



Dickinson-Iron District Health Department  
[www.didhd.org](http://www.didhd.org)

818 Pyle Drive, Kingsford, MI 49802  
(906) 774-1868  
LINDA PIPER, RN, BSN, MPH  
Health Officer

601 Washington Avenue, Iron River, MI 49935  
(906) 265-9913  
RANDALL M. JOHNSON, MD, MPH  
Medical Director

## PHYSICIAN NEWSLETTER

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### RUBELLA CASES CONFIRMED IN MICHIGAN

Rubella was recently confirmed in three international graduate students at a Kalamazoo County university. Onsets of rash were between 1/18/07 and 1/23/07. Michigan physicians should be watchful for possible additional cases. Cases or suspected cases should be reported to local health departments immediately and investigated by public health officials. Laboratory tests for confirmation of the diagnosis are essential. Testing for measles is also recommended, as the two diseases can be similar clinically.

Rubella has a typical incubation period of 14-17 days (range 12-23). Communicability is from 7 days before rash onset to 5-7 days after. Information and additional resources can be found at the following CDC web address: <http://www.cdc.gov/nip/menus/diseases.htm#rubella>

Rubella is no longer an endemic disease in the U.S., meaning that cases are the result of importation or exposures that occur outside the country. Rubella continues to be a common disease in many other parts of the world. Once introduced, the virus can spread among susceptible persons and cause outbreaks in communities with low immunization rates. Protection against rubella is achieved through routine childhood immunization. Rubella vaccine is also indicated for any adults born after 1956 who are uncertain of their immunization history or immune status. Prevention of congenital rubella syndrome is the main objective of rubella vaccination programs.

## **MCIR ENHANCEMENTS FOR INFLUENZA PREPAREDNESS**

Public Act 91 of 2006 outlines the Michigan Care Improvement Registry (MCIR), a lifespan immunization repository for Michigan residents. MCIR is useful in practical applications such as being able to “flag” high risk patients, notifying physicians that a person is in a priority group for flu vaccine, and in the future will allow physician practices to recall or remind patients when to get a flu vaccine. MCIR will also be instrumental in tracking vaccine and antivirals used to prevent and treat a novel influenza virus.

Through MCIR, physicians can download Vaccine Information Statements (VIS). VIS are information sheets produced by the Centers for Disease Control and Prevention (CDC) to clarify vaccine benefits and risks to patients, parents, or their legal representatives. Federal law requires that VIS be provided when vaccinations are given. In Michigan, it is important that patients are given the Michigan-specific VIS, because they contain information about MCIR and inform recipients that their data will be entered into MCIR.

Physicians are able to use MCIR to electronically assess child, adolescent and adult immunization records and add immunization information such as the date a flu vaccine is given, lot number, injection site, and clinic information.

The Influenza Vaccine Exchange Network (IVEN) is available through MCIR. The Flu Advisory Board created IVEN, a centralized location where physicians and other health care providers can share information about their influenza vaccine inventory. IVEN facilitates vaccine redistribution and can be used by licensed physicians, their staff, local health departments, pharmacy staff, nursing homes, and hospitals to post and search for surplus or needed influenza vaccine. IVEN is only accessible to sites that are registered to use MCIR. More information on IVEN is available at [www.michigan.gov/flu](http://www.michigan.gov/flu).

In a public health emergency such as pandemic influenza, the MCIR All Hazards module will serve a useful role in tracking persons treated, and/or provided prophylaxis as a result of an emergency. The state will be able to quickly assess and monitor antiviral, pre-pandemic vaccine, and pandemic vaccine use by recipient tier groups. MCIR linkages to VAERS (Vaccine Adverse Event Reporting System) and AERS (Adverse Event Reporting System) support post-marketing safety surveillance for approved vaccine and drug products. IVEN will allow for redistribution of vaccine during a pandemic response. MCIR’s tracking function will allow local health departments to maintain accurate, real-time patient data, and also serves as a record-keeping mechanism for short and long-term event recovery. MDCH’s Division of Immunization will activate the All Hazards module when there are confirmed outbreaks overseas (Federal Stage 2), i.e., evidence of increased person-to-person transmission (World Health Organization Phase 4); it will be operational immediately. During this phase, All Hazard Scan forms will be distributed and used to document vaccines and antivirals administered.

## **ADEQUATE FOLIC ACID CONSUMPTION NEEDED TO PREVENT BIRTH DEFECTS**

Physicians know that taking a daily multivitamin containing 400 mcg of folic acid can prevent up to 70% of neural tube defects, serious birth defects of the brain and spine. However, due to lack of awareness, cost, and inconvenience, some women fail to take this simple, preventive measure to protect the health of future babies.

Emerging research shows that folic acid may also reduce the risk of other birth defects, such as cleft lip. Folic acid also plays a role in promoting general health and may lower the risk of cardiovascular disease and certain cancers, as well as protect the brain from Alzheimer disease

and Parkinson disease. There is ample reason for men and women of all ages to take 400 micrograms of folic acid every day.

