



Our Mission

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

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Vaccination: Not Just for Children

By Richard J. Thoun, Director/Health Officer

October is recognized nationally as Adult Immunization Month. Most adults ensure that their children are vaccinated against childhood diseases, but many neglect to get their own immunizations. Even those who are well informed about health do not seem to know that adults, too, need vaccines. Nearly 50,000 adults die in America each year from vaccine-preventable diseases. The Centers for Disease Control and Prevention estimates that these illnesses cost society \$10 billion a year. Reaching adults with vaccines takes creative thinking, but it can be done, as has been shown by France and other countries with effective adult vaccination programs. Are you wondering what vaccines you should consider getting? Check the Figure 1 (bottom of page 3) recommended adult immunization schedule published by the Centers for Disease Control and Prevention.

While all children need basic immunizations, adults have more varied needs, an obstacle to getting out the vaccine message. People over 50 and anyone with chronic heart, lung or kidney problems should get annual flu vaccinations.

Locally, elderly residents of Dickinson and Iron Counties have been very supportive of influenza vaccination efforts. An estimated 68% of residents 65 years and older received the vaccine in 2003, representing no significant change from 2002. However, since 1995 the prevalence of immunization in Michigan among adults 65 and older has increased 20.2% for influenza.

In 2002, 16 deaths due to pneumonia or influenza occurred in our health district, eight in each county. This is a 60% increase over the previous year when 10 deaths occurred. Nearly 90 percent of these deaths occurred to people 75 years of age and older, but persons 45-74 years of age are also at risk. The overall death rate in our district of 39.9 deaths per 100,000 population in 2002 is higher than both the Michigan and U.S. rates of 20 and 22, respectively. Deaths from pneumonia or influenza combined are the 7th leading cause of death for residents in our counties.



People 65 and older and those with special health problems should be vaccinated against pneumococcal disease - the most common cause of pneumonia, accounting for some 38,000 hospitalizations each year in Michigan. An estimated 63% of Dickinson and Iron residents 65 and older with special health problems ever reported having had the vaccine in 2003, representing no significant change from 2002. However, again, since 1995 the prevalence of immunization in Michigan among adults 65 and older has increased 58.9% for pneumococcal disease. Data for 2003 indicate that there were 241 hospital admissions for bacterial pneumonia, a two percent increase over the 2002 level of 236 admissions, and the number one preventable hospitalization in our communities. Some of these cases could likely have been prevented with the pneumococcal vaccine. Locally, persons aged 65 and older are 8.5 times more likely to die from bacterial pneumonia than younger adults. Health care providers need to assure that this vaccine is offered to their elderly patients.

(Cont. on page 2)

Vaccination: Not Just for Children *(Cont. from front page)*

In addition, a vaccine can protect against hepatitis B, which is transmitted through sex and shared needles and kills 5,000 adults a year in the United States. Adults should also get a tetanus booster every 10 years. Certain people should be vaccinated against hepatitis A, chickenpox, diphtheria, measles, mumps and rubella. All of these vaccines are available through your Health Department. In the next few years vaccines are likely to become available against the herpes virus and the human papillomavirus - the world's most prevalent sexually transmitted infection and the leading cause of cervical cancer.

Children benefit from a good vaccine structure. Pediatricians inform parents about vaccines and are equipped to administer them. Schools and day care centers require proof of immunization. In most cases, an insurance company or the government pays for vaccines. Many states, including Michigan, have a computerized registry to track immunizations. The Dickinson-Iron District Health Department and many local health care providers enter immunizations into Michigan's registry on a daily basis.

Adults have none of these advantages. They tend to see doctors only when they are sick, and those doctors are often specialists who rarely mention vaccines. Despite the fact that adult vaccines are extremely cost-effective, Medicare and insurance coverage is spotty. Adults are often unsure of which shots they have had.

As children's vaccine coverage has improved, money has become available in the last five years to create a better system for adult vaccinations. But it still has a long way to go. The hepatitis B vaccine should be available in prisons, at college health clinics and at sexually transmitted disease clinics. All doctors' offices and hospitals should provide information about adult vaccines, and clinics and doctors who see patients on a regular basis, like gynecologists, urologists and cardiologists, should offer vaccines. State registries for children could be expanded to allow adults to keep track of their own immunization histories online. Michigan is considering expanding its registry to include adults. It is worth investing in ways to promote a basic, cost-effective health measure that not only helps protect adults, but also everyone in their households.

The Health Department is currently planning and preparing for the annual fall influenza and pneumococcal immunization campaign. Local residents, particularly those with underlying chronic diseases and other medi-

cal conditions that place them at increased risk, are encouraged to take advantage of both community based and office scheduled clinics this fall. Because influenza vaccination is also a cost effective preventive measure in the workplace, we also encourage local businesses to consider offering the vaccine to their employees. The department can schedule an on-site clinic at your work location with a minimum of 10 interested employees.

Contact Denise Berland at 779-7210 for further information and to schedule a clinic.

