



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

Health Department of Northwest Michigan

Physician's Update

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Immunization Update

Hib Shortage: The interim recommendation to temporarily defer administering the routine Hib vaccine booster dose administered at age 12–15 months is still in effect due to shortages of the vaccine. Remember that high risk children should continue to receive the full series.

HPV Intervals: The minimum interval between doses of Human Papillomavirus Vaccine has changed to include a **24 week minimum interval between the 1st and 3rd dose**. The previous minimum intervals of 4 weeks between dose 1 and 2 and 12 weeks between dose 2 and 3 remain unchanged.

Measles Mumps Rubella Varicella (MMRV) Vaccine: A recent MMWR (March 14, 2008/Vol. 57/No. 10) reported on data presented to the ACIP showing an increased number of febrile seizures in children receiving the MMRV vaccine versus the MMR and Varicella vaccine given separately at the same visit. The relative risk was 2.3 in one analysis, which was not statistically significant but was in agreement with data from other surveillance systems. Until more definitive data are presented, the panel changed their recommendation from encouraging the use of combination vaccines to no preference between the use of MMRV or separate MMR and Varicella vaccines. Currently it is a moot point as MMRV is not expected to be available until 2009.

Influenza Vaccine: The ACIP voted to recommend annual immunization of all 6 month to 18 year olds with flu vaccine:

Annual vaccination for all children aged 6 months–18 years is recommended. Annual vaccination of children aged 6 months—59 months should continue. If feasible, annual vaccination of all children aged 5 years--18 years should begin in 2008 when the vaccine for the 2008-2009 influenza season becomes available.

The 2008–2009 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens. All three strains are different from the 2007-2008 Northern Hemisphere influenza vaccine.

A recent case of Pertussis in an infant in Charlevoix County reminds us of the need not only to immunize our infants and children but also adolescents and adults against whooping cough. Infants generally contract Pertussis from an older sibling or adult. All 11-64 year olds who have not previously had a Tdap should receive one dose. Remember that vaccination does not take away the need for antibiotic prophylaxis among contacts of active cases.

Vaccine Safety Resources

Once again there is renewed media attention and subsequent concern about vaccine safety. Regardless of the facts that have clearly and definitively shown that vaccines are not a cause or contributor to autism, there has been a renewed presence of anti-vaccine groups in the media that has resulted in confusion among many in the community. Parental concern about the safety of any intervention, and the desire to protect their children from harm is a natural and in fact desirable attribute. What compounds the issue is that parents see children with developmental disorders, neurological disorders, learning disabilities, etc. They do not see (or at least not often) children suffering the consequences of the many infectious diseases we have prevented through vaccines.

As a reminder to all of us, there has been recent outbreaks of Measles in San Diego, Arizona, and just recently there were two confirmed cases of Measles in unvaccinated children from the Cadillac area. So even in Northern Michigan we are not immune to the global spread of communicable disease.

What parents and individuals need is reliable information and reassurance and that is something that their doctors, whom they trust, can provide. Excellent resources are available on this subject at numerous sites including the CDC (www.cdc.gov/vaccines), the Immunization Action Coalition (www.immunize.org), and the Vaccine Education Center of the Children's Hospital of Philadelphia (www.vaccine.chop.edu). The latter site offers excellent fact sheets on vaccine safety (as well as many other topics) and they can be downloaded and printed out or pads of tear sheets can be ordered and are mailed to you completely free of charge usually within a week or two. I have found these educational materials very helpful and time saving in my practice. I encourage all of us to take the extra time to educate our patients and our community about the benefits as well as the true risks of vaccines to individual's and the public's health.

Summary of 2007 Rabies Information

With the coming of spring comes the inevitable increase in exposure to potentially rabid animals. As a reminder the state lab compiled a summary of 2007 activity:

The MDCH Bureau of Laboratories received a record number of rabies submissions in 2007 with 3863 animal specimens submitted from various agencies throughout the state. This is the highest number of specimens received in any year since the lab began rabies-testing in 1954 and was a 29.6% increase over the next highest year for submissions (2001). The number of rabies positives detected also set a new lab record. In 2007, a total, of **210 rabies positive animals** were detected, including 5 skunks, 2 fox, 1 dog, 2 cats, 1 horse and 199 bats. As a comparison, in 2006, the lab detected 49 rabies positive animals (3 skunks, 1 fox, 1 cat, 4 horses, 1 cow and 39 bats). In Northern Michigan, there were rabies positive bats reported in Antrim and Alpena county last year.

Typically, the annual positivity rate for rabies submissions is between 1% and 5%. In 2007, the positivity rate was 5.4%. The 2006 rabies positivity rate was 2.0% and in 2005, 1.65%.

