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**PHYSICIAN NEWSLETTER**  
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**CDC RELEASES UPDATED “YELLOW BOOK” ON INTERNATIONAL TRAVEL**

The US Centers for Disease Control and Prevention (CDC) has released its biennial revision of the “Yellow Book”, a health guide for international travel. The book describes travel-related infections and diseases endemic to each region. Changes in the latest edition include updates on recommended immunizations, developments in malaria treatment and prevention, advice for avoiding deep vein thrombosis while flying, and a section on avian influenza. The yellow-covered book, officially titled “CDC Health Information for International Travel 2007-2008,” is available free online or can be purchased in bookstores.

**ACIP 2007 INFLUENZA RECOMMENDATIONS**

The Advisory Committee on Immunization Practices’ (ACIP) 2007 influenza recommendations includes six principal changes or updates. First, ACIP reemphasizes the importance of administering two doses of vaccine to all children aged 6 months to 8 years if they have not been vaccinated previously at any time. ACIP recommends that children aged 6 months to 8 years who received only one dose in their first year of vaccination receive two doses the following year. ACIP reiterates a previous recommendation that all persons, including school aged children, who want to reduce the risk of becoming ill with influenza or of transmitting influenza to others, should be vaccinated. Immunization providers should offer influenza vaccine and schedule immunization clinics throughout the influenza season. ACIP recommends that health-care administrators consider the level of vaccination coverage among healthcare personnel (HCP) to be one measure of a patient safety quality program and implement policies to encourage HCP vaccination.

**FIRST CASE OF LACROSSE VIRUS CONFIRMED IN MICHIGAN**

The Michigan Department of Community Health (MDCH) has positively identified the state's first case of LaCrosse virus for 2007 in a Wayne County woman. The woman first showed symptoms of the LaCrosse virus in early June, was hospitalized, and has since been discharged. Like West Nile Virus (WNV), LaCrosse virus is a mosquito-borne viral infection that can cause encephalitis in humans. Children under the age of 16 are more susceptible to illness following infection with LaCrosse virus. Mosquitoes that transmit LaCrosse virus are typically found in woodland habitats, but they can breed in containers, and also have been associated with scrap tires.

### **OBESITY SOON COULD BECOME LEADING PREVENTABLE CAUSE OF DEATH**

According to researchers at the John Hopkins Bloomberg School of Public Health Center for Human Nutrition, obesity prevalence has more than doubled from 13 percent to 32 percent between the 1960s and 2004. The findings, published online in advance of the 2007 issue of the journal *Epidemiologic Reviews*, concludes obesity rates likely are to continue to increase, and if unabated will soon become the leading preventable cause of death in the U.S.

Minority and low socioeconomic status groups were found to be most at risk for being obese. The study defined adult overweight and obesity using body mass index cutoffs of 25 and 30, respectively.

Some of the key findings include:

- More than two-thirds of U.S. adults were overweight or obese in 2003-2004, with women having the biggest increase
- Eighty percent of black women aged 40 years and older are overweight; 50 percent are obese
- Asians born in the United States are four times more likely to be obese than their foreign-born counterparts
- The southeast has the highest prevalence of obesity than any other region in the U.S.

In a related development, several important systematic reviews show that dietary-based lifestyle modification efforts can significantly improve body weight and decrease related medical problems, according to a new study published in the July 3 issue of *Annals of Internal Medicine*. Researchers at AHRQ's Tufts-New England Medical Center Evidence-based Practice Center conducted the analyses.

### **STATE'S FIRST CASE OF HUMAN WEST NILE VIRUS FOR 2007**

On August 2<sup>nd</sup>, staff at the Michigan Department of Community Health (MDCH) public health laboratory announced that they had positively identified the state's first human case of West Nile Virus (WNV) for 2007. A 25-year-old Oakland County woman was hospitalized in mid-July with symptoms associated with the disease. "Because we cannot predict the impact WNV will have on Michigan again this year, it is crucial that citizens are aware of the potential risk of WNV infection," said Janet Olszewski, MDCH Director. "Communities should use surveillance information to target intervention and prevention strategies in areas where WNV activity has been detected."

Late spring typically signals the beginning of the season for mosquito-borne diseases such as WNV in Michigan. Surveillance activities for WNV continue this year as a cooperative partnership involving the Michigan Departments of Agriculture, Community Health, Environmental Quality and Natural Resources, Michigan State University, and local health departments throughout the state.

All agencies are integral parts of Michigan's WNV surveillance, prevention, and response strategies. Mosquitoes most likely to transmit WNV to humans lay eggs in small collections of stagnant water. Adults can hatch in as short as 10 days time in the warmest months of the summer. Mosquitoes become infected

with WNV after feeding on sick birds carrying the virus. Within 10 to 14 days, the mosquito can transmit the virus to humans.

"It is important that Michigan residents take the necessary precautions to prevent exposure to mosquitoes until our first frost of the season," said Dr. Gregory Holzman, MDCH Chief Medical Executive. "Since West Nile virus is spread to humans and horses almost exclusively through the bite of an infected mosquito, people need to take measures that reduce the chance of receiving mosquito bites." Most people bitten by a WNV infected mosquito show no symptoms of illness. However, some become sick three to 15 days after exposure.

