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**2008 CHILDHOOD & ADOLESCENT IMMUNIZATION SCHEDULE UPDATED**

The Centers for Disease Control and Prevention (CDC), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) jointly released the 2008 Childhood and Adolescent Immunization Schedules. Included in the recommendations are updates intended to simplify vaccination schedules so parents and physicians can most effectively protect children against vaccine-preventable diseases.

Updates to the schedule in 2008 include:

The FluMist vaccination schedule, which under past recommendations was limited to children 5 and up and adults in good health up to age 59, now includes children 2-4 with no symptoms of asthma.

The Meningococcal Conjugate Vaccine (MCV4) schedule recommends routine vaccination in 11-12 year olds, 13-18 year olds (not previously vaccinated), military recruits, college freshman residing in dorms and any other at-risk populations.

Healthy children between 24 and 59 months who have not received complete vaccinations should receive one dose of pneumococcal conjugate vaccine (PCV4).

Pneumococcal polysaccharide vaccine (PPV) should be given to those children 2 and older who have underlying medical conditions.

The 2008 immunization schedule and printable wall charts are available at:  
<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm###>.

## TREATING TOBACCO DEPENDENCE IN MICHIGAN

The MDCH Tobacco Section recently announced a new, free web based tobacco training program titled "**Treating Tobacco Dependence in Michigan: Implementing Effective Cessation Interventions and Systems**" now available through the Section's web page: [www.michigan.gov/tobacco](http://www.michigan.gov/tobacco). The training was produced and presented by the Michigan Department of Community Health in conjunction with the Michigan Smokefree Hospitals Grant. It is designed to help health care providers implement evidence based patient cessation interventions and systems change in order to decrease tobacco use.

The training features four modules, with the ability to complete one, two, three or all four modules (each module is approximately one hour in length):

- I. Enhancing Tobacco Reduction in Pediatrics: Strategies for Pediatric Care Providers and Offices***
- II. Tobacco Dependence and Abuse: A Serious Disease That is Killing Michigan Residents***
- III. Nicotine Addiction Therapy***
- IV. Implementing Cessation Programs: Inpatient and Outpatient***

### **The expert panel of speakers featured includes:**

**Dr. Greg Holzman**, MPH, MD, Chief Medical Executive, Michigan Department of Community Health  
**Dr. Tom Peterson**, MD, FAAP, Medical Director, Quality and Healthier Communities, Spectrum Health and DeVos Children's Hospital, Grand Rapids, MI  
**Ms. Linda Thomas**, MS, LLP, CTTS-M, Manager, Tobacco Consultation Service, University of Michigan Health System

Since tobacco use is the leading preventable cause of death in the U.S. and smoking cessation advice and help to quit is ranked as one of the top three most cost effective preventive services-meaning it provides better value for the dollar - than waiting to treat smoking related diseases, please utilize the training and publicize it to others for their use with the goal of reducing Michigan's tobacco burden.

## DEATHS DUE TO LACK OF HEALTH INSURANCE

A new study released by the Urban Institute estimates 22,000 people nationwide died in 2006 due to lack of health insurance. The study updates the 2002 Institute of Medicine (IOM) report on mortality of the uninsured, which concluded 18,000 deaths in 2000 were a result of un-insurance.

Employing the methodology of the 2002 IOM report and Census Bureau data on the un-insured since 2000, the Urban Institute analysis concluded from 2000-2006 there were 137,000 deaths attributed to un-insurance. Researchers identified the lack of early detection of diseases such as breast cancer, continued care for chronic diseases, and prices of prescription medications as examples of the dangers facing adults who lack health insurance.

The paper also suggests that the methodology previously used by the IOM could underestimate the number of deaths resulting from lack of insurance. Using a different method, which the Urban Institute suggests is more grounded in the health research literature, found that deaths related to lack of insurance from 2000-2006 totaled 165,000, with 27,000 deaths in 2006 alone.

To view the Urban Institute paper, "Uninsured and Dying Because of It: Updating the Institute of Medicine Analysis on the Impact of Un-insurance on Mortality," visit <http://www.urban.org/url.cfm?ID=411588>.

## HEALTH PREPAREDNESS EFFORTS IMPROVING, BUT GAPS PERSIST

Trust for America's Health (TFAH) has released the fifth annual "Ready or Not? Protecting the Public's Health from Disease, Disasters and Bioterrorism" report. The report found, while important progress has been made, critical areas of the nation's emergency health preparedness effort still require attention. In addition, the continuing trend of annual cuts in federal funding for state and local preparedness activities threatens the nation's safety.

The report contains state-by-state health preparedness scores based on 10 key indicators to assess health emergency preparedness capabilities. All 50 states and the District of Columbia (DC) were evaluated. Thirty-seven states and D.C. scored eight or higher on the scale of 10 indicators (**Michigan scored nine out of ten**). Hawaii, Illinois, Kentucky, Nebraska, New Jersey, Pennsylvania, Tennessee, and Virginia scored the highest with 10 out of 10. Iowa, Mississippi, Nevada, Wisconsin, and Wyoming scored the lowest with six out of 10.

Among the key findings:

Ten states do not have adequate plans to distribute emergency vaccines, antidotes, and medical supplies from the Strategic National Stockpile.

Twenty-one states do not have statutes that allow for adequate liability protection for healthcare volunteers during emergencies.

Twelve states do not have a disease surveillance system compatible with the Centers for Disease Control and Prevention's (CDC) National Electronic Disease Surveillance System.

