

# Physician's Update



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## VPD Update

### Polio, Measles, Mumps, and Pertussis

**Polio** is still considered eradicated from the Western Hemisphere, and is targeted for global eradication. Unfortunately, social and political unrest has caused this effort to take a giant step backward.

The World Health Organization (WHO) stated in May that the international spread of polio in 2014 constitutes an “extraordinary event” and a global public health risk. The current situation stands in stark contrast to the near cessation of the spread of polio in 2012 and early 2013. The spread of polio is now considered to be a public health emergency of international concern, as polio has spread from Afghanistan, Nigeria, and Pakistan into Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia, Cameroon, and Syria. India continues to have pockets of endemic disease as well. The WHO now recommends that these countries ensure that residents and long term visitors receive a dose of IPV or OPV 4 weeks to 12 months prior to travel.

There have been nearly 300 cases of **measles** reported in the U.S. in 2014 already, the largest number of cases in a year since endemic measles elimination was documented in 2000. There are at least 15 different outbreaks in over 17 states, with the largest outbreak centered in an Amish community in Ohio. Half the importations of cases have been from the Philippines, and 89 percent of the cases were in unvaccinated patients or patients of unknown status. Of those, 80 percent reported philosophical objections to being vaccinated.

Ohio is currently reporting a large outbreak of **mumps** – more than 340 cases. Most are associated with the Ohio State University (OSU) campus. Illinois and Wisconsin are also reporting an increase in mumps cases. Michigan has had two (2) confirmed and four (4) probable, with a suspect case in the Health Department of Northwest Michigan’s health district.

**Pertussis** cases persist in Michigan, with 263 reported in the first four months of the year.

## MERS – Middle East Respiratory Syndrome

MERS was first reported in Saudi Arabia in 2012, and is caused by a coronavirus called MERS-CoV. Most MERS patients have developed severe acute respiratory illness, and about 30 percent have died. The most commonly reported symptoms include fever, cough, and shortness of breath. Most patients have abnormal findings on chest x-ray. At this time, all cases have been linked to countries in or near the Arabian Peninsula. The virus has spread from ill people to others, usually through close and prolonged contact. No current evidence exists for sustained human-to-human transmission. Michigan healthcare providers should be vigilant for suspect cases. For more information, go to the [CDC website for MERS](http://www.cdc.gov/CORONAVIRUS/MERS/INDEX.HTML) (<http://www.cdc.gov/CORONAVIRUS/MERS/INDEX.HTML>) or call the MDCH Division of Communicable Disease at 517-335-8165.

Healthcare professionals should evaluate patients in the U.S. for MERS-CoV infection if they meet one of the following criteria:

- A. Fever AND pneumonia or acute respiratory distress syndrome (based on clinical or radiologic evidence) and either history of travel from countries in or near the Arabian Peninsula within 14 days before symptom onset, or close contact with a symptomatic traveler who developed fever and acute respiratory illness (not necessarily pneumonia) within 14 days after traveling from countries in or near the Arabian Peninsula.
- B. Fever AND symptoms of respiratory illness (not necessarily pneumonia; e.g., cough, shortness of breath) AND being in a healthcare facility (as a patient, worker, or visitor) within 14 days before symptom onset in a country or territory in or near the Arabian Peninsula in which recent healthcare-associated cases of MERS have been identified.

## MIHP (Maternal Infant Health Program)

The Maternal Infant Health Program (MIHP) is a home visiting program available to all pregnant women and infants up to one year of age enrolled in Medicaid. MIHP provides support to promote healthy pregnancies, positive birth outcomes, and healthy infants. It supplements the medical prenatal and infant care that is provided through care coordination, referrals, and interventions provided by a team of Registered Nurses, Social Workers, and Dietitians. As an evidence-based program, MIHP has been shown to improve maternal prenatal and postnatal care, improve infant care, and reduce the risk of adverse birth outcomes, especially for high risk groups. Earlier enrollment in MIHP and more frequent contacts improves outcomes as well.

The State of Michigan conducts on-site reviews of all MIHP providers and looks at 309 indicators. Only five percent – including the Health Department – pass all of the indicators. This is a reflection on the MIHP team’s knowledge, experience, and commitment to support pregnant women and young families.

# Fluoride

## Tooth Decay Referral Rates HDNWM School Oral Health Screening Program 2012 – 2013 School Year

School District	Fluoridated Water Supply at CDC Recommended Level	Percentage of Students Referred for Treatment of Tooth Decay
Boyne City	Yes	8.6%
East Jordan	Yes	8%
Gaylord	No	28%
Mancelona	No	30%
Pellston	No (No Municipal water supply)	23%

Local data show that community water fluoridation is a cost-effective and efficient way to prevent dental disease, especially in young children. Community water fluoridation was recognized by the CDC as one of the 10 great public health achievements of the 20<sup>th</sup> century, and it is given strong support by nearly every prominent, credible health agency and medical and dental association, including the WHO, CDC, AMA and the American Dental Association. The safety of community water fluoridation has been researched extensively since its inception in 1945, and scientific study continues to demonstrate the safety and efficacy of fluoridation. At the concentrations recommended for public water supplies, there are no adverse health effects.

