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**PHYSICIAN NEWSLETTER  
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**BOOSTING 5 PREVENTIVE SERVICES WOULD SAVE 100,000 LIVES EACH YEAR**

Increasing the use of just five preventive services would save more than 100,000 lives every year in the U.S., according to a new study released today by Partnership for Prevention. That includes 45,000 lives that would be saved each year if more adults took a daily low-dose aspirin to prevent heart disease. The new study, funded by the federal Centers for Disease Control and Prevention, Robert Wood Johnson Foundation and WellPoint Foundation, found that a few measures— such as more adults getting flu shots and being screened for cancer—could save tens of thousands of lives each year in the United States.

The study found serious deficiencies in the use of preventive care for the nation as a whole – and particularly troubling shortfalls among racial and ethnic populations. “A lot of Americans are not getting live-saving preventive services, particularly racial and ethnic minorities. As a result, too many people are dying prematurely or living with diseases that could have been prevented,” said Eduardo Sanchez, MD, MPH, Chair of the National Commission on Prevention Priorities, a blue-ribbon panel convened by Partnership for Prevention to guide the study. “We could get much better value for our health care dollar by focusing upstream on prevention.”

**STUDY FINDINGS**

**45,000** additional lives would be saved each year if we increased to 90 percent the portion of adults who take aspirin daily to prevent heart disease. Today, fewer than half of American adults take aspirin preventively.

**42,000** additional lives would be saved each year if we increased to 90 percent the portion of smokers who are advised by a health professional to quit and are offered medication or other assistance. Today, only 28 percent of smokers receive such services.

**14,000** additional lives would be saved each year if we increased to 90 percent the portion of adults age 50 and older who are up to date with any recommended screening for colorectal cancer. Today, fewer than 50 percent of adults are up to date with screening.

**12,000** additional lives would be saved each year if we increased to 90 percent the portion of adults age 50 and older immunized against influenza annually. Today, 37 percent of adults have had an annual flu vaccination.

Nearly **4,000** additional lives would be saved each year if we increased to 90 percent the portion of women age 40 and older who have been screened for breast cancer in the past 2 years. Today, 67 percent of women have been screened in the past 2 years.

**30,000** cases of pelvic inflammatory disease would be prevented annually if we increased to 90 percent the portion of sexually active young women who have been screened in the past year for chlamydia infection. Today, 40 percent of young women are being screened annually.

“This report illustrates that the health benefits would be great if more people took preventive actions,” said Dr. Julie Gerberding, director of the Centers for Disease Control and Prevention. “More illnesses would be avoided, fewer lives would be lost, and there would be more efficient use of our limited health care resources. It’s important that all of us make a concerted attempt to focus our energies and efforts on preventing disease, not just treating it.”

According to the new report, African Americans, Hispanic Americans and Asian Americans all use preventive services at lower rates compared to the white, non-Hispanic population in the U.S. Hispanic Americans have lower utilization compared to non-Hispanic whites and African Americans for 10 of the 11 preventive services analyzed. For example, Hispanic smokers are 55 percent less likely to get assistance to quit smoking from a health professional than white smokers. Asian Americans have the lowest utilization of any group for aspirin use as well as breast, cervical and colorectal cancer screening. For example, Asian men age 40 and older and women age 50 and older are 40 percent less likely to use aspirin to prevent heart disease than white adults.

Despite higher screening rates among African Americans for colorectal and breast cancer compared to Hispanic and Asian Americans, increasing screening in African Americans would have a bigger impact on their health because they have higher mortality for those conditions.

If the 42 percent of African Americans age 50 and older up-to-date with any recommended screening for colorectal cancer increased to 90 percent, 1,800 additional lives would be saved annually.

“This report documents that minority groups in America use less preventive care,” said Dr. David Satcher, former U.S. Surgeon General and Director of the Center on Excellence in Health Disparities at the Morehouse School of Medicine. “One reason is that many Americans, particularly minorities, have no continuity in their health care, no relationship with a doctor or other medical professional who can ensure that they are getting all the preventive care they need. We have to transform our sick care system into a health care system that works for everybody.”

The new report, titled “*Preventive Care: A National Profile on Use, Disparities, and Health Benefits*” is available on Partnership for Prevention’s website at <http://www.prevent.org> MACROBUTTON HtmlResAnchor www.prevent.org. It is a follow-up study to a 2006 Partnership for Prevention report which ranked 25 evidence-based clinical preventive services recommended by the U.S. Preventive Services Task Force and Advisory Committee on Immunization Practices based on service’s health impact and economic value.

### **PHYSICIAN VOLUNTEERS NEEDED FOR INFLUENZA SURVEILLANCE**

Did you ever wonder how the Centers for Disease Control and Prevention (CDC) and state and local public health know when influenza activity begins, peaks, and ends? Or how they know what influenza viruses are circulating in your community and if they match the vaccine strain or are resistant to antivirals? They rely on the front-line medical providers, influenza sentinels, who volunteer to report office visits due to influenza-like illness weekly and collect clinical specimens from a subset of those patients for respiratory virus culture at the MDCH laboratory.

In appreciation of their efforts, sentinels receive free laboratory testing for 11 specimens per site per season, weekly influenza reports and free hard-copy subscriptions to the CDC Morbidity and Mortality Weekly Report (MMWR) and Emerging Infectious Diseases Journal. Sentinels that report regularly throughout the flu season will also receive free registration at one of eight MDCH Regional Immunization Conferences in fall 2008.

New sentinels are urgently needed for the upcoming flu season. Medical providers of any specialty (e.g., family medicine, internal medicine, pediatrics, infectious disease) in nearly any setting (e.g., private practice, public health clinic, urgent care center, emergency room, university student health center) can be sentinels. Contact Rachel Potter at 517-335-9710 or [potterr1@michigan.gov](mailto:potterr1@michigan.gov) for more information or to enroll now.

