



Dickinson-Iron District Health Department
www.didhd.org

818 Pyle Dr., Kingsford, MI 49802
(906) 774-1868

601 Washington Ave., Iron River, MI 49935
(906) 265-9913

LINDA PIPER, RN, BSN, MPH
Health Officer

RANDALL M. JOHNSON, MD, MPH
Medical Director

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MERCURY SPILLS IN MEDICAL CLINICS

The Michigan Department of Community Health Division of Environmental Health has responded to two large mercury spills (more than one pound, which is about two tablespoons) in medical clinics within the last month. The spills were caused by broken mercury sphygmomanometers (blood pressure devices), causing evacuation of the buildings, employee medical testing, closure of the clinics until cleanup was complete, and thousand of dollars in cleanup costs. As you know, mercury is a neurotoxin. Short-term (several hours) exposure to high levels of mercury vapor can cause irritation of the eyes, nose, throat and lungs, nausea, vomiting, diarrhea and skin rashes. Mercury spilled on a hot surface, such as a stove or heater, can quickly produce high concentrations of mercury vapor that can lead to death. Extended exposure to lower levels of mercury vapor can cause brain damage, memory loss, tremors, numbness in the fingers and toes, mood changes and kidney damage. Poison Control Centers have reported treating people, most often children, who showed symptoms after being exposed to mercury from broken fever thermometers or other sources. MDCH urges medical providers (and the general public) to replace mercury containing devices with those that do not contain mercury. For more information, contact MDCH at 1-800-648-6942.

CDC RESPONDS TO QUESTIONS ABOUT VACCINES

The following is CDC's response to an article published in the Atlanta Journal Constitution regarding a recent court case involving a claim filed under the National Vaccine Injury Compensation Program. This response was published as an Op-Ed article in the Atlanta Journal Constitution on March 28, 2008.

"A recent opinion column "Give Us Answers on Vaccines" by David Kirby in the *Atlanta Journal-Constitution*, which misinterpreted available information about a case before the National Vaccine

Injury Compensation program, may have parents wondering what is best for their child when it comes to immunizations. That is unfortunate, given that our nation's childhood vaccines are very safe and are proven to protect and save lives.

Parents should know that CDC, along with other agencies in the U.S. Department of Health and Human Services and the wide range of scientists and health professionals involved in the nation's immunization programs take seriously questions and concerns related to vaccine safety. Furthermore, our efforts in vaccines, developmental disabilities and the health of children go far beyond our professional interests- as many of the dedicated professionals involved are also parents and grandparents.

Mr. Kirby's column included many inaccuracies related to childhood vaccines. As such, it illustrates that when it comes to immunizations, child development and specific medical conditions the best source of guidance is the child's health care provider. Parents should not be reluctant to ask their child's doctors or nurses about any health concerns, including immunizations. Vaccines are often given early in life in order to protect against diseases that can seriously harm infants and young children. The joint immunization recommendations of CDC, American Academy of Pediatrics and American Academy of Family Physicians do recognize there are instances when a child should not receive a recommended vaccine or when a recommended vaccination should be delayed. Those decisions, however, are best made in consultation with the child's doctor.

As the column correctly noted, vaccine injury cases are often handled through the National Vaccine Injury Compensation program administered by HHS' Health Resources and Services Administration (HRSA). This program is charged with determining whether a claimed injury meets pre-established criteria or if vaccination may have contributed to a child's serious medical or health condition. If such a determination is made, the program works to provide timely and compassionate compensation.

Since 1988, HRSA's vaccine injury program has provided compensation in about 2,100 cases, including some that have involved vaccines and encephalopathy (injury to the brain). While Mr. Kirby's column suggested otherwise, to date, this program has never determined in any case that autism was caused by a vaccine. In comparison, during this same time period about 100 million American children received recommended childhood vaccinations, and cases of vaccine preventable diseases in the U.S. have decreased to record or near record lows.

Recently, mitochondrial disorders have become the focus of media attention with respect to vaccine injury compensation. Mitochondrial disorders, which occur very rarely in children, are believed to be genetic. Children born with these disorders often appear normal through the first years of life. When placed under severe stress from such things as infections, fever, dehydration, malnutrition or lack of sleep, children with these disorders often experience loss of some brain and nervous system functions.

Some have suggested that infants and children be screened for mitochondrial disorders before getting recommended vaccinations. Unfortunately, mitochondrial diseases are very difficult to diagnose and it is usually not possible to identify children with such disorders until there are signs of developmental decline. A definitive diagnosis often requires multiple blood tests and may also require a muscle or brain biopsy (removal of a portion for testing, usually under anesthesia). Therefore, providing routine screening tests on children who have no symptoms would bring other medical risks and raise many ethical questions.

At present, we do not know definitively if vaccines can trigger neurological or developmental declines among children with mitochondrial disorders. We do know, however, that infections can cause neurological and developmental declines among these children—and we also know that childhood vaccinations protect children against some of the same infections known to cause developmental decline among children with mitochondrial disorders. These include vaccine-preventable diseases like measles, chickenpox and influenza.

In the case of children with mitochondrial disorders, we do not yet have sufficient evidence to make general immunization recommendations. Physicians who care for children with these disorders usually recommend that these children receive their childhood vaccines, but depending on the child's health status or medical condition, they may change when those vaccinations are provided.

We recognize that developmental disorders whether related to mitochondrial disease, autism or other causes are a serious challenge for many families. In the case of autism, CDC has actively supported vaccine safety research in this area. To date, the best science indicates that there is no association between vaccines and autism. As part of our efforts to foster understanding of autism, CDC is currently conducting the largest study to date designed to identify potential autism causes and risk factors.

