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FIRST CULTURE CONFIRMED INFLUENZA REPORTED IN MICHIGAN

On December 5th, The MDCH Bureau of Laboratories announced that it had culture confirmed its first case of influenza for the 2007-2008 influenza season. This case of influenza B was from a 9 year old child in **Marquette County**; the child was not hospitalized. This virus was strain typed as B/Shanghai, which is not a component of the 2007-2008 influenza vaccine. Sentinel laboratories across the state are reporting either zero or extremely low positive numbers of influenza tests. Low levels of parainfluenza viruses have been reported from the Southeast region. Based on the MDCH report, the Centers for Disease Control and Prevention (CDC) in Atlanta will upgrade Michigan's flu activity to "sporadic", the lowest of four influenza activity categories the federal government tracks.

MDCH has a variety of enhanced systems such as a network of clinicians and hospital emergency departments throughout the state that report persons with flu-like illness, laboratories that refer positive test results for influenza, and school-based absenteeism reporting to detect influenza.

So far this year, state officials estimate that more than 3 million doses of flu vaccine have been shipped to Michigan. Health care providers should have ample supplies of vaccine and should continue to vaccinate citizens throughout the entire flu season. Citizens can call their physician, local health department, or the American Lung Association to find nearby influenza vaccination clinics.

*****As a reminder, the positive predictive value of influenza rapid tests decreases during times of low influenza prevalence. MDCH suggests that during periods of low influenza activity in your**

community, all positive rapid tests results be confirmed by sending in a specimen for viral culture; this can be arranged through your local health department.

F.L.A.R.E. EMERGENCY DEPARTMENT ASTHMA DISCHARGE INSTRUCTIONS

In Michigan, asthma rates are worse than the national average, emergency visits to treat asthma are common, and about 150 people die from asthma each year. Among Michigan adults with asthma, 19% seek care in the Emergency Department (ED) at least once a year. For children with asthma in Medicaid, 34% use the ED for asthma care, but only 15% have a follow-up office appointment within 30 days of their ED visit. And yet asthma symptoms can usually be prevented, and detailed national guidelines are available for health care providers to help patients keep their asthma under control.

The Asthma Initiative of Michigan (AIM), a collaborative effort involving multiple partners from the public and private sectors, established child and adult asthma mortality review panels that investigate the circumstances surrounding asthma deaths for 2 to 34 year olds, and make recommendations to help prevent future tragic losses and improve systems of asthma care. The need for more comprehensive asthma care in the ED setting, including prescription of inhaled steroids at discharge (as appropriate) and a system for connecting patients with a primary care provider for follow-up care, has been identified as a very important recommendation.

A review of current asthma discharge instructions used in Michigan EDs revealed protocols and information that did not follow national guidelines, and sometimes included inaccurate information.

Few of the current discharge instructions emphasized to patients all of the items AIM thought important such as:

- follow-up with a primary doctor within days of the ED visit
- take all medications as directed by a physician
- asthma is a chronic disease
- emergency asthma care is often an indication of treatment or management failure.

Based on current instructions and the recommendations by the mortality review panels, there was clearly a need for consistent, guideline-based asthma discharge instructions.

An AIM project group, including representatives from health plans, respiratory therapists, asthma educators, and emergency physicians, responded to this need by creating a unique set of standard ED discharge instructions, known as the F.L.A.R.E. plan. The F.L.A.R.E. plan is a two-sided sheet. The first page has a short-term action plan for patients to use until their follow-up doctor visit. The second page contains basic asthma information to help providers educate the patient at discharge, and for reference once the patient goes home. Funded by a CDC grant, the F.L.A.R.E. is supported by the Michigan College of Emergency Physicians and other professional organizations, and has been distributed and promoted to all Michigan EDs.

While many hospitals welcomed the instructions and adopted them quickly, a major barrier was also identified. At health systems where electronic discharge documents were anticipated or already in place, staff perceived them to be difficult or impossible to change. To address this challenge, national medical software companies were approached with the opportunity to adopt the F.L.A.R.E. at no cost, and several are now planning to integrate the plan into their systems.

Though designed for the ED, some Michigan hospitals are also interested in using it for discharge after an inpatient stay, and a number of urgent care centers have adopted it for use in that setting. To view or download the F.L.A.R.E. asthma discharge instructions, visit <http://getasthmahelp.org/flare.asp>.

MICHIGAN RANKS THIRD IN NATION FOR BIRTH DOSE OF HEPATITIS B VACCINE

Michigan is ranked third place in the U.S. for the number of infants who receive the first dose of hepatitis B vaccine at birth. The 2006 CDC National Immunization Survey (NIS) has revealed that 78.3 percent (+/-

5.0%) of the state's infants received the first dose of hepatitis B vaccine between birth and two days of age compared to the national average of 48.8 percent (+/- 1.1%). The NIS is a random digit dial survey conducted annually by Centers for Disease Control and Prevention (CDC) to assess immunization coverage levels of infants aged 19-35 months. Michigan's rate is based on the outstate rate of 77.8 percent (+/- 5.5%) and the City of Detroit's rate of 81.7 percent (+/- 5.6%), second among major cities.