Source: Portions excerpted from the New York Times, Wednesday, July 9, 2003, Michigan Dept of Community Health, Vital Statistics and BRFS

Michigan Clean Air Consultant Directory Now Available

The 4th edition of the "Michigan Clean Air Consultant Directory" is now available for distribution in both hard copy and electronic forms. The Directory provides a quick look-up table of air quality consultants, detailing what services each provides, and where to geographically locate a specific type of consultant in the directory. It is used by business, industry, and the general public as a reference tool when seeking help to resolve air quality-related problems. Publication of this Directory is offered as a courtesy of the Michigan Department of Environmental Quality's (MDEQ's) Clean Air Assistance Program (CAAP).

The hard copy version of the Directory, which is updated only on an annual basis, is available by contacting the CAAP at 1-800-662-9278. Electronic copies of the Directory can be accessed by way of the MDEQ's web site at www.michigan.gov/deq. Please select "Air" from the left-hand menu, and then "Clean Air Assistance" from the right-hand menu. The Directory is located under the middle menu's selection, "Publications-Environmental Consultant Assistance."

We believe that our local health department as well as our state's environmental consultants play a crucial role in helping business, industry, and the general public comply with the air pollution requirements of our state.

OCTOBER IS BREAST CANCER AWARENESS MONTH—Health Department Breast and Cervical Cancer Screening Program *By Barb Peterson, FNP & Marlene Wickman, LPN*

One in every eight women will develop breast cancer in her lifetime. Just gather in a room of your friends, look at their faces and suddenly that statistic doesn't seem so remote. It is hard to feel "it won't happen to me" when you consider it this way. It could be you, your mother, your wife, your sister, your niece, your best friend. Breast cancer affects us all.

Breast cancer ranks second among cancer deaths in women (after lung cancer). An estimated 215,900 new cases of invasive breast cancer are expected to occur among women in the U.S. in 2004. An estimated 40,580 deaths are anticipated. Age is the simple most important risk factor for breast cancer for most women. Two-thirds of all cases occur among women over age 50. Other risk factors include: family history (especially first-degree relatives); previous history of breast cancer; history of radiation to the chest area; Caucasian; early onset of menses; late menopause (after age 50); never having children, or having children after age 30; or genetic mutation.

The earlier breast cancer is found, the better chances are for successful treatment. Because of this, the Dickinson-Iron District Health Department Breast and Cervical Cancer Screening Program providers and staff are happy to be a part of a service that helps save women's lives. Many women in Dickinson and Iron counties are underinsured or uninsured and do not access medical care regularly.

This program provides for clinical breast exams and instruction in breast self-exams, pelvic exams and pap smears, and mammography (coverage for services) when indicated. Further diagnostic testing and treatment coverage is available when abnormalities are found.

In the past six months, we have aided four women in diagnosing and treating cancer. Three of these women had breast cancer, and one woman had cervical cancer. Without this worthwhile program, these women probably would not have had this medical care -- simply because they could not afford it and would not have sought screening services in the first place.

(Cont. on back page)

FIGURE 1. Recommended adult immunization schedule — United States, 2002–2003

Vaccine	Age group (yrs)		
	19–49	50–64	≥65
Tetanus, diphtheria (Td)*	1 dose booster every 10 years [†]		
Influenza	1 dose annually for persons with medical or occupational indications or household contacts of persons with indications [§]	1 annual dose	
Pneumococcal (polysaccharide)	1 dose for persons with medical or other indications (1 dose revaccination for immunosuppressive conditions) ^{††**}		1 dose for unvaccinated persons ^{††} 1 dose revaccination ^{**}
Hepatitis B*	3 doses (0, 1–2, 4–6 months) for persons with medical, behavioral, occupational, or other indications ^{††}		
Hepatitis A	2 doses (0, 6–12 months) for persons with medical, behavioral, occupational, or other indications ^{§§}		
Measles, mumps, rubella (MMR)*	1 dose if MMR vaccination history is unreliable; 2 doses for persons with occupational, geographic, or other indications ^{††}		
Varicella*	2 doses (0, 4–8 weeks) for persons who are susceptible ^{***}		
Meningococcal (polysaccharide)	1 dose for persons with medical or other indications ^{††}		

For all persons in this age group
 For persons with medical/exposure indications
 Catch-up on childhood vaccinations

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OCTOBER IS BREAST CANCER AWARENESS MONTH

(Cont. from page 3)

Our best line of defense for breast cancer is **EARLY DETECTION!!!** Regular breast examinations in combination with mammography (x-ray of the breast), is the best. Mammography is especially valuable as an early detection tool because it can identify breast cancer sometimes up to two years before symptoms appear. Symptoms can include: a lump, pain, thickening, nipple inversion, spontaneous nipple discharge, dimpling, redness of skin or nipple, pitting of the skin and change in size or shape of breast.

Now that October is just around the corner, we urge women to think about their health, and the health of someone they love, and

schedule an appointment with their health care provider for an examination. If you think you qualify, or know someone who may be eligible for services under the Breast and Cervical Cancer Control Program, please call (906) 779-7237 in Dickinson County or (906) 265-4162 in Iron County.

Eligibility criteria: Must be age 40-64, Michigan resident and meet income guidelines. For example a family of four can earn a yearly income of \$47,125. Some restrictions apply to PPO, HMO and managed care programs. If you have any questions, please call.

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