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RABIES POST-EXPOSURE PROPHYLAXIS

Rabies is a viral disease of the central nervous system typically transmitted through the bite of a rabid animal. While there is no treatment for the nearly always fatal disease, human rabies is preventable through proper wound care and timely, appropriate post-exposure prophylaxis (PEP). There have been no reports in the U.S. of a person developing rabies when PEP was given promptly and appropriately after an exposure and before clinical signs appeared.

The Michigan Department of Community Health (MDCH) Bureau of Epidemiology has recently learned of three instances in which rabies vaccine for post-exposure prophylaxis (PEP) was administered inappropriately.

In the first instance, two children awoke to find a bat in their bedroom. Subsequent testing of the animal's brain at the MDCH laboratory indicated it was positive for rabies. Post-exposure rabies vaccine was given subcutaneously in the abdomen rather than intramuscularly (IM) in the deltoid. This necessitated repeating the 5-dose vaccine protocol for both children.

In the second instance, a man was bitten by a dog which was unavailable later for observation and/or rabies testing. The man received post-exposure vaccine inappropriately in the gluteal area, rather than IM in the deltoid. Subsequent serologic testing revealed an absent neutralizing antibody titer. A second course of the five vaccine series was advised.

In the third instance, several children played with a bat they found outdoors. One child was bitten and the animal subsequently tested positive for rabies; PEP was recommended for all the children. At two different facilities, rabies vaccine was administered appropriately but human rabies immune globulin (RIG) was not given. The children were advised to return to the hospital for administration of RIG.

The combination of RIG and rabies vaccine is recommended for both bite and non-bite exposures. PEP includes the administration of human rabies immune globulin (RIG) and a series of five vaccinations given intramuscularly in the deltoid area (or anterior lateral thigh of a child) on day 0, 3, 7, 14, and 28. All U.S. licensed rabies vaccines should be administered by the intramuscular (IM) route ONLY. Please note that the intradermal (ID) formulation is no longer available in the U.S. For previously vaccinated persons, an abbreviated schedule may be given with no RIG and 2 vaccines on day 0 and 3. All doses that are given should be entered into the Michigan Care Improvement Registry (MCIR).

Make sure that you are protecting your patients from rabies. Review "Human Rabies Prevention – United States, 1999 Recommendations of the Advisory Committee on Immunization Practices (ACIP)" and receive a free update on appropriate vaccine administration from the Immunization Nurse Educator at your local health department or contact lockwoodc@michigan.gov. For more information on rabies, including surveillance data, visit www.michigan.gov/rabies or www.cdc.gov and pick "rabies" in the topic list. A Vaccine Information Statement (VIS) for rabies, version date 1/12/06, is posted at (http://www.michigan.gov/documents/14Rabies_153590_7.pdf).

THE MICHIGAN VOLUNTEER REGISTRY

The MI Volunteer Registry is an Internet-based system enabling healthcare personnel and citizens to pre-register to volunteer their assistance during an emergency. The registry assembles volunteers based on verification of their identity, credentials, and qualifications. Those interested in volunteering can securely enter their contact information on the website. During an emergency, volunteer information will be gathered and appropriate volunteers contacted by authorized personnel. Physicians, nurses, behavioral health, emergency medical services personnel, ancillary support staff and all other individuals interested in assisting are encouraged to register. There are roughly 700 volunteers registered from the state of Michigan and border state counties.

The Registry has recently completed its first upgrade to improve its look and usefulness. Many additional fields have been added that will help to ensure a strong response in the event of an emergency. Registered volunteers are encouraged to visit the new site and review their individual profile information. Please also remember to log-in and view the various training and exercise opportunities that may be posted from time to time on the volunteer group homepages.

To register go to www.mivolunteerregistry.org. You may also visit the MDCH, Office of Public Health Preparedness Website at www.michigan.gov/ophp for more information. Additional help is available by contacting help-mivolunteerregistry@michigan.gov or 866-636-6324.

ROTAVIRUS VACCINE AND VACCINES FOR CHILDREN (VFC) PROGRAM

The provisional ACIP recommendations for rotavirus vaccine were posted on the CDC website in May. These recommendations are under review by the director of the Centers for Disease Control and Prevention (CDC) and the Department of Health and Human Services and will be official when published in the CDC's Morbidity and Mortality Weekly Report. To access the provisional rotavirus vaccine recommendations for infants, go to:

http://www.cdc.gov/nip/recs/provisional_rec/rotavirus-child.pdf.

The MDCH VFC program recently added the rotavirus vaccine. RotaTeq® (RV) is a live oral pentavalent vaccine manufactured by Merck. Recommendations are for all VFC eligible infants aged 6 weeks to 32 weeks to receive three rotavirus vaccines. This vaccine is routinely given orally, at 2, 4, 6 months of age, for a total of 3 doses. The 1st dose MUST be given between ages 6-12 weeks. If the series is not started between the ages of 6 weeks and 12 weeks, the vaccine should not be administered. There is no safety data to support starting outside of this range. The minimum interval between doses is 4-10 weeks. DO NOT give any doses after 32 weeks of age.

Premature infants (those born at less than 37 weeks) can be immunized if they are at least 6 weeks of age, are being or have been discharged from the hospital nursery and are clinically stable. Do not repeat regurgitated/spit-up doses. Mothers may breast-feed or give food/fluids before or after vaccine. Infants living in households with pregnant women can be vaccinated. The empty tube and cap must be discarded in approved biological waste containers after the vaccine has been administered. This vaccine may be given with other recommended vaccines. Instructions on how to administer the vaccine are included in the package insert. The safety and efficacy of RotaTeq® have not been established in infants less than 6 weeks of age or greater than 32 weeks of age. All VFC providers may administer pentavalent rotavirus vaccine (RV) to VFC eligible infants. Local health departments began placing orders with MDCH for the vaccine in July. The interim VIS for the rotavirus vaccine can be downloaded from the MDCH website at: www.michigan.gov/immunize.

