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DIABETES FACT PAGES

The Diabetes in Michigan Fact Pages have been updated and are now available online at www.michigan.gov/diabetes. These Fact Pages provide updated data on Diabetes in Michigan (MI), including prevalence, mortality, hospital discharge, and lower limb amputation statistics for the state, by Diabetes Outreach Network and by county, where available.

According to the MI Behavior Risk Factor Surveillance Survey (BRFS) conducted in 2005, the estimated prevalence of diabetes among MI adults is 7.9% (range: 7.4% to 8.4%), thus approximately 593,000 adults in MI have now been diagnosed with diabetes. In MI, diabetes prevalence is significantly highest among Blacks with an estimated prevalence of 11.0% [range: 9.2% to 13.1%] as compared to Whites and Other Races.

In 2004, diabetes was the 6th leading cause of death among MI residents. Specifically, diabetes was the leading cause of death for 2,954 residents in MI (3.5% of all deaths) and listed as a contributory cause of death for another 5,462 residents in 2004. There were 235,837 diabetes-related hospital discharges among MI residents; of these, 17,346 (or 7.4%) had a leading diagnosis of diabetes in 2004. Furthermore, some form of non-traumatic lower limb amputation occurred among 2,706 of these diabetes-related discharges in 2004.

Please visit www.michigan.gov/diabetes for your copy of the latest Diabetes Fact Pages and contact ElredaD@michigan.gov if you any further diabetes-related data questions.

NATIONAL IMMUNIZATION SURVEY (NIS) DATA

Michigan continues to climb the charts in the NIS for immunization levels of children ages 19 – 35 months! The NIS is sponsored quarterly by the National Center for Immunization and Respiratory Diseases (NCIRD) (formerly NIP) and conducted by the National Center for Health Statistics (NCHS) by the Centers for Disease Control and Prevention (CDC). The intent is to assess the vaccination coverage level among children 19 through 35 months of age. NIS utilizes a random digit dial survey to collect immunization information from households with eligible children. Immunization data are also requested from vaccination providers with consent of parents. Vaccination information from doctors and clinics tends to be the most up-to-date and comprehensive; therefore the quality of the study's results is improved by combining the information given by households with that given by medical providers.

Results for the NIS conducted from January through December of 2005 showed that the 4-3-1-3-3-1 vaccination coverage level (four or more doses of diphtheria-tetanus-pertussis vaccine, three or more doses of poliovirus vaccine, one or more doses of any measles-containing vaccine, three or more doses of *haemophilus influenzae* type b vaccine, three or more doses of hepatitis B, and one or more doses of varicella vaccine) for children aged 19 through 35 months in the state of Michigan was 80.6 percent ($\pm 5\%$). Children participating in this study were born from February 2002 through June 2003.

This is great news considering how far Michigan has come in protecting children from vaccine preventable diseases. In 1994, Michigan ranked last in the NIS at 61 percent. In just the last year, the state has increased 1½ percent and Detroit (which is measured as an urban area) went up 4.9 percent. Michigan is now the 9th highest ranked in the country for immunization rates when assessing 4-3-1-3-3-1. Thanks and good job to all who help increase our numbers and immunize our children!

ELECTRONIC PREVENTIVE SERVICES SELECTOR TOOL

HHS Secretary Michael Leavitt recently announced the launch of a new electronic preventive services selector (ePSS) tool. This interactive program, downloadable to a PDA or desktop computer, allows physicians to obtain the latest recommendations from the US Preventive Services Task Force (USPSTF). The tool will enable primary care clinicians to have the electronic capability of accessing tailored preventive health recommendations for their patients at the point of care.

The ePSS contains over 110 recommendations related to specific populations addressing 59 distinct preventive medicine topics. Physicians can input patient-specific information, such as age, gender, and behavioral risk factors, into the program; the ePSS then cross-references the patient data against the USPSTF guidelines to generate an individualized recommendation for the patient. Recommendations encompass a wide range of preventive services, including screening tests, counseling options, and preventive medications.

The ePSS is easy to navigate and compatible with Palm- and Windows-based operating systems. The desktop version allows providers to print tailored health reports to share with patients. The new tool can be viewed and downloaded from the AHRQ website at www.ePSS.ahrq.gov. For more information, visit <http://www.ahrq.gov/news/press/pr2006/eppspr.htm>.

CDC's ADVISORY COMMITTEE RECOMMENDS "SHINGLES" VACCINATION

CDC's Advisory Committee on Immunization Practices (ACIP), a federal panel of immunization experts, has recommended people age 60 and older receive a new vaccine to prevent herpes zoster, or shingles, a condition that often leads to debilitating chronic pain.

The ACIP voted Wednesday, October 25, 2006, to recommend a newly licensed zoster vaccine, Zostavax manufactured by Merck, to protect against shingles be given to all people age 60 and older, including those who have had a previous episode of shingles.

"Vaccines aren't just for kids anymore – and this vaccine represents an important medical breakthrough aimed at improving health in older people," said Dr. Anne Schuchat, Assistant Surgeon General and director of CDC's National Center for Immunizations and Respiratory Diseases. "These vaccine recommendations address a health problem for people age 60 and older. It has been tested and has been found to be safe and effective in providing protection against shingles and associated chronic pain."

Zostavax, the only zoster vaccine on the market, was studied in approximately 38,000 individuals throughout the United States who were age 60 years and older. Half received the vaccine and half received a placebo. Study participants were followed for an average of three years to see if they developed shingles and, if they did, how long the pain lasted. Zostavax reduced the occurrence of shingles by about 50 percent and post herpetic neuralgia (pain persisting after an episode of shingles) by 67 percent.