### **FDA APPROVES NASAL INFLUENZA VACCINE FOR YOUNGER CHILDREN**

The U.S. Food and Drug Administration recently approved expanding the population for use of the nasal influenza vaccine FluMist to include children between the ages of 2 and 5.

Approval for the vaccine, which contains a weakened form of the live virus and is sprayed in the nose, was previously limited to healthy children 5 years of age and older and to adults up to age 49.

“The goal of preventing influenza is now more attainable with the availability of FluMist for younger children,” said Jesse L. Goodman, M.D., director, FDA’s Center for Biologics Evaluation and Research. “This approval also offers parents and health professionals a needle-free option for squeamish toddlers, who may be reluctant to get a traditional influenza shot.”

The U.S. Centers for Disease Control and Prevention recommends that all children age 6 months to 59 months receive a vaccination to protect against influenza. Studies have shown that children younger than 5 years had rates of influenza-associated hospitalizations similar to those among individuals age 50 through 64 years, emphasizing the need for improved influenza prevention efforts for this younger U.S. population. However, until now, there have been only two vaccines licensed in the U.S. for children under the age of 5. One influenza vaccine, Fluzone, is indicated for people over 6 months of age, while another vaccine, Fluvirin, is available for use in children age 4 and older.

Approximately 6,400 infants and children age 6 months to 59 months received FluMist in three studies to support the vaccine’s safety and effectiveness. Two studies compared FluMist to placebo (no vaccine), both of which demonstrated the vaccine’s effectiveness in preventing influenza illness. A third study compared FluMist to an inactivated or “killed” seasonal influenza vaccine shot. The results showed that there were 53 cases of influenza disease among 3,900 children who received FluMist compared to 93 cases among the same number of children who received an inactivated or “killed” seasonal influenza vaccine shot. Children under the age of 2 should not receive FluMist because there was an increased risk of hospitalization and wheezing for this age group during the clinical trials.

Commonly observed adverse events from the vaccine were generally mild and most often included runny nose and/or nasal congestion, as well as a slight fever in children 2 to 6 years of age. FluMist should not be administered to anyone with asthma or to children under the age of 5 years with recurrent wheezing because of the potential for increased wheezing after receiving the vaccine. People who are allergic to any of FluMist’s components, including eggs or egg products, should also not receive the vaccine.

## **FDA PROPOSES NEW RULE FOR SUNSCREEN PRODUCTS**

The Food and Drug Administration (FDA) has proposed new regulations that will govern the standards for formulating, testing and labeling of OTC UVA and UVB protective sunscreen drug products. The regulation will create a consumer-friendly rating system for UVA protection and will require manufacturers to include a ‘Warnings’ statement in the ‘Drug Facts’ box.

Once finalized, the proposed regulation will amend the 1999 OTC Sunscreen Rule, which has historically regulated UVB labeling. Furthermore, the rule will revise SPF (UVB) testing procedures, allow new combinations of active ingredients, and solicit comments on the issue of nanoparticles.

FDA is accepting comments on the new rule for 90 days until November 26, 2007. Comments must be identified with Docket No. 1978N-0038 and can be submitted electronically at the following Web sites: Federal eRulemaking Portal: [www.regulations.gov](http://www.regulations.gov) FDA Web site: [www.fda.gov/dockets/ecomments](http://www.fda.gov/dockets/ecomments)

**UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD  
JULY-AUGUST 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	4	6	1	2	1	5	5	9	1	2	12	24
Cryptosporidiosis	2	5	2	6	1	1	0	0	0	0	0	0	5	12
Escherichia coli 0157:H7	1	1	0	0	0	0	0	0	0	0	1	1	2	2
Giardiasis	2	3	2	8	0	2	0	1	1	2	1	5	6	21
Salmonellosis	2	12	0	2	0	2	2	3	1	5	1	2	6	26
Meningitis - Aseptic	0	0	1	2	3	3	0	0	1	3	0	0	5	8
Meningitis - Bacterial Other	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Streptococcus pneumoniae, Inv	0	2	0	1	0	1	0	0	0	0	2	2	2	6
Blastomycosis	1	1	1	2	1	1	0	1	0	0	0	0	3	5
Coccidioidomycosis	0	0	0	0	1	1	0	0	0	0	0	1	1	2
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Flu Like Disease	0	284	1	1117	0	2311	0	482	0	87	0	1128	1	5409
Guillain-Barre Syndrome	0	0	0	0	0	0	0	0	1	1	0	0	1	1
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	1	1	0	0	1	1
Chlamydia (Genital)	5	33	15	49	6	24	7	25	13	78	11	43	57	252
Gonorrhea	0	1	2	2	1	2	0	2	2	7	0	0	5	14
Syphilis - Primary	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Tuberculosis	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Chickenpox (Varicella)	0	0	0	5	0	14	2	7	0	14	0	9	2	49
H. influenzae Disease - Inv.	0	0	0	0	0	0	0	0	0	0	1	1	1	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	7	11	2	3	0	0	1	1	5	8	15	23
Hepatitis A	0	0	2	3	0	0	0	0	1	1	0	0	3	4
Hepatitis B, Chronic	0	3	0	0	0	0	0	0	0	1	0	1	0	5
Hepatitis C, Acute	0	3	0	2	0	0	0	0	0	2	0	6	0	13
Hepatitis C, Chronic	6	46	7	23	0	8	2	6	0	17	2	27	17	127
Hepatitis C, Unknown	0	0	0	0	0	1	0	1	0	0	1	1	1	3