Tdap VACCINE INFORMATION STATEMENT (VIS) IS UPDATED

An updated interim VIS for Tdap (tetanus, diphtheria, cellular pertussis) vaccine was recently published. Dated 5/31/06, the newly revised interim VIS now contains information for adults getting the vaccine, as well as for adolescents. A final VIS will be developed after ACIP issues its final recommendations and MMWR publishes them.

The 5/31/06 interim VIS is currently available in English only. When the foreign language VIS is not the most current version, the current English version of that VIS should also be given to the vaccine recipients or their parents. To access the 5/31/06 interim VIS from the MDCH website, go to: www.michigan.gov/immunize.

RECENT CHANGES TO MICHIGAN'S COMMUNICABLE DISEASE RULES

In the Mortality and Morbidity Weekly Review (MMWR), February 8, 2002, "General Recommendations on Immunization" the Advisory Committee on Immunization Practices (ACIP) recommends that vaccine doses given up to 4 days before the minimum interval or age be counted as valid. This 4 day grace period does not apply to doses of rabies vaccine or the interval between two different live vaccines (e.g., MMR, varicella, or rotavirus vaccines).

On May 26, 2006, revisions to Michigan's Communicable Disease Rules reflecting this change took effect. Rule 325.176 Rule 6 No. 10 states "A 4-day grace leniency is allowed on the minimum ages and intervals for each vaccine." This change will provide needed flexibility in determining the adequacy of immunizations in school children.

Vaccination providers are encouraged to adhere as closely as possible to the recommended childhood immunization schedule. Clinical studies have reported that recommended ages and intervals between doses of multi-dose antigens provide optimal protection/efficacy.

1. The 4-day grace period should not be considered when scheduling doses of vaccine. But if a dose of vaccine is inadvertently administered up to 4 days earlier than the appropriate age or interval, it needn't be repeated.
2. Remember, it's better to put more rather than less space between doses. Therefore, when scheduling appointments, the recommended interval should be your first choice. Use the catch-up schedule or the accelerated schedule for children who lag behind or missed their recommended appointments.

Successful strategies offices have used to ensure vaccines are appropriately spaced include:

1. Instruct office staff to schedule well child visits after the child reaches the recommended ages (e.g. 2, 4, 6 months, 1 year and 4 years of age)
2. Ensure all immunizations, including those documented on the parent's record (the green card) and those on the vaccine administration record in the patient's chart are included in the child's Michigan Care Improvement Registry (MCIR) record.
3. MCIR can determine both the immunization status and when vaccines can be given to your patients. Look up children in MCIR prior to administering vaccines.
4. Keep everyone on the same page. Free immunization education programs are available for medical office staff in this state. Conducted in medical offices at a conveniently scheduled time, programs include information on childhood, adolescent or adult vaccines as well as vaccine administration or vaccine management. Nursing contact hours and CMEs are available. Contact Carlene Lockwood by email at lockwoodc@michigan.gov or by phone (517) 335-9070 to arrange an education session.

**UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD
MAY-JUNE 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
Campylobacter	1	1	1	4	0	3	0	0	0	1	3	4	5	13
Cryptosporidiosis	0	3	1	2	0	2	0	0	1	1	0	0	2	8
Giardiasis	1	2	3	6	0	0	0	2	1	1	3	5	8	16
Salmonellosis	2	8	1	6	0	1	0	7	0	2	4	9	7	33
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	1	1	0	0	1	1
Meningitis - Aseptic	0	0	1	1	0	1	1	1	0	1	0	0	2	4
Streptococcus pneumoniae, Inv	0	0	0	0	0	1	0	0	1	1	0	0	1	2
Blastomycosis	0	1	0	1	0	0	0	0	0	0	0	2	0	4
Coccidioidomycosis	0	0	0	0	0	0	0	0	0	2	0	0	0	2
Flu Like Disease	21	306	198	760	393	2364	110	1000	2	65	288	1580	1012	6075
Kawasaki	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Legionellosis	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Staphylococcus Aureus Infect.	1	6	0	0	0	0	1	1	0	0	0	0	2	7
Streptococcal Dis, Inv, Grp A	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Chlamydia (Genital)	10	25	12	42	6	13	1	14	18	53	11	29	58	176
Gonorrhea	3	4	1	6	0	4	0	0	1	2	0	1	5	17
Syphilis - Latent of Unknown Duration	0	0	1	1	0	0	1	1	0	1	0	0	2	3
Tuberculosis	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Chickenpox (Varicella)	3	29	12	24	1	11	1	1	3	24	0	21	20	110
H. influenzae Disease - Inv.	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Mumps	0	0	1	2	0	0	1	1	0	1	0	1	2	5
Pertussis	0	0	0	0	0	0	0	0	0	1	0	11	0	12
Lyme Disease	0	1	4	4	0	1	0	0	0	0	2	2	6	8
Hepatitis A	0	1	0	1	1	1	0	0	0	0	0	0	1	3
Hepatitis B, Chronic	0	0	1	1	0	0	0	0	1	3	1	1	3	5
Hepatitis C, Acute	2	6	1	2	1	1	2	2	0	0	8	11	14	22
Hepatitis C, Chronic	8	28	3	10	5	7	2	8	0	6	5	6	23	65
Hepatitis C, Unknown	2	5	2	9	2	8	0	0	0	0	4	4	10	26