

Physician's Update

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Immunization Update

Four-Day Grace Period takes effect in Michigan

On May 26, 2006, revisions to Michigan's Communicable Disease Rules took effect that grant a 4 day leniency to the minimum ages and intervals for each vaccine (but does not apply to rabies vaccine or the interval between two live vaccines). This four-day grace period follows and is consistent with the CDC guidelines published in 2002. The grace period should not be considered when scheduling vaccine doses and providers should try to follow minimum intervals and ages, but if a dose is inadvertently given up to four days too early it does not need to be repeated.

Human Papilloma Vaccine Recommended

On the heels of the **conjugated meningococcal vaccine** for adolescents, **Tdap** for adolescents and adults, universal **Hepatitis A** vaccine for children, and Rotavirus vaccine for infants, is the new vaccine for **Human Papilloma Virus (HPV)**. The vaccine is effective against HPV types 16 and 18, which cause approximately 70 percent of cervical cancers and against HPV types 6 and 11, which cause approximately 90 percent of genital warts. It is one of the first vaccines designed to prevent cancer and widespread use should lead to a dramatic decrease in the incidence of cervical cancer. The three dose series should be routinely given to girls when they are 11-12 years old, but can be given to any female 9-26 years of age. On average, there are 9,710 new cases of cervical cancer and 3,700 deaths attributed to it in the United States each year. Worldwide, cervical cancer is the second most common cancer in women; and is estimated to cause over 470,000 new cases and 233,000 deaths each year.

Second Dose of Varicella Vaccine

The Advisory Committee on Immunization Practices (ACIP) voted in June to recommend a second dose of varicella (chickenpox) vaccine for children four to six years old to further improve protection against the disease. The first dose of varicella vaccine is recommended at 12 to 15 months of age. Fifteen to 20 percent of children who have received one dose of the vaccine are not fully protected and may develop chickenpox after coming in contact with varicella zoster virus. A second dose of varicella vaccine provides increased protection against varicella disease compared to one dose. The ACIP also recommended that children, adolescents and adults who previously received one dose and have not had documented disease receive a second dose as well.

Influenza Vaccine Recommendations Expand

The 2006-2007 recommendations for the prevention of Influenza include four principal changes or updates:

- **ACIP recommends that healthy children aged 24–59 months and their household contacts and out-of-home caregivers be vaccinated against influenza.** This change extends the recommendations for vaccination of children so that all children aged 6-59 months receive annual vaccination.
- ACIP emphasizes that influenza vaccine should continue to be offered throughout the influenza season even after influenza activity has been documented in a community. In addition, ACIP encourages all community vaccinators and public health agencies to schedule clinics that serve target groups and to help extend the routine vaccination season by offering at least one vaccination clinic in December.
- ACIP recommends that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza A in the United States because of recent data indicating widespread resistance of influenza virus to these medications. Until susceptibility to adamantanes has been re-established among circulating influenza A viruses, oseltamivir or zanamivir may be prescribed if antiviral treatment or chemoprophylaxis of influenza is indicated (see Recommendations for Using Antiviral Agents for Influenza in the ACIP Guidelines).
- The 2006–07 trivalent vaccine virus strains are A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.

The full report, published June 2006, is available at <http://www.cdc.gov/mmwr>.

Childhood Lead Poisoning Prevention Update

The Health Department has been testing 2 and 3-year-old children in the WIC clinics for lead poisoning for over a year. (Governor Granholm has just signed legislation requiring that all children be tested in WIC clinics.) As a result of this initiative as well as the renewed efforts of many providers we have improved the percentage of children getting tested. Furthermore, the MCIR program is now flagging children's reports if they need a blood lead test. Hopefully we can continue to improve our overall low rates of lead testing to help identify and reduce childhood lead exposure.

Blood Lead Testing by County:

% of eligible 2 year olds with at least one test – June 2006

Antrim	46%
Charlevoix	58%
Emmet	52%
<u>Otsego</u>	<u>42%</u>
Michigan	54%

% of eligible 2 year olds with at least one test – June 2006

Alpena	60%
Cheboygan	45%
Montmorency	62%
<u>Presque Isle</u>	<u>58%</u>
Michigan	54%

Individuals with elevated lead levels or anyone wanting to reduce their environmental exposure to lead can contact the Health Department for information on how to reduce their risk.

