** |
| Shiga toxin-producing Escheric | 0 | 0 | 1 | 0 | **1** |
| Shigellosis | 0 | 0 | 2 | 0 | **2** |
| Flu Like Disease* | 264 | 448 | 2360 | 2420 | **5492** |
| Norovirus | 1 | 0 | 0 | 0 | **1** |
| Influenza | 8 | 3 | 2 | 47 | **60** |
| Meningitis - Aseptic | 1 | 1 | 0 | 0 | **2** |
| Meningitis - Bacterial Other | 1 | 0 | 0 | 0 | **1** |
| Meningococcal Disease | 0 | 1 | 0 | 0 | **1** |
| Streptococcus pneumoniae, Inv | 0 | 1 | | 1 | **2** |
| Streptococcal Dis, Inv, Grp A | 1 | 0 | 1 | | **2** |
| Unusual Outbreak or Occurrence | 0 | 0 | 3 | 1 | **4** |
| Guillain-Barre Syndrome | 0 | 1 | | | **1** |
| Head Lice | 102 | 91 | 103 | 29 | **325** |
| Q Fever | 0 | 0 | 0 | 1 | **1** |
| Rabies, Animal | 1 | 0 | 0 | 0 | **1** |
| Legionellosis | 0 | 1 | 1 | 0 | **2** |
| Strep Throat | 51 | 103 | 90 | 63 | **307** |
| Vibriosis - Non Cholera | 0 | 1 | 0 | 0 | **1** |
| Chlamydia (Genital) | 42 | 40 | 41 | 49 | **172** |
| Gonorrhea | 0 | 3 | 2 | 1 | **6** |
| Syphilis - Early Latent | 0 | 0 | 0 | 1 | **1** |
| Chicken Pox (Varicella) | 1 | 0 | 0 | 2 | **3** |
| Mumps | 0 | 0 | 0 | 1 | **1** |
| VZ Infection, Unspecified | 0 | 1 | 8 | 1 | **10** |
| H. influenzae Disease - Inv | 1 | 0 | 0 | 0 | **1** |
| Lyme Disease | 0 | 2 | 1 | 1 | **4** |
| Pertussis | 1 | 0 | 0 | 2 | **3** |
| Hepatitis A | 0 | 1 | 0 | 0 | **1** |
| Hepatitis B, Chronic | 0 | 0 | 0 | 2 | **2** |
| Hepatitis C, Acute | 5 | 1 | 3 | 3 | **12** |
| Hepatitis C, Chronic | 12 | 11 | 17 | 14 | **54** |
| Hepatitis C, Unknown | 0 | 0 | 2 | 0 | **2** |
| **Total** | **497** | **718** | **2649** | **2649** | **6513** |

**To report a Communicable Disease/STD to the Health Department:**

**Charlevoix County:**
Marley Niewendorp, RN
231-547-7631

**Emmet County:**
Melissa Mundy, RN
231-347-5636

**Antrim & Otsego Counties:**
Sandy Tarbutton, RN
989-732-6869

**OR**
**Send a secure fax 24 hours / day:**
**231-547-6238**