



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

Health Department of Northwest Michigan

Physician's Update

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Immunization Update

The 2008 Child and Adolescent and the Adult Immunization Schedules have been published and are available from www.cdc.gov/vaccines.

There is only one major change to the **Adult Schedule** this year and that is the addition of the Herpes Zoster (Shingles) Vaccine. A single dose of zoster vaccine is recommended for individuals 60 years or older regardless of prior history of shingles. It is contraindicated in pregnant or immunocompromised patients.

The Schedule also stresses the importance of **Health Care Worker Immunizations**. All HCW need to get their annual influenza vaccine (inactivated or live attenuated). All HCW should be immune to Measles, Mumps, Rubella, Varicella (through natural infection or two doses of vaccine), and Hepatitis B. In addition, any HCW who has not had a Tetanus containing vaccine in the last two years should receive a **Tdap vaccine**. This is especially pertinent given that we have had several cases of Pertussis in health care facilities in our area over the past year. Tdap should be given regardless of past history of disease and can be used as an adjunct to chemoprophylaxis in outbreak situations as well.

The primary changes to the **Child Schedule** are:

1. A single dose of pneumococcal conjugate vaccine is now recommended for all healthy children 24 to 59 months of age who are incompletely immunized.
2. Meningococcal Conjugate Vaccine is now recommended for all children 11-18 years of age as well as for children 2-10 years at increased risk for disease (complement deficiency, functional or anatomic asplenia, travel to endemic areas, etc.) The conjugate vaccine is preferred over the older polysaccharide vaccine for 2-55 year olds.
3. The lower age limit for use of live-attenuated influenza vaccine in healthy children has been reduced from 5 years of age to 2 years of age and the time interval for administration of the second dose (when a second dose is indicated) has been reduced from 6 to 4 weeks.

Influenza

Currently there is local influenza activity being reported in Michigan (mildly increased activity over baseline) with some lab confirmed cases of Influenza A in our region. So far there has been a good match between the circulating strain and the vaccine. It is still not too late to vaccinate individuals against the flu.

Guidelines for Prevention of Hepatitis A Infection

The CDC has published new guidelines for the prevention of Hepatitis A after exposure and in travelers (MMWR Oct 19, 2007/Vol56(41);1080-1084). These new guidelines allow for expanded use of Hepatitis A Vaccine instead of immune globulin, based on data that show a general rapid protective antibody response to the vaccine and the fact that vaccine is generally more available than IG and provides long term immunity. The full guidelines are available at www.cdc.gov/mmwr, and are summarized here:

Postexposure prophylaxis

Persons who recently have been exposed to HAV and who previously have not received hepatitis A vaccine should be administered a single dose of single-antigen hepatitis A vaccine or immune globulin (IG) (0.02 mL/kg) as soon as possible.

- For healthy persons aged 12 months–40 years, single antigen hepatitis A vaccine at the age-appropriate dose is preferred.
- For persons aged >40 years, IG is preferred; vaccine can be used if IG cannot be obtained.
- For children aged <12 months, immunocompromised persons, persons who have had chronic liver disease diagnosed, and persons for whom vaccine is contraindicated, IG should be used.

International travel

All susceptible persons traveling to or working in countries that have high or intermediate hepatitis A endemicity should be vaccinated or receive IG before departure. Hepatitis A vaccine at the age-appropriate dose is preferred to IG. The first dose of hepatitis A vaccine should be administered as soon as travel is considered.

One dose of single-antigen hepatitis A vaccine administered at any time before departure can provide adequate protection for most healthy persons.

Older adults, immunocompromised persons, and persons with chronic liver disease or other chronic medical conditions planning to depart to an area in <2 weeks should receive the initial dose of vaccine and also simultaneously can be administered IG at a separate anatomic injection site.

Travelers who elect not to receive vaccine, are aged <12 months, or are allergic to a vaccine component should receive a single dose of IG, which provides effective protection for up to 3 months.

Please note that when ordering lab tests for recent HAV infection, a Hepatitis A IgM Antibody must be specified. Total antibody does not differentiate recent from past infection.

Communicable Diseases 2003-2007

Disease	2003	2004	2005	2006	2007	Total
AIDS, Adult	2	3	0	0	0	5
Campylobacter	11	3	5	14	10	43
Cryptosporidiosis	0	0	1	1	4	6
Escherichia coli 0157:H7	2	1	0	3	1	7
Giardiasis	14	6	6	13	3	42
Listeriosis	0	0	1	0	0	1
Salmonellosis	9	8	6	14	6	43
Shiga toxin, E. Coli, Non O157	0	1	0	0	0	1
Shigellosis	1	2	1	0	1	5
Yersinia enteritis	0	0	1	0	1	2
Meningitis - Aseptic	7	8	3	4	3	25
Meningitis - Bacterial Other	1	1	3	0	1	6
Meningococcal Disease	1	2	0	0	0	3
Streptococcus pneumoniae, Inv	0	0	1	0	5	6
Animal Bite	0	3	1	2	0	6
Blastomycosis	1	2	0	2	3	8
Coccidioidomycosis	0	0	0	1	2	3
Encephalitis, Primary	0	0	2	0	0	2
Flu Like Disease	9	1	4	1	446	461
Guillain-Barre Syndrome	3	2	0	2	1	8
Histoplasmosis	0	3	0	0	0	3
Influenza	0	0	0	2	8	10
Kawasaki	0	0	2	0	0	2
Legionellosis	0	0	1	0	1	2
Staphylococcus Aureus Infect.	0	1	0	0	0	1
Strep Pneumo, Drug Resistant	0	0	1	0	0	1
Streptococcal Dis, Inv, Grp A	0	1	4	1	4	10
Unusual Outbreak or Occurrence	0	0	0	8	1	9
Rabies Animal	0	0	2	1	0	3
Chlamydia (Genital)	0	0	116	143	155	414
Gonorrhea	0	0	20	17	23	60
Syphilis - Late Latent	0	0	1	0	0	1
Syphilis - Latent of Unknown Duration	0	0	1	0	0	1
Syphilis - Secondary	0	0	1	1	0	2
Chickenpox (Varicella)	0	0	105	73	51	229
Pertussis	0	3	6	2	6	17
Lyme Disease	0	0	1	0	0	1
Malaria	1	0	0	0	0	1
West Nile Virus	0	0	0	1	0	1
Hepatitis A	3	4	0	1	3	11
Hepatitis B, Acute	0	2	0	0	0	2
Hepatitis B, Chronic	1	5	6	6	6	24
Hepatitis C, Acute	0	1	1	1	0	3
Hepatitis C, Chronic	30	34	52	67	73	256
Total	96	97	355	381	818	1747

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 Tarbuton, RN
989-732-6869

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

Newborn Screening

In October of 2007 cystic fibrosis I(CF) was added to the newborn screening panel. There are now over 40 disorders that are screened for with the dried blood spot test. Cystic Fibrosis is one of the most common genetic disorders affecting children, and early diagnosis and referral can lead to improved outcomes. Life expectancy has increased dramatically over the years and now averages in the mid-thirties. It is anticipated that 350 newborns will have a positive screen each year, but that only 1 in 10 will have a diagnosis of CF, with the majority of the others being carriers. Infants with a positive screen should be referred to a CF Center for confirmatory testing.