While the ability for the vaccine to prevent shingles declined with age, the risk of chronic pain among those older vaccinated persons who still developed shingles was lowered. The most common reported side effects in vaccine recipients were mild, such as reactions at the injection site and headache.

About 25% of people develop zoster during their lifetime, and there are about one million cases of shingles per year. The risk is highest in the elderly, and it increases with age starting at around 50 years. Shingles often causes chronic pain, and the risk of suffering chronic pain increases with age, starting at 60 years. Shingles is much less contagious than chickenpox.

The ACIP, consisting of 15 members appointed by the Secretary of the Department of Health and Human Services (HHS), advises the director of CDC and Secretary of HHS on control of vaccine-preventable disease and vaccine usage. Recommendations of the ACIP become CDC policy when they are accepted by the director of CDC and are published in CDC's Morbidity and Mortality Weekly Report (MMWR).

NATIONAL INFLUENZA VACCINATION WEEK (NOVEMBER 27 – DECEMBER 3, 2006)

Each year in the United States, approximately 5%--20% of the population is infected with influenza virus, an estimated 200,000 persons are hospitalized from influenza complications, and an estimated 36,000 persons die from influenza. Influenza vaccination is the best way to prevent influenza and its severe complications. Anyone who wants to reduce their risk for acquiring influenza should be vaccinated each influenza season. However, annual influenza vaccination is recommended for the following groups (1).

- persons at high risk for influenza-related complications and severe disease, including:
 - children aged 6--59 months,
 - pregnant women,
 - persons aged ≥ 50 years,
 - persons of any age with certain chronic medical conditions; and

- persons who live with or care for persons at high risk, including:
 - household contacts who have frequent contact with persons at high risk and who can transmit influenza to those persons at high risk, and
 - health-care workers.

Although influenza vaccination is recommended before or early in the influenza season, persons who are not vaccinated early (particularly those in the recommended groups) should seek vaccination as soon as possible throughout the fall and winter months; influenza viruses can circulate anytime during November--April.

To help raise awareness regarding the importance of influenza vaccination throughout the influenza season, the Department of Health and Human Services, CDC, the National Influenza Vaccine Summit, and other partners have designated November 27--December 3 as National Influenza Vaccination Week. Because of phased vaccine distribution this year, many health-care providers did not receive their full orders of vaccine as early in the influenza vaccination season as they would have preferred; the timing of distribution this season underscores the importance of raising awareness of the benefits of vaccination in November, December, and beyond. CDC encourages state and local health departments, public health partners, and health-care providers to plan vaccination clinics and other activities to promote influenza vaccination. Free materials, including posters and educational flyers, are available at <http://www.cdc.gov/flu/gallery>.

UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD SEPTEMBER-OCTOBER 2006 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
Amebiasis	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Campylobacter	0	1	2	8	1	7	1	2	4	7	1	9	9	34
Cryptosporidiosis	0	4	0	4	0	2	0	0	1	2	0	0	1	12
Giardiasis	0	2	2	9	1	1	1	4	0	2	2	9	6	27
Listeriosis	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Salmonellosis	3	17	2	8	1	2	3	9	0	4	0	9	9	49
Shigellosis	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Yersinia enteritis	0	0	0	0	0	0	0	0	0	2	0	0	0	2
Meningitis - Aseptic	0	0	2	4	2	3	0	1	2	3	0	0	6	11
Meningitis - Bacterial Other	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Streptococcus pneumoniae, Inv	0	0	0	0	0	1	0	0	0	1	0	0	0	2
Blastomycosis	0	2	1	2	0	0	0	0	0	1	0	3	1	8
Coccidioidomycosis	0	0	0	0	0	0	0	0	0	2	0	0	0	2
Encephalitis, Primary	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Flu Like Disease	153	459	114	874	72	2436	12	1013	0	65	247	1827	598	6674
Kawasaki	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Legionellosis	0	0	0	0	0	0	0	0	0	0	1	2	1	2
Staphylococcus Aureus Infect.	0	6	0	0	0	0	0	1	0	0	0	0	0	7
Streptococcal Dis, Inv, Grp A	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Trachoma	1	1	1	1	0	0	0	0	0	0	0	0	2	2
Chlamydia (Genital)	4	37	8	65	9	26	9	29	15	85	9	47	54	289
Gonorrhea	1	9	0	8	0	5	0	0	1	5	0	1	2	28
Syphilis - Latent of Unk Duration	0	0	0	1	0	0	0	1	0	1	0	0	0	3
Tuberculosis	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Chickenpox (Varicella)	1	30	1	25	2	13	0	2	11	35	1	22	16	127
H. influenzae Disease - Inv.	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Measles	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Mumps	0	0	1	3	0	0	0	1	0	1	0	1	1	6
Pertussis	0	0	0	0	0	0	0	1	0	6	0	12	0	19
Ehrlichiosis, human monocytic	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Lyme Disease	0	0	1	14	0	0	0	0	0	0	0	2	1	16
Hepatitis A	0	1	0	1	0	1	0	0	0	0	0	0	0	3
Hepatitis B, Chronic	2	3	0	1	0	0	0	0	0	4	0	1	2	9
Hepatitis C, Acute	3	10	1	4	0	2	0	1	0	0	2	13	6	30
Hepatitis C, Chronic	9	43	2	16	2	15	1	14	4	16	0	7	18	111
Hepatitis C, Unknown	1	7	1	10	5	12	1	2	0	0	1	10	9	41