As another reminder that bat exposures need to be taken seriously, there was a fatal case of human rabies in Northern Minnesota in October 2007. A 46 year old man had grabbed a bat with bare hands to remove it from a cabin. He felt a "needlestick sensation" but did not feel he was bitten and did not seek medical attention. After the diagnosis of rabies was entertained the family recalled this event that had occurred 2 months prior to his illness, and by this time it was too late. Approximately 30 health care workers received rabies post exposure prophylaxis related to this case as well. There is at least one case like this involving incidental contact with a bat reported most every year nationwide. Ideally following a bat exposure the bat can be captured and tested; otherwise the need for rabies IG and Vaccine must be considered.

Treating Tobacco Dependence in Michigan

The MDCH Tobacco Section recently announced a new, free web based tobacco training program titled "**Treating Tobacco Dependence in Michigan: Implementing Effective Cessation Interventions and Systems**" now available through the Section's web page: www.michigan.gov/tobacco. The training was produced and presented by the Michigan Department of Community Health in conjunction with the Michigan Smokefree Hospitals Grant. It is designed to help health care providers implement evidence based patient cessation interventions and systems change in order to decrease tobacco use.

The training features four modules, with the ability to complete one, two, three or all four modules (each module is approximately one hour in length):

I. Enhancing Tobacco Reduction in Pediatrics: Strategies for Pediatric Care Providers and Offices

II. Tobacco Dependence and Abuse: A Serious Disease That is Killing Michigan Residents

III. Nicotine Addiction Therapy

IV. Implementing Cessation Programs: Inpatient and Outpatient

The expert panel of speakers featured includes:

Dr. Greg Holzman, MPH, MD, Chief Medical Executive, Michigan Department of Community Health

Dr. Tom Peterson, MD, FAAP, Medical Director, Quality and Healthier Communities, Spectrum Health and DeVos Children's Hospital, Grand Rapids, MI

Ms. Linda Thomas, MS, LLP, CTTS-M, Manager, Tobacco Consultation Service, University of Michigan Health System

Since tobacco use is the leading preventable cause of death in the U.S. and smoking cessation advice and help to quit is ranked as one of the top three most cost effective preventive services-meaning it provides better value for the dollar - than waiting to treat smoking related diseases, please utilize the training and publicize it to others for their use with the goal of reducing Michigan's tobacco burden.

The web-based training is available at: www.michigan.gov/tobacco.

More fuel to fire your efforts to make Michigan Worksites Smoke Free: Since Italy banned smoking in all indoor public places in 2005 (including restaurants, cafes, and bars), the heart attack rate for 33-64 year olds dropped 11% (Rome Health Authority). The study took into account heat waves, flu epidemics, and other factors when calculating the rates. Use the MSMS Action Center (www.msms.org/action) to send an electronic message to your state senator and the Senate Majority Leader to support a healthier Michigan by passing a workplace smoking ban. If the bill were to pass the Senate and be signed into law, Michigan would join 31 other states that already have adopted some form of workplace smoking ban.



Communicable Diseases Jan—March 2008

<u>Disease</u>	<u>Antrim</u>	<u>Charlevoix</u>	<u>Emmet</u>	<u>Otsego</u>	<u>Total</u>
Cryptosporidiosis	0	0	0	1	1
Giardiasis	3	0	1	0	4
Salmonellosis	2	2	0	0	4
Meningitis - Aseptic	0	0	0	1	1
Meningitis - Bacterial Other	0	0	0	1	1
Streptococcus pneumoniae, Inv	1	0	0	0	1
Flu Like Disease	785	427	1628	618	3458
Guillain-Barre Syndrome	0	1	0	0	1
Influenza	1	1	1	23	26
Chlamydia (Genital)	12	8	8	4	32
Gonorrhea	1	1	2	1	5
Chickenpox (Varicella)	3	2	0	0	5
Lyme Disease	0	1	0	0	1
Hepatitis B, Chronic	0	0	0	1	1
Hepatitis C, Chronic	4	2	4	6	16
Total	812	445	1644	656	3557



Quick Stats: Percent of Newborns Receiving Birth Dose of Hepatitis B

<u>Vaccine by Hospital</u>	<u>2005</u>	<u>2006</u>	<u>2007</u>
Alpena Regional Medical Center	87	89	86
Charlevoix Area Hospital	5	52	92
Cheboygan Area Hospital	92	90	90
Northern Michigan Regional Hospital	22	43	57
Otsego Memorial Hospital	43	50	49
State of Michigan	78	80	80

All infants should receive a birth dose of Hepatitis B Vaccine prior to discharge.
Source: Michigan Department of Community Health data.

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