Seven states have not purchased any portion of their federally-subsidized or unsubsidized antivirals to use during a pandemic flu.

Six states and D.C. lack sufficient capabilities to test for biological threats.

View the report at <http://healthyamericans.org/reports/bioterror07/BioTerrorReport2007.pdf>.

## **U.S. RANKS LAST IN PREVENTABLE DEATHS**

The United States now ranks last among leading industrialized nations in preventing deaths from treatable conditions, according to a study by The Commonwealth Fund published in the January/February issue of the journal *Health Affairs*. While the U.S. showed a four percent decline in preventable deaths over the five-year study period, it fell well short of the 16 percent average decline among the 19 countries studied.

The study examined deaths before age 75 from conditions "amenable to health care" in the United States, Canada, Australia, New Zealand, and 14 European countries between 1997–1998 and 2002–2003. Researchers from the London School of Hygiene and Tropical Medicine focused on more than 30 conditions that could be effectively treated with health care, including bacterial infections, tuberculosis, thyroid disease, measles, diabetes, and certain cancers.

The United States placed fourth from the bottom in 1997–1998, but plunged to last place by 2002–2003 with 110 preventable deaths out of 100,000 people. Researchers speculated in a statement that the lagging performance could be in part attributable to the increase in America's uninsured population. The U.S. is the only country among the nations studied without universal health insurance. To access the report, visit [http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=640980](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=640980).

## **CONTINUED SPREAD OF DENGUE COULD THREATEN U.S. PUBLIC HEALTH**

The continued spread of dengue, a flu-like illness that can turn deadly, along the U.S.-Mexico border and in the commonwealth of Puerto Rico could threaten public health in the U.S., according to Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health. Dr. Fauci's statements appear in a commentary co-authored with David M. Morens, MD, Fauci's senior scientific advisor at NIAID, published in the January 9 and 16 double issue of the *Journal of the American Medical Association*. Dengue, a mosquito-borne illness, was previously confined to tropical or subtropical climates, but recently the disease has begun to expand to more temperate climates and has increased in severity.

In their commentary, Drs. Fauci and Morens provide a historical and clinical overview of dengue; discuss the controversy about the origins and development of the most severe forms of the disease; describe the implications of dengue pathogenesis for safe vaccination strategies; and note the challenges to dengue treatment, control and prevention.

"Worldwide, dengue is among the most important reemerging infectious diseases with an estimated 50 to 100 million annual cases [and] 22,000 deaths," the NIAID scientists write in their commentary. Public health officials need to take the threat seriously, the scientists assert, because no specific treatments or vaccines for dengue are available. To fight the disease, they state, "The formidable challenges of understanding dengue pathogenesis and of developing effective therapies and vaccines must be met."

### UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD NOVEMBER-DECEMBER 2007 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	1	9	1	4	0	6	3	18	0	4	5	41
Cryptosporidiosis	0	5	0	7	0	2	0	0	0	0	0	0	0	14
Escherichia coli 0157:H7	0	1	0	0	0	0	0	0	0	1	0	1	0	3
Giardiasis	1	4	2	10	0	2	0	2	0	3	1	8	4	29
Salmonellosis	0	14	0	3	0	3	0	4	0	6	1	4	1	34
Yersinia enterocolitica	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Meningitis - Aseptic	0	0	0	2	1	7	0	0	2	7	0	0	3	16
Meningitis - Bacterial Other	0	1	0	0	2	2	0	1	1	1	0	0	3	5
Streptococcus pneumoniae, Inv	0	2	0	1	0	2	0	0	1	1	0	2	1	8
Blastomycosis	0	2	0	3	0	1	0	2	0	0	0	1	0	9
Coccidioidomycosis	0	0	0	0	0	1	0	0	0	0	0	1	0	2
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Flu Like Disease	13	306	291	1482	325	2691	40	531	1	88	343	1610	1013	6708
Guillain-Barre Syndrome	0	0	0	0	0	0	0	1	0	1	1	1	1	3
Histoplasmosis	0	0	0	1	0	1	0	0	0	0	0	0	0	2
Influenza	2	9	0	1	0	0	0	6	1	2	0	8	3	26
Kawasaki	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Staphylococcus Aureus Infect.	1	2	0	0	3	3	0	0	0	0	0	0	4	5
Streptococcal Dis, Inv, Grp A	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Chlamydia (Genital)	6	46	11	76	9	38	2	31	16	113	11	73	55	377
Gonorrhea	1	2	0	3	2	4	0	2	1	8	1	1	5	20
Syphilis - Primary	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Tuberculosis	0	1	0	0	0	1	0	0	0	0	0	0	0	2
Chickenpox (Varicella)	0	0	0	6	1	15	2	11	1	17	1	10	5	59
H. influenzae Disease - Inv.	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Mumps	0	0	0	1	0	1	0	0	0	0	0	0	0	2
Pertussis	0	0	0	0	0	0	0	1	0	2	0	0	0	3
Lyme Disease	0	0	0	15	0	3	0	0	0	1	0	7	0	26
Hepatitis A	0	0	0	3	0	0	0	0	0	1	0	1	0	5
Hepatitis B, Chronic	0	3	0	2	0	0	0	0	0	2	0	1	0	8
Hepatitis C, Acute	1	6	0	2	2	3	0	0	0	2	0	6	3	19
Hepatitis C, Chronic	12	64	3	29	1	11	1	14	5	24	6	39	28	181
Hepatitis C, Unknown	0	0	1	1	0	0	2	2	0	0	4	6	7	9