Despite this overwhelming scientific evidence in favor of fluoridation, our region took an unfortunate step backward when the Boyne City Council voted in May to discontinue the Boyne City fluoridation program. As a health professional, you can help by speaking up on this subject, and being informed on the best practices to promote optimal oral health.

# Waivers

The State of Michigan has one of the highest school immunization waiver rates in the nation. Rates in Northwest Michigan are higher than the rest of the state. Prior to the start of the 2013/14 school year, the Health Department of Northwest Michigan began an initiative aimed at reducing the number of school immunization waivers. By state law, all children entering Kindergarten and 6th grade (changing to 7th grade beginning this Fall), as well as any new entrants to the school district, need to have received all required immunizations or submit a valid signed waiver.

The goal of the initiative was to reduce the number of parental waivers through improved communication with school personnel, education of the immunization requirements, and appropriate indications for submitting the waiver form.

The Health Department assigned each school building a public health nurse to improve school staff members' knowledge of the required childhood immunizations for school settings, the importance of having a highly vaccinated population to prevent disease outbreaks, and the valid circumstances in which a required vaccine may be waived by a family. The nurse also reviewed all required immunization data to help ensure it was entered correctly into the statewide database. This allows data to be verified by the Health Department to reduce inappropriate waivers and improve overall compliance rates. Families with signed waivers were provided written information on the potential risks of not immunizing their children.

### Waiver rates by County:

	Prior Year reported Feb.2013	Current Year 2014	County Ranking n=84
Antrim:	12%	4.8%	26
Charlevoix:	9%	6.8%	52
Emmet:	12%	9.5%	70
Otsego:	10%	6.7%	48
Statewide:	7%	6.3%	--

I'm pleased that the hard work by staff at the schools and the Health Department resulted in significant improvement. But there is still opportunity to increase the number of fully immunized students. Furthermore, there is now discussion going on statewide to address this issue and our high rates of under-immunized schoolchildren.

## Foodborne Illness and Return to Work

Any individual with a foodborne or gastrointestinal illness can contaminate food and spread the illness to others. This is especially true for those who work in a food service establishment. No one who has fever, vomiting, diarrhea or other symptoms that suggest a foodborne illness should work around food or areas where food is prepared. The affected individual should not return to work until all of his or her symptoms have fully resolved. Furthermore, the Food Code delineates the “Big Five Illnesses” – Shigella, E. coli, Salmonella typhi, Hepatitis A, and Norovirus, which can be transmitted by infected food. Anyone who has been diagnosed with one of these illnesses cannot return to work in a food service establishment until a physician confirms, in writing, that the person is no longer at risk of infecting the public. In the case of bacterial causes, this also requires serial negative stool cultures. All cases should promptly be reported to the Health Department as well.



## Healthy Michigan Plan Enrollment

County	MCH Estimate of Under 138% FPL	HMP as of 6/9/14	% of Total Eligible
Alpena	1,496	1,057	71%
Antrim	1,160	729	63%
Charlevoix	1,130	708	63%
Cheboygan	1,407	1,082	77%
Emmet	1,354	1,065	79%
Montmorency	523	411	79%
Otsego	990	926	94%
Presque Isle	593	468	79%
NHP Service Area Total:	8,653	6,449	75%

In the first few months of Healthy Michigan Plan enrollment, more than 6,400 individuals in Northern Michigan – 75 percent of those estimated to be eligible – have obtained health insurance. In addition, more than 3,000 of the approximately 10,000 eligible individuals in this same region have obtained coverage through the Health Insurance Marketplace. Together, these data show that the number of uninsured in our region has been cut in half.

## Communicable Disease Totals 2014 Year-to-Date

Disease	Antrim	Chx	Emmet	Otsego	Total
Amebiasis	0	0	1	0	1
Campylobacter	0	0	1	3	4
Cryptosporidiosis	0	0	0	2	2
Norovirus	1	0	0	0	1
Salmonellosis	0	1	2	0	3
Shigellosis	0	0	2	0	2
Flu Like Disease*	177	364	1861	2303	4705
Influenza	5	3	1	46	55
Streptococcus pneumoniae, Inv	0	1	0	1	2
Subtotal	0	1	0	1	2
Guillain-Barre Syndrome	0	1	0	0	1
Head Lice	48	75	55	28	206
Legionellosis	0	0	1	0	1
Q Fever*	0	0	0	1	1
Strep Throat	34	96	64	55	249
Streptococcal Dis, Inv, Grp A	0	0	1	0	1
Unusual Outbreak or Occurrence	0	0	1	1	2
Vibriosis - Non Cholera	0	1	0	0	1
Chlamydia (Genital)	14	24	21	22	81
Gonorrhea	0	2	0	1	3
Chickenpox (Varicella)	0	0	0	2	2
H. influenzae Disease - Inv.	1	0	0	0	1
Mumps	0	0	0	1	1
Pertussis	1	0	0	0	1
VZ Infection, Unspecified	0	0	3	1	4
Subtotal	2	0	3	4	9
Lyme Disease	0	1	0	0	1
Hepatitis A	0	1	0	0	1
Hepatitis C, Chronic	7	6	13	6	32
<b>Total</b>	<b>290</b>	<b>576</b>	<b>2029</b>	<b>2473</b>	<b>5368</b>

### 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:**  
**231-547-0460**