



Northwest Michigan Community Health Agency
HEALTH DEPARTMENT
 of Northwest Michigan

Health Department of Northwest Michigan

Physician's Update

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Immunization Update

There are two articles of interest in the June 2009 edition of *Pediatrics*.

The study *Parental Refusal of Pertussis Vaccination Is Associated With an Increased Risk of Pertussis Infection in Children* found that children who are not vaccinated against pertussis are 23 times more likely to contract the disease than vaccinated children. The study authors, led by Jason M. Glanz of the Kaiser Permanente Colorado Institute for Health Research, found that one in 500 vaccinated children came down with pertussis, while about one in 20 children who were not vaccinated contracted the disease. 11% of the cases of pertussis in the study could be attributed to vaccine refusal.

The study *Mothers' Intention for Their Daughters and Themselves to Receive the Human Papillomavirus Vaccine: A National Study of Nurses* found that mothers' intention to vaccinate a daughter under 13 years of age was lower than intention to vaccinate an older daughter, contrasting with national recommendations to target 11- to 12-year-old girls for vaccination (before sexual debut). Educational interventions designed to affect mothers' willingness to vaccinate daughters should focus on human papillomavirus vaccine efficacy, behavioral impact of vaccination, and perceived risk of human papillomavirus.

Rabies Update

The 2008 Rabies season in Michigan showed a return to historical levels of rabies positive animals after a very busy 2007 season. The State Lab tested 3839 specimens with 79 confirmed positive for Rabies (a 2% positive rate). Bats topped the list of positive animals with 70, but there were also 6 positive skunks, 2 foxes, and 1 cat. Locally there was one positive bat in both Antrim and Charlevoix County.

As summer approaches this is a good time to remember that bats do pose a risk of rabies transmission. A bat exposure includes a bite, a scratch that breaks the skin or the presence of a bat in a room with a sleeping person or unattended young child. If there is an exposure the best thing to do is to obtain the bat for testing at the State lab. If the bat cannot be tested and there was a clear exposure then rabies post exposure prophylaxis (Rabies immunoglobulin and a 5 dose vaccination series) should be considered. The same holds true for bites from raccoons, foxes, skunks, and most other mammals. Rodents such as squirrels, hamsters, mice, rats, or rabbits pose no risk of rabies transmission, and barring very unusual circumstances no testing or prophylaxis is indicated.

Animal bites should be reported to the Local Health Department as well as your county animal control office.

Influenza Update

The Outbreak of Novel Influenza H1N1 continues. As of this writing there are still no confirmed cases of Influenza H1N1 in our jurisdiction. Testing should be considered in individuals with acute onset of fever and respiratory symptoms, especially in those that need hospitalization or are at increased risk for severe influenza. You should still call your local health department to facilitate testing at the State Lab.

The May 22 CDC Report shows that influenza activity is decreasing in the United States; however, levels of influenza-like illness are higher than normal for this time of year. At this time, the majority of influenza viruses isolated in the United States are now novel H1N1 viruses. While nation-wide influenza-like-illness surveillance is trending downward, localized outbreaks are ongoing (i.e. in SE Michigan) and it's likely that such outbreaks will continue over the summer. It's uncertain how the novel H1N1 virus will affect the upcoming 2009-2010 influenza season. Discussions on vaccination for the Fall are ongoing.

CDC recommends that influenza antiviral treatment be given to all hospitalized patients with confirmed, probable, or suspected novel influenza A (H1N1) as well as any patient with confirmed, probable or suspected novel influenza A (H1N1) who is at higher risk for seasonal influenza complications. (High risk individuals include people 65 years and older, children younger than five years old, pregnant women, and people of any age with chronic medical conditions)

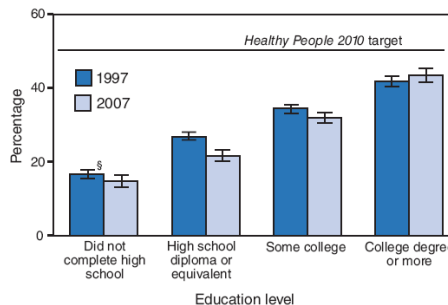
The drugs recommended for treatment are either oseltamivir or zanamivir. An allotment from the Strategic National Stockpile of these medications was received by the local health department and can be dispensed to individuals that require treatment or prophylaxis. The novel H1N1 viruses are resistant to amantadine and rimantadine.

