Our Mission

“To assure the highest possible level of health for the people of the communities we serve.”

Inside this issue:

Back to School Immunizations (Cont. from front pg.)

Common Questions Dealing with Bats and Rabies

Common Questions Dealing with Bats and Rabies (Cont. from pg. 2)

Annual Report Update and Information

Back to School Immunizations (Cont. from pg. 2)

Back to School Immunizations

Vaccine-preventable diseases are still seen in Michigan, and may cause disability or death. Immunization is one of our most cost-effective measures to protect children from these diseases. A high proportion of children must be immunized to prevent outbreaks of disease in school settings and other places where children work and play closely together.

Since 1978, Michigan State law has required that each student entering kindergarten or a new school district be up-to-date on their immunizations. New this year for September 2010 Michigan 6th graders are required to have received the meningococcal vaccine, Tdap (tetanus, diphtheria, and acellular pertussis), and 2 doses of Varicella (chickenpox) vaccine. Each 6th grade student is also assessed for the following immunizations: polio, measles, mumps, rubella, and hepatitis B.

The State of Michigan has received funding through the American Recovery and Re-Investment Act (ARRA) to offer these 3 required vaccines, free, to any student that have a private health insurance deductible that has not been met. The parent/guardian is responsible for the health department’s $13.00 injection fee per vaccine.

Additionally the Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC) recommends routine vaccination with the following vaccines for the age groups described below.

Meningococcal Conjugate Vaccine (MCV4) – One dose
- Adolescents 11-18 years old.
- College freshmen that live in dormitories.
- Adults 19 – 55 years, such as those with:
  - Damaged or removed spleen
  - HIV
  - Terminal complement component deficiency
  - Plans to travel/live in parts of the world where this disease is common, such as parts of Africa
  - Possible exposure to meningitis (Not serogroup B)

Meningococcal disease is caused by bacteria that infect the bloodstream and the linings of the brain and spinal cord, causing serious illness. Every year in the United States, 1,400 to 2,800 people get meningococcal disease. Ten to 14 percent of people with meningococcal disease die, and 11-19 percent of survivors have permanent disabilities (such as mental retardation, hearing loss, and loss of limbs). The disease often begins with symptoms that can be mistaken for common illnesses, such as the flu. Meningococcal disease is particularly dangerous because it progresses rapidly and can kill within hours.

(Cont. on pg. 2)
The vaccine is highly effective. However, it does not protect people against meningococcal disease caused by “type B” bacteria. This type of bacteria causes one-third of meningococcal cases. More than half of the cases among infants aged <1 year are caused by “type B,” for which no vaccine is available in the United States. The new meningococcal vaccine was licensed by the U.S. Food and Drug Administration (FDA) for use in people 11-55 years of age. It is manufactured by Sanofi Pasteur and is marketed as Menactra™.

**Tetanus, Diphtheria, Pertussis (Tdap) – Booster dose**
- Adolescents 11-18 years old.
- Adolescents who have already gotten a booster dose of Td are encouraged to get a dose of Tdap as well, for protection against Pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.
- Adolescents who did not get all their scheduled doses of DTaP or DTP as children should complete the series using a combination of Td and Tdap.
- Adults 19 – 64
  - Should substitute Tdap for one booster dose of Td. Td should be used for later booster doses
  - Who have close contact with an infant younger than 12 months of age should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.
  - Healthcare workers who have direct patient contact in hospitals or clinics should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.

Tdap was licensed in 2005. It is the first vaccine for adolescents and adults that protects against tetanus, diphtheria and pertussis disease. Pertussis (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep. It can lead to weight loss, incontinence, rib fractures and passing out from violent coughing, pneumonia, and hospitalization due to complications.

In 2004 there were more than 25,000 cases of Pertussis in the U.S. More than 8,000 of these cases were among adolescents and more than 7,000 were among adults. Up to 2 in 100 adolescents and 5 in 100 adults with Pertussis are hospitalized or have complications.

**Varicella - 2 doses**
All children who have not had the chickenpox (varicella) disease should receive 2 doses of varicella vaccine.

This is a change in the recommendations that children under 13 receive 1 dose of varicella vaccine. All children should receive 2 doses of vaccine, first dose at 12-15 months of age and the second dose 4-6 years of age. Children who received one dose should receive a second catch up dose.

**Human Papillomavirus virus vaccine (HPV4) – 3 doses**
- Adolescent females 11-12 years old.
- Adolescent females ages 13-18 years of age who have not received the vaccine. It may be given to females as young as 9 years of age.
- Males 9-26 years old may receive the vaccine to prevent genital warts.
- The vaccine is also recommended for young women 19-26 years of age.

The Human Papillomavirus virus is the leading cause of cervical cancer in women. Gardasil®, manufactured by Merck, is the first vaccine developed to prevent cervical cancer, precancerous genital lesions and genital warts due to HPV. It has been tested in thousands of women around the world and has been found to be safe and effective in providing protection against the two types of HPV that cause most cervical cancers.

