



Physician's Update

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Vaccine Preventable Disease Update

The resurgence of vaccine preventable diseases continues nationally as well as locally. In December of 2014 there were 5 cases of Measles in the Traverse City area related to unimmunized individuals returning from the Philippines. Additionally there has been a single case of Measles in Oakland County reported in 2015 related to an outbreak associated with travel to Disneyland with 121 cases in 17 states reported so far. The vast majority of cases have been unvaccinated individuals.

Consider **Measles** in patients presenting with a febrile rash illness especially if they have some travel history.

All children should receive 2 doses of MMR vaccine at 12 months and 4 years of age. Infants 6-12 months who are travelling to an endemic area can receive an extra dose prior to travel. All adults born in 1957 or later should have had a single dose of vaccine. Healthcare personnel, students, and travelers should receive a 2nd dose. MMR vaccine is available at the Health Department at no cost through the vaccine replacement program (see below).

Pertussis cases have decreased markedly but continue to be reported sporadically in our area. Focus continues to be on protecting infants by recommending that everyone who has not had a Tdap dose get one regardless of their last Td dose and pregnant women should receive a Tdap in the third trimester of every pregnancy. All children should of course receive 5 doses of DtaP by the time they enter school.

Vaccine Preventable Disease Cases, Michigan



Disease	Total Cases 2013	Total Cases 2014
<i>H. influenzae</i> invasive disease <5 years (serotype b)	13 (0)	14 (4)
Measles	5	5
Meningococcal disease	6	6
Mumps	15	20
Pertussis	995	1385
Tetanus	1	1
Varicella	719	725

MI-VRP (Michigan Vaccine Replacement Program)

- Publicly funded vaccine program that offers a limited number of vaccines
- For adults ages 19 years and older who have no insurance or who have insurance that doesn't cover any of the cost of the vaccine and have indications that qualify for use of VRP.
- Provides MMR, Td, Tdap, Hepatitis A or Hepatitis B vaccines
- Available at: Local Health Departments (LHD), Federally Qualified Health Centers (FQHC), Migrant Health Centers (MHC) and Tribal Health Centers (THC)
- Adults may be charged a vaccine administration fee

2014-2015 Influenza Season Update

On January 15, 2015, CDC published early estimates of seasonal flu vaccine effectiveness for the 2014-15 season. The overall vaccine effectiveness (VE) for this year's flu vaccine is 23%, which means that a vaccinated individual's likelihood of having to go to the doctor for flu illness was reduced by 23% across all ages. As is stated in the MMWR, "this interim VE estimate is relatively low compared with previous seasons when circulating viruses and vaccine viruses were well-matched and likely reflects the fact that more than two-thirds of circulating A (H3N2) viruses are antigenically and genetically different (drifted) from the A (H3N2) vaccine component of the 2014-15 Northern Hemisphere seasonal influenza vaccines." Furthermore, when Influenza A H3N2 is the predominant strain, we generally see higher rates of hospitalization in people older than 65 as well as an increase in the number of reported deaths in children. In this context early treatment with antivirals in high risk individuals is more important. For more information on antivirals go to <http://www.cdc.gov/flu/professionals/antivirals>.

New Waiver Rules Take Effect

Effective January 1, 2015 Michigan modified the administrative rules that changed how nonmedical waivers for immunizations will be processed for school and childcare programs. The new rule does not affect the current process by which the healthcare provider completes the medical waiver for a true contraindication for a specific vaccine.

The new rule requires parents/guardians who want to claim a nonmedical waiver to receive education from a county health department about the benefits of vaccination and the risks of vaccine-preventable diseases before claiming the waiver. The Health Department will be scheduling these families into our immunization clinics where they can receive information as well as receive any necessary immunizations and/or have their waiver form signed at the conclusion of the visit.

The new rule is not intended to diminish the role of healthcare providers in educating parents and families on the importance of immunization. A strong provider recommendation is recognized as a powerful motivator for parents to comply with immunization recommendations.

The hope is by having providers educate the parent/guardian on true medical contraindications and precautions to vaccination, and then referring the philosophical and religious waivers to the health department for education, we will begin to see an increase in immunization rates.

For more information on the waiver rules go to www.michigan.gov/immunize, click on Local Health Department then click on Immunization Waiver Information.

Medicare Coverage Now Includes Both Pneumococcal Vaccines

In 2014, the Advisory Committee on Immunization Practices (ACIP) recommended that people age 65 and up get both PPSV23 (Pneumovax) and PCV13 (Prenvar). Previously, Medicare Part B covered only one dose of pneumococcal vaccine. Medicare announced that it will now cover one dose of each type of vaccine at age 65 or later provided that they are given at least 12 months apart. The change was effective Feb. 2, 2015, but is retroactive to Sept. 19, 2014. Current recommendations are that individuals who have not received a previous dose of PCV13 get a single dose at age 65 and then a dose of PPSV23 12 months later.

Hepatitis C Virus

HCV infection is a reportable disease to the health department. Most cases represent chronic infections and for many years the majority of cases reported to us were from individuals who contracted the infection through sharing needles many years in the past and were just recently diagnosed. This age cohort was mostly in the 45+ year range. Over the past few years however we have seen an upswing in cases in younger individuals in their twenties that represent more recently acquired infections related to IV drug use. Reducing the rate of new infections can occur through decreasing IV drug use as well as through harm reduction techniques such as access to clean needles. Current recommendations are to test everyone born between 1945-1965, those with certain medical conditions, and those who currently or have ever injected illicit drugs.

