

Physician's Update

Joshua Meyerson, MD, MPH, Medical Director

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(231) 547-7679 j.meyerson@nwhealth.org

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Tdap use for adults

The ACIP has recommended that adults from 19 to 64 years of age be vaccinated with the newly licensed adult booster tetanus, diphtheria and pertussis vaccine (Tdap).

- Under the ACIP recommendation, the Tdap vaccine would replace the currently recommended tetanus-diphtheria vaccine that is used as the adult booster vaccine. The new vaccine helps protect adults from pertussis, an illness with severe and prolonged cough. It also reduces the risk of transmitting pertussis to infants.
- The ACIP recommended that adults receive a booster dose of Tdap vaccine if they have not received a tetanus and diphtheria (Td) booster dose in ten or more years. Adults should receive a single dose of Tdap to replace a single dose of Td.
- Tdap should also be given to adults who will have close contact with an infant less than 12 months of age, ideally at least one month before beginning close contact with infants. A 2-year minimum interval between Td and Tdap is suggested to reduce the risk of reactions following vaccination.
- Although there are two manufacturers of Tdap vaccine only Adacel (Sanofi Pasteur) is licensed for use in individuals 11-64 years old. Boostrix (GlaxoSmithKline) is licensed for use in 10 through 18 years of age.
- Individuals 65 years of age and older should continue to receive Td vaccine.

Varicella Vaccine guidelines expanded for adult use

The ACIP expanded recommendations for varicella vaccine to promote wider use of the vaccine for adolescents and adults, HIV-infected children, and a 2nd dose for outbreak control. The ACIP now recommends that all persons aged ≥ 13 years without evidence of immunity be vaccinated with 2 doses of varicella vaccine 4-8 weeks apart (also see revised definition for evidence of immunity). The vaccine may be offered during routine healthcare visits.

During a varicella outbreak, persons who have received 1 dose of varicella vaccine should, resources permitting, receive a 2nd dose, provided the appropriate vaccination interval has elapsed since the first dose (3 months for persons aged 12 months to 12 years and at least 4 weeks for persons aged ≥ 13 years).

ACIP also approved a **revised definition for evidence of immunity to varicella**. Evidence of immunity to varicella includes any of the following:

1. Written documentation of age-appropriate vaccination:
 - a. Children vaccinated from age 12 months to age 12 years: 1 dose
 - b. Persons vaccinated at age 13 years or older: 2 doses 4-8 weeks apart,
2. Born in the US before 1966,
3. History of varicella disease based on healthcare provider diagnosis or self- or parental- report of typical varicella disease for non-US born persons born before 1966, and all persons born during 1966-1997.
4. History of herpes zoster based on healthcare provider diagnosis.
5. Laboratory evidence of immunity or laboratory confirmation of disease.

The complete recommendations are available at: http://www.cdc.gov/nip/vaccine/varicella/varicella_acip_recs.pdf

Rotavirus Vaccine Approved

On Feb 21, 2006, The Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC) voted to recommend a newly licensed vaccine to protect against rotavirus, a viral infection that can cause severe diarrhea, vomiting, fever and dehydration (gastroenteritis) in infants and young children. The ACIP recommendation is for infants to receive three doses of the oral vaccine at two, four, and six months of age. Children should receive the first dose of the vaccine by 12 weeks of age and should receive all doses of the vaccine by 32 weeks of age.

Each year, rotavirus is responsible for more than 400,000 doctor visits, more than 200,000 emergency room visits, 55,000 to 70,000 hospitalizations, and between 20 and 60 deaths in US children younger than 5 years of age, leading to about \$300 million in direct medical costs and \$900 million in total societal costs. In developing countries, rotavirus is a major cause of childhood deaths, causing more than half a million deaths each year in children younger than five years of age.

Studies indicate the vaccine will prevent about 74 percent of all rotavirus cases and about 98 percent of the most severe cases, including 96 percent of rotavirus cases requiring hospitalization. In trials, the vaccine prevented 59 percent of all causes of gastroenteritis hospitalizations, which highlights the important role of rotavirus in severe childhood gastroenteritis.