About one-in-five infected persons will have mild illness with fever, and about one in 150 infected people will become severely ill. Symptoms of encephalitis (inflammation of the brain) and meningitis (inflammation of the spinal cord and brain linings) include stiff neck, stupor, disorientation, coma, tremors, muscle weakness, convulsions and paralysis. Persons aged 55 and older are more susceptible to severe WNV disease symptoms. Physicians are urged to test patients for WNV if they present with fever and signs of meningitis or encephalitis, or sudden painless paralysis in the absence of stroke in the summer months. Blood donor screening for WNV is expected to continue in 2007.

In order to reduce exposure to WNV, Michigan residents are encouraged to:

- Maintain window and door screening to help keep mosquitoes out of buildings.
- Drain puddles in the yard, emptying water from mosquito breeding sites such as buckets, troughs, barrels, old tires or similar sites where mosquitoes lay eggs.
- Avoid being outdoors when mosquitoes are most active (dawn and dusk)
- Wear light colored long-sleeved shirts and long pants when outdoors.
- Apply insect repellants that contain the active ingredient DEET to exposed skin or clothing, always following the manufacturer's directions for use. (Avoid applying repellent to children less than 2 years of age and to the hands of older children because repellents may be transferred to the eyes or mouth potentially causing irritation or adverse health effects).

Collection of information on the sightings of sick and dead wild birds and mammals is necessary for monitoring the risk of WNV to humans, wildlife and domestic animals. For rapid reporting of a sighting, citizens can use the web-based reporting form found on the state's website at [www.michigan.gov/westnilevirus](http://www.michigan.gov/westnilevirus). Individuals without home Internet access are advised to use their local library to access the Internet or call the statewide toll-free number at: 1-888-668-0869 for updated information about WNV.

## **REGIONAL IMMUNIZATION CONFERENCE**

MDCH will once again offer a regional immunization conference in the U.P. The one-day conference (one of eight planned for October and November across the state) will be held at Northern Michigan University on October 9<sup>th</sup>. The conference annually attracts a large number of health care professionals who attend to learn about practice-management tools, techniques and information that will help ensure that patients throughout the region are fully immunized.

Conference brochures were distributed during the first week of August. Information about the conferences is also posted on the MDCH website at [www.michigan.gov/immunize](http://www.michigan.gov/immunize) (look under the "Provider Information" section). Those interested are encouraged to register early since space is limited. There is a \$50 "early bird" registration fee available until September 20<sup>th</sup>.

The Michigan Nurses Association (MNA) will provide certificates awarding 5.5 contact hours to participants who are nurses (R.N.s or L.P.N.s) and who attend the conference. Nursing CE certificates will be available towards the end of the conference. The Michigan Nurses Association is accredited as a provider of continuing education in nursing by the American Nurses Credentialing Center, Commission on Accreditation.

CMEs are available for Physicians. The conference has been planned and implemented in accordance with the Essential Areas and policies of the Michigan State Medical Society Committee on CME Accreditation through the joint sponsorship of the Public Health Consortium and the Michigan Department of Community Health. The Public Health Consortium is accredited by the Michigan State Medical Society Committee on CME Accreditation to provide continuing medical education for physicians. The Public Health Consortium designates this activity for a maximum of 5.5 AMA PRA Category I credit(s)<sup>TM</sup>. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD  
MAY-JUNE 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	0	2	0	1	1	4	2	4	0	1	3	12
Cryptosporidiosis	0	3	0	4	0	0	0	0	0	0	0	0	0	7
Giardiasis	0	1	0	5	1	2	0	1	0	1	1	4	2	14
Salmonellosis	4	10	2	2	0	2	0	1	0	4	1	1	7	20
Meningitis - Aseptic	0	0	0	1	0	0	0	0	1	2	0	0	1	3
Meningitis - Bacterial Other	1	1	0	0	0	0	1	1	0	0	0	0	2	2
Streptococcus pneumoniae, Inv	0	2	0	1	1	1	0	0	0	0	0	0	1	4
Blastomycosis	0	0	0	1	0	0	1	1	0	0	0	0	1	2
Coccidioidomycosis	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Flu Like Disease	21	284	159	1116	188	2311	15	482	1	87	88	1128	472	5408
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
Chlamydia (Genital)	9	28	12	34	4	17	10	18	21	65	10	32	66	194
Gonorrhea	0	1	0	0	0	1	1	2	0	5	0	0	1	9
Tuberculosis	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Chickenpox (Varicella)	0	0	0	5	5	14	0	5	1	14	4	9	10	47
Mumps	0	0	0	1	1	1	0	0	0	0	0	0	1	2
Pertussis	0	0	0	0	0	0	0	1	1	2	0	0	1	3
Lyme Disease	0	0	3	4	1	1	0	0	0	0	2	2	6	7
Hepatitis A	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Hepatitis B, Chronic	2	3	0	0	0	0	0	0	1	1	0	1	3	5
Hepatitis C, Acute	0	3	2	2	0	0	0	0	0	2	4	7	6	14
Hepatitis C, Chronic	12	41	3	14	1	7	1	4	6	17	4	20	27	103
Hepatitis C, Unknown	0	0	1	1	3	3	1	1	0	0	1	4	6	9