Over the years, CDC has strengthened recommendations for providing the first dose of hepatitis B vaccine before hospital discharge. The most recent recommendation in December 2005 is that all infants should receive hepatitis B vaccine prior to hospital discharge. For additional information regarding this recommendation go to: www.cdc.gov/mmwr/PDF/rr/rr5416.pdf.

Michigan's success is attributable to the Vaccines for Children (VFC) Program Universal Hepatitis B Vaccination Program which provides free hepatitis B vaccine to enrolled hospitals. However, the Perinatal Hepatitis B Prevention Program (PHBPP) and the Division of Immunization realize that this achievement would not have been possible without the commitment and hard work of Michigan health care providers and hospitals. Congratulations and thank you to all the health care professionals and hospitals that played a role in this achievement. Due to your diligence and dedication, children in Michigan are healthier.

If you have any questions or for additional information please contact the PHBPP at 800-964-4487 or visit www.michigan.gov/hepatitisB.

FLU FIGHTER ACTION KITS FOR HEALTH CARE PERSONNEL

Less than 40 percent of health care personnel who have direct contact with patients are immunized annually, despite long-standing recommendations issued by the Centers for Disease Control and Prevention (CDC), the Association for Professionals in Infection Control and Epidemiology (APIC), and other national health care organizations. To address the dismal vaccination rates among health care personnel, the Michigan Department of Community Health created the Flu Fighter Action Kit, which was distributed at the fall regional immunization conferences, as well as to occupational health contacts, long-term care facilities, birthing hospitals, and infection control contacts in hospitals.

Supported through outside groups such as the Flu Advisory Board (FAB) and the Alliance for Immunization in Michigan (AIM), the kits include templates for standing orders, declination statements, talking points for managers, letters from administration, posters, strategies and best practices from the National Immunization Conference (NIC), ideas for National Influenza Vaccination Week (NIVW), as well as the JCAHO standard for immunizing health care personnel. Physicians are urged to utilize this tool to implement an employee immunization campaign in their offices in order to increase immunization rates among health care personnel and protect patients from influenza. The Flu Fighter Action Kit is available at www.michigan.gov/flu.

ACIP RECOMMENDATIONS REGARDING CHILDHOOD INFLUENZA VACCINE

Changes were recently made regarding which children should receive 2 doses of influenza vaccine. CDC now recommends:

- Children 6 months through 8 years of age who are receiving flu vaccine for the first time should receive 2 doses of vaccine.
- Children 6 months through 8 years who received flu vaccine for the first time during the previous influenza season, and got only one dose, should receive 2 doses this season. However, children who were given influenza vaccine during any other prior flu season should receive only one dose.
- Administer doses of flu vaccine (TIV or LAIV) 4 weeks apart. If possible, give the 2nd dose before December.

For the most up-to-date educational materials for your office staff, please monitor the MDCH flu website (www.michigan.gov/flu), along with the AIM Provider Tool Kit website (www.aimtoolkit.org).

**UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD
SEPTEMBER-OCTOBER 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	2	8	1	3	1	6	6	15	2	4	12	36
Cryptosporidiosis	0	5	0	6	1	2	0	0	0	0	0	0	1	13
Escherichia coli 0157:H7	0	1	0	0	0	0	0	0	1	1	0	1	1	3
Giardiasis	0	3	0	8	0	2	0	1	1	3	2	7	3	24
Salmonellosis	0	14	1	3	0	2	0	3	1	6	1	3	3	31
Meningitis - Aseptic	0	0	0	2	3	6	0	0	2	5	0	0	5	13
Meningitis - Bacterial Other	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Streptococcus pneumoniae, Inv	0	2	0	1	1	2	0	0	0	0	0	2	1	7
Blastomycosis	0	1	0	2	0	1	1	2	0	0	1	1	2	7
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	9	293	74	1191	55	2366	9	491	0	87	139	1267	286	5695
Guillain-Barre Syndrome	0	0	0	0	0	0	1	1	0	1	0	0	1	2
Histoplasmosis	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Influenza	0	7	0	1	0	0	0	6	0	1	0	8	0	23
Kawasaki	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Staphylococcus Aureus Infect.	0	1	0	0	0	0	0	0	0	0	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	40	16	65	5	29	4	29	19	97	19	62	70	322
Gonorrhea	0	1	1	3	0	2	0	2	0	7	0	0	1	15
Syphilis - Primary	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Tuberculosis	0	1	0	0	1	1	0	0	0	0	0	0	1	2
Chickenpox (Varicella)	0	0	1	6	0	14	2	9	2	16	0	9	5	54
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	3	14	0	3	0	0	0	1	0	7	3	25
Hepatitis A	0	0	1	3	0	0	0	0	0	1	1	1	2	5
Hepatitis B, Acute	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Hepatitis B, Chronic	0	3	2	2	0	0	0	0	1	2	0	1	3	8
Hepatitis C, Acute	2	5	0	2	1	1	0	0	0	2	0	6	3	16
Hepatitis C, Chronic	5	51	0	23	1	9	4	11	2	19	6	33	18	146
Hepatitis C, Unknown	1	1	3	3	1	1	2	2	0	0	1	2	8	9