**What is rabies and how do people get it?**
Rabies is an infectious viral disease that affects the nervous system of humans and other mammals. People get rabies from the bite of an animal with rabies. Any wild mammal, like a raccoon, skunk, fox, coyote, or bat, can have rabies and transmit it to people. Because rabies is a fatal disease, the goal of public health is, first, to prevent human exposure to rabies by education and, second, to prevent the disease by anti-rabies treatment if exposure occurs. Tens of thousands of people are successfully treated each year after being bitten by an animal that may have rabies.
Common Questions Dealing with Bats and Rabies

(Cont. from pg. 2)

Why should I learn about bats and rabies?
Most of the recent human rabies cases have been caused by rabies virus from bats. Awareness of the facts about bats and rabies can help people protect themselves, their families, and their pets. This information may also help clear up misunderstandings about bats. When people think about bats, they often imagine things that are not true. Bats are not blind. They are neither rodents nor birds. They will not suck your blood - and most do not have rabies. Bats play key roles in ecosystems around the globe, especially by eating insects, including agricultural pests.

How can I tell if a bat has rabies?
Rabies can be confirmed only in a laboratory. However, any bat that is active by day, is found in a place where bats are not usually seen (for example, in a room in your home or on the lawn), or is unable to fly is far more likely than others to be rabid. Such bats are often the most easily approached. Therefore, it is best never to handle any bat.

What should I do if I come in contact with a bat?
If you are bitten by a bat - wash the affected area thoroughly with soap and water and get medical advice immediately. Whenever possible, the bat should be captured and sent to a laboratory for rabies testing. People usually know when they have been bitten by a bat. However, because bats have small teeth which may leave marks that are not easily seen, there are situations in which you should seek medical advice even in the absence of an obvious bite wound. For example, if you awaken and find a bat in your room, see a bat in the room of an unattended child, or see a bat near a mentally impaired person, seek medical advice and have the bat tested. People cannot get rabies just from seeing a bat in an attic, in a cave, or at a distance.

How can I keep bats out of my home?
Some bats live in buildings, and there may be no reason to evict them if there is little chance for contact with people. However, bats should always be prevented from entering rooms of your home. For assistance with bat-proofing your home, contact an animal-control or wildlife conservation agency. If you choose to do the bat-proofing yourself, here are some suggestions. Carefully examine your home for holes that might allow bats entry into your living quarters. Any openings larger that a quarter-inch by a half-inch should be caulked. Use window screens, chimney caps, and draft-guards beneath doors to attics, fill electrical and plumbing holes with steel wool or caulking, and ensure that all doors to the outside close tightly.

How can I safely capture a bat in my home?
If a bat is present in your home and you cannot rule out the possibility of exposure, leave the bat alone and contact an animal-control agency for assistance. If professional help is unavailable, use precautions to capture the bat safely. What you will need: leather work gloves, a small box or coffee can, tape and a piece of cardboard.

When the bat lands, approach it slowly, while wearing the gloves, and place the box or coffee can over it. Slide the cardboard under the container to trap the bat inside. Tape the cardboard to the container securely, and punch small holes in the cardboard, allowing the bat to breathe. Contact your health department or animal-control authority to make arrangements for rabies testing.

If you see a bat in your home and you are sure no human or pet exposure has occurred, confine the bat to a room by closing all doors and windows leading out of the room except those to the outside. The bat will probably leave soon. If not, it can be caught, as described, and released outdoors away from people and pets.

Where can I learn more about bats?
Contact your state or local wildlife conservation agency or Bat Conservation International at:
Bat Conservation International, Inc.
P.O. Box 162603
Austin, Texas 78716

You can also visit www.batcon.org.

Annual Report Update and Information

To review the 2009 Annual Report for the Dickinson-Iron District Health Department, please visit the health department’s website at www.didhd.org to access and review the report. If you have any questions or concerns with the report, please feel free to express your opinions and/or comments to Linda Piper, Health Officer/Director at (906) 774-1868.

“Public Health: Keeping kids up-to-date on their immunizations one child at a time.”
**Back to School Immunizations**  
*(Cont. from pg. 2)*

**Hepatitis A - 2 doses**
- Hepatitis A vaccine is now available to all children ages 1 year through 18 years of age.

Hepatitis A is a serious liver disease caused by hepatitis A virus (HAV). HAV is found in the stool of persons with hepatitis A and is usually spread by close personal contact and sometimes by eating food or drinking water containing HAV.

Hepatitis A can cause “flu-like” illness with jaundice (yellow skin or eyes), and severe stomach pains and diarrhea. People infected often have to be hospitalized.

For the most current recommended guidelines for childhood and adult immunizations visit the Michigan Department of Community Health and Centers for Disease Control websites at [http://www.michigan.gov/mdch/0,1607,7-132-2942_4911_4914---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2942_4911_4914---,00.html) or [http://www.cdc.gov/vaccines/](http://www.cdc.gov/vaccines/).