2006 Communicable Diseases

January—June

Disease	Emmet	Antrim	Otsego	Chx	Total
Campylobacter	3	0	1	1	5
Cryptosporidiosis	0	0	1	0	1
Escherichia coli 0157:H7	3	0	0	0	3
Giardiasis	1	0	0	1	2
Salmonellosis	3	1	1	3	8
Meningitis - Aseptic	0	0	1	0	1
Animal Bite	1	1	0	0	2
Blastomycosis	0	1	0	1	2
Flu Like Disease	1881	407	420	1544	4252
Guillain-Barre Syndrome	0	1	0	0	1
Unusual Outbreak or Occurrence	0	0	0	2	2
Chlamydia (Genital)	18	11	26	15	70
Gonorrhea	0	1	1	4	6
Syphilis - Secondary	1	0	0	0	1
Tuberculosis	0	1	0	1	2
Chickenpox (Varicella)	13	8	12	9	42
Hepatitis B, Chronic	0	1	0	1	2
Hepatitis C, Chronic	11	4	9	7	31
Hepatitis C, Unknown	3	0	2	0	5
Total	1938	437	474	1589	4438

Did you know that Invasive Pneumococcal disease rates have decreased dramatically since the introduction of the conjugate seven-valent vaccine? Rates have fallen not only in immunized children but in infants too young to be immunized and older children and adults who have never been vaccinated. Although non-vaccine serotypes have been on the rise, these increase rates do not offset the total reductions made in invasive disease. Herd Immunity works!

Radon Statistics

Indoor radon is the second-leading cause of lung cancer (after tobacco smoke) in the United States and breathing it over prolonged periods can present a significant health risk to families all over the country. It's completely preventable. Radon is an invisible, odorless and tasteless gas, with no immediate health symptoms, that comes from the breakdown of uranium inside the earth. Simple test kits can reveal the amount of radon in any building. Those with high levels can be fixed with simple and affordable venting techniques. According to U.S. Environmental Protection Agency (EPA) estimates, one in every 15 homes nationwide have a high radon level at or above the recommended radon action level of 4 picoCuries (pCi/L) per liter of air. The Table below shows the results of testing done recently in our area and that Radon is present and does pose a risk for some households in our community. The only way to know if it is present is to test for it. Low cost test kits are available at the Health Department. Everyone should have their home tested for Radon.

Radon Test Results Jan 2005 – June 2006

	Total Tests Received	Tests with Elevated Results
Antrim	96	2
Charlevoix	172	18
Emmet	273	17
Otsego	207	73

Radon Test Results Cumulative 1993 – June 2006

Alpena	179	19
Cheboygan	145	6
Montmorency	77	13
Presque Isle	69	11

Beach Monitoring Reminder

Through a grant from the EPA and the Michigan DEQ the Health Department is monitoring many public beaches throughout the summer swimming season. We will be regularly testing these beaches for the presence of coliforms and posting advisories/ closures if indicated. Results from each beach monitored can be viewed at www.deq.state.mi.us/beach, or through our website at www.nwhealth.org.

MCIR Becomes a Lifetime Registry

The Michigan Childhood Immunization Registry (MCIR) has expanded to include adults' immunization information and has changed its name to the Michigan Care Improvement Registry effective June 2006. Providers will see many new features in MCIR including:

1. The ability to access adult immunization records and add adult immunization information.
2. MCIR flags the report of individuals who have high-risk medical conditions for influenza vaccination.
3. MCIR flags the report of at risk children who have not had a blood lead test.
4. The addition of multiple new immunization assessments, including assessment of:
 - Routine adult vaccine series
 - Additional pediatric vaccine series (Rotavirus, Hepatitis A, and Influenza).

For more information, contact the Health Department or visit www.mcir.org

MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR)

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared weekly by the Centers for Disease Control and Prevention (CDC) and provides a variety of information on issues related to communicable disease, treatment guidelines, immunizations, as well as a host of other topics. If you are not already receiving this, you can start having the MMWR sent to you via email every Friday. To subscribe, go to: <http://www.cdc.gov/mmwr/mmwrsubscribe.html>.

Preventive Health Services Ranked

A study by the Partnership for Prevention, recently published in the *American Journal of Preventive Medicine*, identifies the most beneficial and cost-effective preventive health services that can be offered in medical practice. The report also finds that unfortunately more than 50% of Americans who need these services continue to go without them. According to the study, the three most valuable preventive health services that can be offered, each of which save more money than they cost and provide enormous health benefits are:

1. Discussing daily aspirin use with at risk adults to prevent cardiovascular disease
2. Immunizing Children
3. Intervening with smokers to help them quit.

To read the full study and see the entire ranking of 25 preventive services, go to www.prevent.org

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