We recognize that much of the success of our nation's immunization efforts comes from the trust of parents. We do not take that trust lightly. Rather, CDC, FDA and other HHS agencies are continually working to expand efforts in vaccine safety research and science as well as clinician and parent input and involvement. Like parents, we want the best information possible when it comes to protecting and ensuring children's health.

Our nation's high immunization rates are the reason why very few children suffer from vaccine preventable diseases that, in the past, used to harm them in large numbers. These high rates show that parents realize the importance of childhood vaccinations. CDC is committed to maintaining that high level of support as well as making sure all our efforts are working to foster the health of children.”

Anne Schuchat, M.D.

Director, National Center for Immunization and Respiratory Diseases, Centers for Disease Control and Prevention and Assistant Surgeon General, U.S. Public Health Service

APRIL IS ALCOHOL AWARENESS MONTH

During the month of April, beginning in 1987, the National Council on Alcoholism and Drug Dependency (NCADD) began sponsoring Alcohol Awareness Month. Since then, many other public and private groups at the national, state and community level have recognized Alcohol Awareness Month as an important national health observance and have pitched in to provide timely information to children, families and communities across America with information about the disease of alcoholism—that it is a treatable disease, not a moral weakness, and that alcoholics are capable of recovery.

For the past twelve years, a primary focus of Alcohol Awareness Month has been underage drinking and the destructive effects it can have on the nation's youth. Underage drinking is a complex problem, one that can only be solved through a sustained and cooperative effort between parents, schools, community leaders, interested organizations, individuals and America's youth.

To help highlight the various intricacies involved in underage drinking and the need for a joint effort to address these issues, Michigan's theme for this year's Alcohol Awareness Month campaign is, “**Underage Drinking: Not a *Minor* Problem.**” To help tie into other efforts, this is also the theme for the Town Hall Meetings scheduled around the state in late March/early April.

Underage drinking is widespread in Michigan. Approximately 409,000 underage youth in Michigan drink each year. According to self-reports in 2005, among students in grades 9 through 12, 73% have at least one drink of alcohol on one or more days during their life; 23% had their first drink of alcohol, other than a few sips, before age 13; 38% had at least one drink of alcohol on one or more occasion in the past 30 days; 23% had five or more drinks of alcohol in a row (i.e. binge drinking) in the past 30 days; and 4% had at least one drink of alcohol on school property on one or more of the past 30 days.

(Source: Center for Disease Control {CDC} Youth Risk Behavior Surveillance System {YRBSS}).

Young people who begin drinking before age 15 are four times more likely to develop alcohol dependence and are two and a half times more likely to become abusers of alcohol than those who begin drinking at age 21. Underage drinking cost the citizens of Michigan \$2.0 billion in 2005. This translates to a cost of \$1,988 per year for each youth in the State. These costs include medical care, work loss, and pain and suffering associated with the multiple problems resulting from the use of alcohol by youth, and youth violence and traffic crashes attributable to alcohol use by underage youth in Michigan represent the largest of these costs.

Free or low-cost information on alcohol, as well as specific information for local communities or organizations to use for *Alcohol Awareness Month* activities is available through the *Michigan Coalition to Reduce Underage Drinking (MCRUD)* at www.MCRUD.org or by calling Prevention Network at 517-393-6890.

A REMINDER TO SMOKERS: YOUR LUNGS ARE AGING

A recent study published online in the March 6th issue of the British Medical Journal found that using a spirometer to communicate lung age to a smoking patient may have a positive impact on increasing quit rates (BMJ *2008;336;598-600). Talking with patients about quitting smoking, and providing smoking patients with cessation information and appropriate referral and follow-up is an important part of patient care. Free fax referral is available for the Michigan Department of Community Health Tobacco Quit Line, or patients may call 1-800-480-7848. For cessation information and materials, including fax referral forms, contact Kelly Rumpf at (906) 779-7234.

UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD JANUARY-FEBRUARY 2008 AND YTD

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	2	2	0	0	0	0	0	0	1	1	3	3
Escherichia coli 0157:H7	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Giardiasis	2	2	1	1	0	0	0	0	0	0	1	1	4	4
Salmonellosis	0	0	1	1	0	0	0	0	0	0	1	1	2	2
Meningitis - Aseptic	0	0	0	0	1	1	0	0	1	1	0	0	2	2
Streptococcus pneumoniae, Inv	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Blastomycosis	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Cryptococcosis	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Flu Like Disease	96	96	443	443	570	570	38	38	226	226	596	596	1969	1969
Influenza	3	3	0	0	3	3	3	3	3	3	1	1	13	13
Chlamydia (Genital)	11	11	9	9	10	10	3	3	13	13	14	14	60	60
Gonorrhea	1	1	1	1	2	2	0	0	1	1	0	0	5	5
Syphilis - Secondary	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Chickenpox (Varicella)	0	0	0	0	4	4	1	1	4	4	1	1	10	10
Mumps	0	0	4	4	1	1	0	0	0	0	0	0	5	5
Hepatitis B, Chronic	1	1	2	2	0	0	0	0	1	1	1	1	5	5
Hepatitis C, Acute	0	0	0	0	0	0	0	0	0	0	2	2	2	2
Hepatitis C, Chronic	11	11	7	7	1	1	3	3	8	8	4	4	34	34
Hepatitis C, Unknown	0	0	0	0	1	1	1	1	0	0	1	1	3	3