For more information about folic acid, please visit the Michigan Genetics Connection website at [www.Mlgeneticsconnection.org](http://www.Mlgeneticsconnection.org), the National Council on Folic Acid at [www.folicacidinfo.org](http://www.folicacidinfo.org), the March of Dimes at [www.marchofdimes.com](http://www.marchofdimes.com), or the Spina Bifida Association of America at [www.sbaa.org](http://www.sbaa.org).

## **PERINATAL HEPATITIS B PREVENTION PROGRAM MANUAL**

The MDCH Perinatal Hepatitis B Prevention Program Manual has been completed. Physician offices should receive a copy of the manual within the next few weeks. If you need additional copies or if you would like to view it in its entirety, go to: [www.michigan.gov/hepatitisB](http://www.michigan.gov/hepatitisB).

The manual is divided into the following six sections:

- OB/GYN providers
- Laboratories
- Hospitals
- Local health departments
- Family practice providers
- Pediatric care providers

If you have questions, please contact the Perinatal Hepatitis B Prevention staff at 517-335-8122 or 800-964-4487. In southeast Michigan, call 313-456-4431 or 313-456-4432.

## **ALCOHOL SCREENING TOOL AVAILABLE ON-LINE**

How much is too much? Is drinking alcohol harming my health now, or will it be harmful to me later in life? Should I stop drinking alcohol? Am I a binge drinker?

Most adults who drink alcoholic beverages (beer, wine or liquor) consume safe and healthy amounts. For others, unsafe drinking patterns can increase their risk for injury, illness or future alcohol problems. For 1 in 13 American adults, alcohol abuse or alcohol dependence (alcoholism) causes substantial harm to their health and disruption in their lives.

For anyone who consumes alcoholic beverages, it is important to know whether their drinking patterns are safe, risky or harmful.

As part of Join Together's Demand Treatment! Initiative, there is an on-line resource to screen for alcohol misuse. By answering questions, a personalized result is generated based on age, gender and drinking patterns. Responses are completely confidential and anonymous. Join Together, a project of the Boston University School of Public Health, is supported by the Robert Wood Johnson Foundation.

The Alcohol Screening Tool can be accessed at [www.AlcoholScreening.org](http://www.AlcoholScreening.org).

## **ACIP CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE**

The Advisory Committee on Immunization Practices (ACIP) has released a new immunization schedule based on its review of the recommended immunization schedule for persons aged 0 - 18 years. The committee reviews the schedule annually to ensure that it is current with changes in vaccine formulations and reflects revised recommendations for the use of licensed vaccines, including those newly licensed.

The new guidelines recommend several changes from the previous childhood and adolescent immunization schedule. Specifically, changes to the previous guidelines include the extension of the influenza vaccine to all children aged 6 to 59 months, the second dose of varicella at age 4 to 6 years, and the introduction of the rotavirus and HPV vaccines. The new vaccinations include the 3-dose rotavirus vaccine at ages 2, 4, and 6 months and the 3-dose HPV vaccine, with the second and third doses administered 2 and 6 months after the first dose.

ACIP also changed the format of the schedule, dividing recommendations into two schedules: one for persons aged 0 to 6 years and another for persons aged 7 to 18 years.

For more details on the new immunization schedule, go to:

<http://www.cdc.gov/mmwrR/preview/mmwrhtml/mm5451-Immunization1.htm>.

### UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD JANUARY-FEBRUARY 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	2	1	1	1	1	0	0	0	0	4	4
Cryptosporidiosis	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Giardiasis	0	0	3	3	1	1	1	1	0	0	1	1	6	6
Salmonellosis	1	1	0	0	0	0	0	0	2	2	0	0	3	3
Meningitis - Aseptic	0	0	1	1	0	0	0	0	1	1	0	0	2	2
Streptococcus pneumoniae, Inv	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Blastomycosis	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Flu Like Disease	132	132	474	474	1402	1402	294	294	47	47	538	538	2887	2887
Histoplasmosis	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Influenza	6	6	0	0	0	0	6	6	0	0	4	4	16	16
Kawasaki	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Staphylococcus Aureus Infect.	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Chlamydia (Genital)	11	11	8	8	4	4	3	3	20	20	12	12	58	58
Gonorrhea	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Chickenpox (Varicella)	0	0	2	2	1	1	1	1	0	0	0	0	4	4
Mumps	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Pertussis	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Hepatitis A	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Hepatitis B, Chronic	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Hepatitis C, Acute	2	2	0	0	0	0	0	0	1	1	4	4	7	7
Hepatitis C, Chronic	13	13	5	5	4	4	2	2	5	5	2	2	31	31
Hepatitis C, Unknown	0	0	0	0	2	2	0	0	0	0	2	2	4	4