Reported Cases of Hepatitis C Infection 2013-2014 Combined Health Department of Northwest Michigan and DHD #4 (8 counties)

	<1yr	1-9	10-19	20-29	30-39	40-49	50-59	60-69	>70	Total
Hepatitis C, Acute	0	0	0	3	0	0	1	0	0	4
Hepatitis C, Chronic	0	1	1	40	30	29	51	36	4	192

Communicable Disease Totals 2010 - 2014

Disease	2010	2011	2012	2013	2014	Total
AIDS, Aggregate	2	0	0	0	0	2
Amebiasis	0	0	0	0	2	2
Campylobacter	13	16	20	19	21	89
Cryptosporidiosis	9	11	8	6	5	39
Giardiasis	1	6	1	1	4	13
Listeriosis	0	0	1	0	0	1
Norovirus	0	0	3	1	1	5
Salmonellosis	10	10	8	7	9	44
Shiga toxin-producing Escherichia coli -- (STEC)	3	2	5	2	3	15
Shigellosis	3	2	2	1	2	10
Yersinia enterocolitica	1	2	1	1	0	5
Flu Like Disease*	8364	8909	8278	9990	8155	43,696
Influenza	1	25	19	38	128	211
Influenza, 2009 Novel*	1	0	0	0	0	1
Meningitis - Aseptic	0	5	2	3	2	12
Meningitis - Bacterial Other	1	0	0	0	2	3
Meningococcal Disease	0	0	0	0	1	1
Streptococcus pneumoniae, Inv	6	3	9	9	3	30
Blastomycosis	0	2	1	2	1	6
Coccidioidomycosis	0	0	0	1	0	1
Encephalitis, Post Other	0	0	0	1	0	1
Gastrointestinal Illness	0	0	0	147	0	147
Guillain-Barre Syndrome	1	0	1	1	1	4
Head Lice	195	228	314	401	464	1602
Histoplasmosis	0	0	2	0	0	2
Kawasaki	0	1	0	1	0	2
Legionellosis	0	0	0	1	2	3
Q Fever*	0	0	0	0	1	1
Strep Throat	353	732	618	516	420	2639
Streptococcal Dis, Inv, Grp A	2	1	1	0	2	6
Streptococcus pneumoniae, Drug Resistant Unusual Outbreak or Occurrence	0	0	1	0	0	1
Unusual Outbreak or Occurrence	4	0	5	4	4	17
Vibriosis - Non Cholera	0	1	0	0	1	2
Animal Bite	0	1	1	1	0	3
Rabies Animal	0	0	1	1	1	3
Chlamydia (Genital)	161	217	248	182	198	1006
Gonorrhea	13	21	9	16	6	65
Syphilis - Early Latent	0	0	0	0	1	1
Syphilis - Latent of Unknown Duration	2	1	0	1	0	4
Syphilis - Secondary	3	0	0	0	0	3
Mycobacterium - Other	0	0	2	0	0	2
Tuberculosis	0	0	1	0	0	1
Chickenpox (Varicella)	4	27	10	13	3	57
H. influenzae Disease - Inv.	0	0	1	2	1	4
Mumps	1	0	0	1	1	3
Pertussis	44	2	0	9	14	69
VZ Infection, Unspecified	4	4	4	12	12	36
Dengue Fever	1	0	0	0	0	1
Ehrlichiosis, Ehrlichia chaffeensis	1	0	0	0	0	1
Lyme Disease	0	1	1	2	3	7
Hepatitis A	0	0	0	0	1	1
Hepatitis B, Chronic	6	5	4	2	2	19
Hepatitis C, Acute	0	1	4	1	4	10
Hepatitis C, Chronic	69	66	55	63	78	331
Hepatitis D	0	1	0	0	0	1
Total	9279	10,303	9641	11,459	9559	50,241

CDC's Epidemiology & Prevention of Vaccine-Preventable Diseases Course Coming to Michigan June 16-17

Each year, immunization educators from the Centers for Disease Control and Prevention (CDC) offer a two-day live course in two or three states. The Epidemiology and Prevention of Vaccine Preventable Diseases Course, also known as the Pink Book Course, provides a comprehensive review of vaccine-preventable diseases and the recommended vaccines to prevent them.

This year, the class will be offered in Lansing, Michigan, June 16- 17. CME/CNE/CEU's will be offered and registration begins April 6th. This should be an excellent course for providers and/or their staff who want an in depth review and the latest information on vaccine preventable diseases.

http://www.michigan.gov/documents/mdch/Mich_PinkBook_Class_479968_7.pdf

Ebola Update

The response to the Ebola epidemic in West Africa is ongoing. Although the risk of an outbreak in the U.S. is low, public health officials have instituted procedures to monitor travelers returning from affected areas using a risk based assessment to determine the level of monitoring required and if any travel restrictions are recommended. In Michigan a "Traveler Evaluation and Monitoring Protocol" has been instituted to follow travelers returning from these areas. Monitoring generally involves twice daily temperature checks and daily contact with public health officials. As of 2/9, 115 travelers have returned to Michigan and been cleared. Work to maintain readiness along with our hospital and EMS colleagues is ongoing. For information for providers and the latest updates from Michigan Department of Community Health go to:
www.michigan.gov/ebola.

**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:
231-547-6238