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Note from the Medical Director

During this spring's H1N1 outbreak (see below), the health department strived to ensure that clinicians were linked to CDC and MDCH guidance on testing and treatment/ prophylaxis. Fax distributions and emails, as well as the health department website were utilized. Please let me know if you did not receive needed information or if you have ideas on how to most effectively reach clinicians. Call me at 906-482-7382 x 112 or email tfrankovich@hline.org. Thank you.

H1N1 (Swine) Influenza

It has now been nearly three months since the CDC first linked cases of a new flu strain, "Swine" or "H1N1", in two California children, living in adjacent counties. This identification sparked a national response to an emerging novel flu strain. Recently, the World Health Organization raised the Pandemic Flu level to "6". Rather than reflecting the severity of the circulating flu, this designation simply addresses the spread of the virus. The virus has now reached a point where it is present in over 100 countries world-wide and is being transmitted at a community level in more than one region of the world. Setting the level at "6" is a signal to all countries to

look at their pandemic flu plans and revise them as needed. Currently H1N1 is making up ~99% of sub-typed influenza A viruses analyzed by U.S. WHO/NREVSS laboratories.

In the United States, there have now been over 34,000 confirmed cases of H1N1 flu with an estimate of over 1 million actual cases. In Michigan there have been over 1,000 confirmed cases with only a few confirmed cases reported in the U.P. (Chippewa, Marquette, Delta, Houghton, Luce). Although there have been 170 deaths nationally and 7 in Michigan (Roscommon, Oakland, Wayne and Macomb Counties), the vast majority of individuals who develop H1N1 flu have only mild symptoms and recover fully without hospitalization. Although nationally, the number of individuals with influenza-like illness has been declining (although still above normal for this time of year), some areas of the country are continuing to have significant outbreaks.

The largest number of cases are still occurring in patients young, healthy individuals. Older adults appear to have some degree of immunity, presumably from past exposure to a similar strain. Approximately 3/4 of the individuals hospitalized or dying from H1N1, have underlying conditions such as respiratory disease, cardiac disease, diabetes, obesity, immune compromise and pregnancy. Only 6% of hospitalized patients are over 65 years at last report.

It is still unclear what this virus will bring over time. As H1N1 circulates among the usual flu viruses over the coming months in the southern hemisphere, the CDC will be watching to see how the virulence, anti-viral susceptibility and at-risk groups change.

A two-dose vaccine will likely be available this fall. Decisions about priority groups for vaccinating will help guide plans for H1N1 flu clinics. If you would like more information about H1N1 flu, please go to the CDC website at: www.cdc.gov/h1n1flu

STD Management

Chlamydia and gonorrhea are reportable diseases and are included in the Communicable Disease Summary below. Of note, gonorrhea has resurfaced in some western U.P. communities. Although the numbers are not large (~9 cases in Dickinson-Iron Counties this past year), it is important to consider GC in the differential when seeing individuals with STD symptoms. Treatment guidance from the CDC is as follows. Please note that the fluoroquinolones are no longer recommended for treatment of GC, due to acquired resistance.

Uncomplicated Gonococcal Infections of the Cervix, Urethra, and Rectum*

Recommended Regimens

Ceftriaxone 125 mg IM in a single dose

OR

Cefixime 400 mg orally in a single dose or 400 mg by suspension (200 mg/5ml)

PLUS

TREATMENT FOR CHLAMYDIA IF CHLAMYDIAL INFECTION IS NOT RULED OUT

* These regimens are recommended for all adult and adolescent patients, regardless of travel history or sexual behavior.

Alternative Regimens

Spectinomycin† 2 g in a single intramuscular (IM) dose

OR

Single-dose cephalosporin regimens

† Spectinomycin is currently not available in the United States.

Other single-dose cephalosporin therapies that are considered alternative treatment regimens for uncomplicated urogenital and anorectal gonococcal infections include ceftizoxime 500 mg IM; or cefoxitin 2 g IM, administered with probenecid 1 g orally; or cefotaxime 500 mg IM. Some evidence indicates that cefpodoxime 400 mg and cefuroxime axetil 1 g might be oral alternatives.

