



Dickinson-Iron District Health Department

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**PROVIDER NEWSLETTER**  
*Spring 2009*

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**Note from the Medical Director:**

I recently sent out a an informational letter regarding low and declining immunization rates to all area primary care providers who offer immunizations in their practice. Please contact me if you did not receive this information and would like to or if I can be of any assistance to you or your practice: [tfrankovich@hline.org](mailto:tfrankovich@hline.org).

**Medical Marijuana in Michigan**

The Michigan Medical Marihuana Program (MMMP) is a state registry program within the Bureau of Health Professions at the Michigan Department of Community Health. The program will administer the Michigan Medical Marihuana Act as approved by Michigan voters on November 4, 2008. The MMMP is not currently operational. As required by state law, the program will be fully operational on April 4, 2009 (within 120

days from December 4, 2008). Access the MDCH MMMP website for additional information and updates about the program at <http://www.michigan.gov/mdch>

Local public health departments will have no role in implementing or overseeing this program and will be referring callers to the MDCH website until a toll-free phone contact line is established for the program.

### **New Hib Cases, 2 Deaths (AAP update)**

The Philadelphia Department of Public Health has announced that five cases of Haemophilus influenzae type b (Hib) invasive disease occurred in children in Pennsylvania since October 2008, resulting in two deaths. All cases were in unvaccinated or under-vaccinated children. One of the children, an un-vaccinated 4-year-old child whose family belongs to a religious community that eschews medical care, died of bacterial meningitis due to Hib, in March 2009.



These cases, along with the five cases of invasive Hib disease reported in Minnesota in 2008, are a reminder of the severity of Hib disease and the risk to children who are unimmunized or partially immunized. The resurgence of invasive Hib disease has occurred during a nationwide Hib vaccine shortage that began in December 2007 and may have resulted from an increase in Hib carriage with transmission to non-protected children. Therefore, it is critically important that children receive the primary three-dose Hib vaccine series on schedule during this shortage. Minimum recommended intervals between doses of the Hib vaccine primary series should be used to bring children who are behind schedule up to date. Until the vaccine shortage is resolved, the booster dose normally given at 12 to 15 months of age should be deferred except for high-risk children, who should receive the 12 through 15 month dose on schedule.

The Centers for Disease Control and Prevention (CDC) published a Health Advisory on March 18 which provides additional information on meeting the challenge of providing the 3-dose primary series during the Hib vaccine shortage.

### **Influenza Update**

It has been an interesting year for influenza. The good news is that the vaccine this year is a good match for most (but not all) circulating strains. Two B strains not covered by this year's vaccine will be part of the 2009-2010 vaccine. The bad news is that the predominant AH1N1 strain is resistant to Tamiflu. CDC guidance regarding the choice of anti-virals this season can be found at [www.CDC.gov](http://www.CDC.gov). Overall, this flu season has been lighter than last year's and as of mid-March, it appears influenza activity is beginning to decline. However, as the flu season does extend well into spring, it is not too late to vaccinate.

### **National Day to Prevent Teen Pregnancy**

This year marks the seventh annual *National Day to Prevent Teen Pregnancy*. The purpose is to focus the attention of teens on the importance of avoiding too-early pregnancy and parenthood. The primary message of the day is this: Sex has

consequences. Teens are asked to take an on-line quiz that challenges them to think about what they might do when faced with a choice “in the moment.” Teens can access this quiz at [www.StayTeen.org](http://www.StayTeen.org). A focus on prevention is seen as particularly important this year as the CDC reports a 3% increase in U.S. teen pregnancy rates for 2005-2006...the first increase seen after 14 years of steady decline.

## Upper Peninsula Reportable Communicable Diseases January/February 2009 and YTD

### Region 8 Communicable Disease Summary

January 1st, 2009 through February 28th, 2009

*Note: Flu-like Disease category contains cases of unconfirmed illness reported from schools*

Disease	Chippewa		Delta Menominee		Dickinson Iron		LMAS		Marquette		Western UP		UP Total	
	Period	YTD	Period	YTD	Period	YTD	Period	YTD	Period	YTD	Period	YTD	Period	YTD
Campylobacter	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Cryptosporidiosis	1	1	2	2	0	0	0	0	0	0	0	0	3	3
Giardiasis	1	1	2	2	0	0	1	1	0	0	1	1	5	5
Salmonellosis	1	1	1	1	0	0	0	0	2	2	1	1	5	5
Shiga toxin, E. Coli, Non O157	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Shiga toxin, E. Coli, Unsp	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Meningitis - Aseptic	0	0	0	0	0	0	1	1	1	1	0	0	2	2
Streptococcus pneumoniae, Inv	1	1	0	0	0	0	0	0	2	2	0	0	3	3
Flu Like Disease*	159	159	659	659	485	485	78	78	8	8	1098	1098	2487	2487
Guillain-Barre Syndrome	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Head Lice	3	3	24	24	0	0	0	0	0	0	2	2	29	29
Influenza	4	4	0	0	0	0	3	3	4	4	5	5	16	16
Staphylococcus Aureus Infect.	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Chlamydia (Genital)	12	12	11	11	9	9	1	1	17	17	11	11	61	61
Gonorrhea	0	0	1	1	0	0	1	1	1	1	0	0	3	3
Chickenpox (Varicella)	0	0	13	13	8	8	1	1	1	1	8	8	31	31
Pertussis	1	1	0	0	0	0	1	1	0	0	0	0	2	2
Lyme Disease	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	0	1	1
Hepatitis B, Chronic	2	2	1	1	1	1	0	0	0	0	1	1	5	5
Hepatitis C, Acute	1	1	0	0	0	0	0	0	0	0	3	3	4	4
Hepatitis C, Chronic	13	13	4	4	1	1	6	6	6	6	4	4	34	34
Hepatitis C, Unknown*	1	1	0	0	1	1	1	1	0	0	1	1	4	4