In 1999, RotaShield, a different rotavirus vaccine, was withdrawn from the market after it was found to be associated with intussusception. The risk of intussusception for RotaTeq, the new vaccine, was evaluated in a large-scale trial of over 70,000 children. In that study, there was no association found between RotaTeq and an increased risk of intussusception and it did not cause an increase in fever and GI complaints to the extent caused by RotaShield.

MCIR expansion to adults

Senate Bill 728 would change the Michigan Childhood Immunization Registry (MCIR) to the Michigan Care Improvement Registry that would expand the system to report and record additional health information and expand the age limit past 20 years. The initial goal would be to include adult immunization information in the system to help improve our lagging adult immunization rates. The bill has passed the Senate and has been referred to the House.

MI VOLUNTEER REGISTRY

The Office of Public Health Preparedness has officially launched the MI Volunteer Registry. The on-line system is currently taking names and information from willing volunteers prepared to assist in the case of a natural or public health emergency.

Individuals interested in volunteering can indicate their interests and contact information in a secure, electronic environment. Information will then be queried and appropriate volunteers contacted by authorized personnel via e-mail or text pager. Doctors, nurses, pharmacists, behavioral health, emergency medical services personnel, ancillary support staff, and other individuals interested in helping are encouraged to register. Volunteers will also have access to topical information regarding specific events, exercises and drills, or general knowledge and training.

To register go to <http://www.mivolunteerregistry.org/>. You may also visit the OPHP Website at <http://www.michigan.gov/> for more information. Additional help is available by contacting help-mivolunteerregistry@michigan.gov or 866-636-6324

PERTUSSIS TREATMENT AND POSTEXPOSURE PROPHYLAXIS GUIDELINES

CDC has published updated recommendations broadening the spectrum of antibiotics available for treatment and prophylaxis of pertussis. Specifically, these CDC recommendations now include information on use of newer macrolide agents (azithromycin and clarithromycin) in addition to previously recommended antimicrobials such as erythromycin.

The complete recommendations were published December 9, 2005 in the Recommendations and Report series of the CDC Morbidity and Mortality Weekly Report (MMWR). <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm>.

Pertussis cases in the U.S. are slowly increasing and are becoming more common in older individuals. The majority of recent cases reported to the Health Department have been in adolescents and young adults. If an individual has a prolonged cough illness, especially if the cough is paroxysmal or associated with post-tussive emesis, pertussis should be considered as it accounts for about 15% of these cases. Diagnosis is best made with a nasopharyngeal swab for pertussis culture and/or PCR.

2005 Communicable Diseases

Disease	Antrim	Chx	Emmet	Otsego	Total
AIDS, Aggregate	1	1	1	2	5
Campylobacter	1	0	4	0	5
Cryptosporidiosis	1	0	0	0	1
Giardiasis	1	2	1	2	6
Listeriosis	0	0	0	1	1
Salmonellosis	1	2	1	2	6
Shigellosis	0	0	1	0	1
Yersinia enteritis	0	0	1	0	1
Meningitis - Aseptic	1	0	1	1	3
Meningitis - Bacterial Other	1	0	1	1	3
Streptococcus pneumoniae, Inv	0	1	0	0	1
Animal Bite	1	0	0	0	1
Encephalitis, Primary	1	0	1	0	2
Flu Like Disease	972	1700	2441	1172	6285
Kawasaki	0	0	2	0	2
Legionellosis	1	0	0	0	1
Strep Pneumo, Drug Resistant	1	0	0	0	1
Streptococcal Dis, Inv, Grp A	0	2	0	2	4
Rabies Animal	1	0	0	1	2
Chlamydia (Genital)	14	27	39	36	116
Gonorrhea	1	2	10	7	20
Syphilis - Latent of Unknown Dur.	0	0	1	0	1
Syphilis - Secondary	1	0	0	0	1
Chickenpox (Varicella)	29	48	33	15	125
Pertussis	0	0	5	1	6
Lyme Disease	0	0	0	1	1
Hepatitis B, Acute	0	0	1	0	1
Hepatitis B, Chronic	1	1	1	1	4
Hepatitis C, Acute	0	0	0	1	1
Hepatitis C, Chronic	5	12	18	5	40
Hepatitis C, Unknown	3	1	4	2	10
Total	1038	1799	2567	1253	6657

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