



Dickinson-Iron District Health Department

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**PROVIDER NEWSLETTER**  
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**Note from the Medical Director**

Spring is finally here and with it the waning of the flu season. For much of the country, the 2010-2011 flu season was fairly typical and a welcome change from the H1N1 pandemic we dealt with in 2009. The flu vaccine was an excellent match for circulating strains and resistance did not emerge as a significant issue this year. Thank you for your efforts to inform your patients about the importance of vaccination as a primary prevention strategy.

**Pertussis Reminder**

Some of our neighboring counties and other areas of the state are contending with continuing circulation of pertussis within the community. Vaccination is key to limiting the spread of pertussis. The primary DTaP vaccine series is given at 2, 4, 6 and 12-15 months and the booster at 4-6 years. Children 7-10 years of age who are not fully vaccinated with DTaP should receive a dose of Tdap instead of waiting for the 11-12 year old check up.

Outbreaks often begin in older children/ adolescents who have waning immunity. Children entering 6<sup>th</sup> grade and older children transferring schools are now required to have the Tdap booster, which was approved for older children and adults in 2005 (or a waiver must be signed).

The CDC recommends that Tdap be used as follows:

**Adolescents** should receive the Tdap vaccine at their regular check-up at age 11 or 12. If teenagers (13 through 18 years) missed getting the Tdap vaccine, parents should ask the doctor about getting it for them now.

**Adults** who are 19 through 64 years old should get a 1-time dose of Tdap in place of the Td booster they're recommended to receive every 10 years. No need to wait until you are due for your Td booster—the dose of Tdap can be given earlier than the 10-year mark since the last Td booster.

**Pregnant women** should ideally receive Tdap before pregnancy. Otherwise, it is recommended that Tdap be given after delivery, before leaving the hospital or birthing center. If a pregnant woman is at increased risk for getting whooping cough, such as during a community outbreak, her doctor may consider giving Tdap during pregnancy. Although pregnancy is not a contraindication for receiving Tdap, a pregnant woman and her doctor should discuss the risks and benefits before choosing to receive Tdap during pregnancy.

**Adults 65 years and older** who have not previously received a dose of Tdap and have close contact with infants should receive one dose of Tdap. Other adults in this age group who have not previously received a dose of Tdap and will not have close contact with infants may also receive a dose of Tdap. Receiving Tdap may be especially important during a community outbreak and/or if caring for an infant.

Routinely vaccinating post-partum women and their partners, prior to hospital discharge, is an excellent way to “cocoon” young infants, protecting this most vulnerable group from pertussis.

The health department has Tdap available. Adults who are uninsured or under-insured may currently receive a booster for \$13.

## **Syphilis Outbreak**

A memo was sent out from the health department in March regarding a syphiis outbreak in Delta County. To date, 5 cases of either early latent or primary syphilis have been identified. There is case history information suggesting that some exposed partners may reside in other U.P. counties and in Wisconsin. Please keep syphilis in mind when seeing patients with an ulcerative lesion or rash and, as always, screening

of pregnant women is critically important. Cases to date have involved both men and women. For information about syphilis diagnosis and treatment, please go to the CDC website identified in the paragraph below. All cases of syphilis must be reported to your local health department.

## **Sexually Transmitted Disease Treatment Update**

You may be aware that the CDC released updated guidance on Sexually Transmitted Disease Treatment, in December, 2010. The guidance may be found in the December 17, 2010 MMWR (Volume 59/ No. RR-12) or on-line at:

<http://www.cdc.gov/std/treatment/2010/toc.htm>

There were 53 cases of chlamydia diagnosed in the Dickinson-Iron District in 2010. Routine annual screening of all women  $\leq 25$  years is currently recommended by the CDC, as is screening of women over 25 years with risk factors such as a new partner or multiple partners. Testing may be done through vaginal or endocervical swabs as well as urine. Recommended treatment remains azithromycin 1 gram orally in a single dose or doxycycline 100mg orally twice daily for 7 days. Alternative treatment regimens are listed in the MMWR article.

Although gonorrhea is seen less frequently, it is seen in our counties. Testing may be done with vaginal, endocervical, urethral (men only) or urine specimens. Treatment guidance has been updated in the MMWR and recommended regimens for uncomplicated infection of cervix, urethra and rectum include ceftriaxone **250 mg** IM in a single dose or, if not an option, cefixime 400 mg orally in a single dose PLUS azithromycin 1 gram orally in a single dose OR doxycycline 100 mg orally bid for 7 days. The recommendation to include the azithromycin or doxycycline is to address any possible co-existing chlamydial infection and to help hinder the development of antimicrobial-resistant N. gonorrhea.

Again, cases of chlamydial and gonorrheal sexually transmitted disease must be reported to your local health department.

**Upper Peninsula Reportable Communicable Diseases:**