For more information on H1N1 as well as clinical guidance for testing and treatment go to www.cdc.gov/h1n1flu or the State of Michigan website www.michigan.gov/mdch.

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

Percentage of Adults Aged ≥ 25 Years Who Reported Regular Leisure-Time Physical Activity,* by Education Level --- National Health Interview Survey, United States, 1997 and 2007[†]



* Defined as at least 30 minutes of moderate activity, five times per week, or at least 20 minutes of vigorous physical activity, three times per week.

[†] Data were age adjusted to the 2000 standard population.

[‡] 95% confidence interval.

SOURCES: National Health Interview Surveys, 1997 and 2007. Available at <http://www.cdc.gov/nchs/nhos.htm>

US Department of Health and Human Services. Objective 22-2. Healthy people 2010 (midcourse review). Washington, DC: US Department of Health and Human Services; 2000. Available at <http://www.healthypeople.gov/data/midcourse/pdf/fa22.pdf>.

Viral Hepatitis

A recent MMWR reviews data on cases of Acute Viral Hepatitis in 2007. Of note is that Acute Hepatitis A incidence has declined 92%, from 12 cases per 100,000 in 1995 to 1.0 case per 100,000 population. This is the lowest rate ever recorded in the US. Declines were greatest in children and in the states where routine vaccination was begun in 1999. With the now nationwide recommendation to routinely immunize all children against Hepatitis A further declines are attainable. (Although not common we do see cases of acute Hepatitis A in Northern Michigan most every year.)

Acute Hepatitis B cases declined 82%, from 8.5 per 100,000 in 1990 to 1.5 cases per 100,000 population in 2007, the lowest rate ever recorded. The greatest declines were seen in children under 15 years. All infants should receive a three dose series of Hepatitis B Vaccine beginning at hospital discharge after birth. (See chart below).

Acute Hepatitis C incidence has also declined from a peak in 1992, but rates have been fairly constant over the last 5 years. The majority of cases occur in adults and the most common risk factor continues to be a history of injection drug use. Most all Hepatitis C infections reported in our area are chronic.

The full report can be viewed at <http://www.cdc.gov/mmwr/PDF/ss/ss5803.pdf>

Percent of Newborns Receiving Birth Dose of Hepatitis B Vaccine

<u>Vaccine by Hospital</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>
Alpena Regional Medical Center	89	86	81
Charlevoix Area Hospital	52	92	90
Cheboygan Memorial Hospital	90	90	89
Northern Michigan Hospital	43	57	68
Otsego Memorial Hospital	50	49	64
State of Michigan	80	80	80

Communicable Diseases Jan-April 2009

<u>Disease</u>	<u>Antrim</u>	<u>Charlevoix</u>	<u>Emmet</u>	<u>Otsego</u>	<u>Total</u>
Campylobacter	0	0	2	0	2
Cryptosporidiosis	0	1	0	2	3
Giardiasis	1	1	0	1	3
Salmonellosis	1	1	0	1	3
Shigellosis	0	0	0	1	1
Yersinia enteritis	0	0	1	0	1
Meningitis - Bacterial Other	1	0	0	0	1
Streptococcus pneumoniae, Inv	1	0	2	0	3
Flu Like Disease*	655	505	1994	1246	4400
Guillain-Barre Syndrome	0	0	0	1	1
Influenza	3	2	1	36	42
Streptococcal Dis, Inv, Grp A	0	0	2	0	2
Chlamydia (Genital)	13	3	12	13	41
Gonorrhea	0	1	5	1	7
Chickenpox (Varicella)	5	9	0	0	14
Pertussis	2	0	0	0	2
Hepatitis B, Chronic	0	0	1	0	1
Hepatitis C, Chronic	8	2	2	5	17
Hepatitis C, Unknown*	0	0	2	1	3
Total	690	525	2024	1308	4547

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 County:

Pat Guillaume, RN
231-347-5636

Otsego County:

Sandy Tarbutton, RN
989-732-6869

Charlevoix County:

Marley Niewendorp
231-547-7631

Antrim County:

Rene Ames
989-732-6882

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