Chlamydia Urogenital Infection

Recommended Regimens

Azithromycin 1 g orally in a single dose

OR

Doxycycline 100 mg orally twice a day for 7 days

Alternative Regimens

Erythromycin base 500 mg orally four times a day for 7 days

OR

Erythromycin ethylsuccinate 800 mg orally four times a day for 7 days

OR

Ofloxacin 300 mg orally twice a day for 7 days

OR

Levofloxacin 500 mg orally once daily for 7 days

Medical Marijuana in Michigan

The Michigan Medical Marijuana Program (MMMP) is a state registry program within the Bureau of Health Professions at the Michigan Department of Community Health and is currently operational. Details about the program rules and the physician role in assisting patients in obtaining medical marijuana may be found at: <http://www.michigan.gov/mdch>

Physicians will not be providing prescriptions to patients but may be asked by their patients to sign a certificate (may be downloaded from the MDCH website), which essentially states that the patient has a qualifying condition which may reasonably be expected to benefit from medical marijuana. The certificate must be signed by an M.D. or D.O., who is a healthcare provider for the patient. Physicians may also choose not to sign certificates.

Local public health departments will have no role in implementing or overseeing this program and will be referring callers to the MDCH website.

Upper Peninsula Reportable Communicable Diseases

May/June 2009 and YTD

| Region 8 Communicable Disease Summary | | | | | | | | | | | | | | |
|---|----------|-----|--------|------|-----------|------|--------|-----|-----------|-----|------------|------|----------|------|
| May 1st, 2009 through June 30th, 2009 | | | | | | | | | | | | | | |
| <i>Notes: Flu-like Disease category contains cases of unconfirmed illness reported from schools</i> | | | | | | | | | | | | | | |
| <i>Summary includes cases under active investigation at the time the report was created</i> | | | | | | | | | | | | | | |
| Disease | Chippewa | | Delta | | Dickinson | | LMAS | | Marquette | | Western UP | | UP Total | |
| | Period | YTD | Period | YTD | Period | YTD | Period | YTD | Period | YTD | Period | YTD | Period | YTD |
| Campylobacter | 0 | 0 | 1 | 4 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 3 | 7 |
| Cryptosporidiosis | 2 | 7 | 4 | 6 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 6 | 15 |
| Giardiasis | 0 | 1 | 0 | 4 | 0 | 0 | 1 | 2 | 1 | 1 | 1 | 2 | 3 | 10 |
| Salmonellosis | 2 | 4 | 1 | 5 | 3 | 3 | 2 | 2 | 1 | 6 | 1 | 3 | 10 | 23 |
| Shiga toxin, E. Coli, Non O157 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Shiga toxin, E. Coli, Unsp | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 3 |
| Meningitis - Aseptic | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 4 |
| Meningitis - Bacterial Other | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Streptococcus pneumoniae, Inv | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 1 | 1 | 7 |
| Blastomycosis | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 2 | 3 |
| Coccidioidomycosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| Cryptococcosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| Flu Like Disease* | 28 | 518 | 144 | 1218 | 99 | 1228 | 24 | 236 | 5 | 96 | 159 | 2525 | 459 | 5821 |
| Guillain-Barre Syndrome | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| Influenza | 1 | 6 | 0 | 0 | 0 | 3 | 1 | 7 | 5 | 11 | 1 | 17 | 8 | 44 |
| Influenza, Novel | 1 | 2 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 1 | 5 | 6 |
| Legionellosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 1 | 2 |
| Staphylococcus Aureus Infect. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Streptococcal Dis, Inv, Grp A | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Chlamydia (Genital) | 7 | 27 | 10 | 37 | 8 | 28 | 8 | 14 | 13 | 55 | 24 | 57 | 70 | 218 |
| Gonorrhea | 0 | 0 | 2 | 4 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 1 | 2 | 9 |
| Tuberculosis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| Chickenpox (Varicella) | 5 | 9 | 0 | 18 | 2 | 11 | 0 | 1 | 0 | 4 | 1 | 20 | 8 | 63 |
| Pertussis | 2 | 4 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 1 | 3 | 7 |
| Lyme Disease | 0 | 0 | 3 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3 | 5 |
| Typhus | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| Hepatitis A | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Hepatitis B, Acute | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 |
| Hepatitis B, Chronic | 0 | 4 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 3 | 4 | 3 | 11 |
| Hepatitis C, Acute | 2 | 5 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 7 | 6 | 13 |
| Hepatitis C, Chronic | 8 | 36 | 1 | 8 | 1 | 6 | 7 | 19 | 12 | 24 | 6 | 23 | 35 | 116 |
| Hepatitis C, Unknown* | 0 | 3 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 2 | 6 |