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HEPATITIS A VACCINE IN VFC PROGRAM

The Michigan Department of Community Health (MDCH) recently expanded the Vaccines for Children program's hepatitis A vaccine eligibility requirements to include all VFC eligible children with the birth date of January 01, 2004 or later. This will allow the VFC program to provide coverage not only for children in the 12-23 months target group, but also allow for slightly expanded coverage. The recommendations are that all children, including those who are VFC eligible, should receive a hepatitis A vaccine at one year of age, and a 2nd dose with a minimum of 6 months after the first dose.

VFC-eligible children (Medicaid, uninsured, American Indian/Alaskan Native or underinsured) 2-18 years of age or born on or after January 1, 2004* can receive hepatitis A vaccine at a LHD, FQHC, RHC or Migrant Health Center if they meet at least one of the following criteria:

1. A person who received first dose of hepatitis A vaccine in another state or received first dose for travel and is due for the second dose,
2. Are traveling to a country that has a high or intermediate endemicity of hepatitis A infection,
3. Are sexually active homosexual or bisexual adolescents,
4. Have acute or chronic liver disease,

5. Are injecting drug users,
6. Have clotting factor disorders, or
7. Are household and/or sexual contacts of hepatitis A virus-infected persons.

Note: Hepatitis A vaccine is also available for hemophiliac patients through the Hemophilia Foundation of Michigan.

*Catch-up vaccination of unvaccinated children 2-18 years may be considered due to rising incidence or ongoing outbreaks as determined by health officials.

The revised VIS for hepatitis A can be downloaded from the MDCH website at: www.michigan.gov/immunize.

INFLUENZA WEBSITES (SEASONAL, AVIAN, PANDEMIC)

A federal website (www.pandemicflu.gov) presents all updated federal avian and pandemic information in one consolidated location. The site, managed by HHS, features links to international and state and local government websites. In addition to information for the general public and health care providers, the site provides planning checklists for the following:

- State and local government;
- Business;
- Individuals and families;
- Schools;
- Health care providers; and
- Community organizations, including faith-based organizations

The MDCH influenza web page has been expanded and reorganized for easier navigation. New and updated information targeted to specific groups on seasonal influenza, avian influenza, and pandemic influenza is available. Please visit the new page at www.michigan.gov/flu.

MICHIGAN INFANT SAFE SLEEP CAMPAIGN

The number of infant deaths in Michigan for 2004 was the lowest on record, decreasing from 1,112 in 2003 to 984 in 2004. The 2004 overall rate of infant deaths per 1000 live births was 7.6, the first significant drop in a decade. While a little over half of the infant deaths (57%) are due to perinatal conditions such as prematurity and low birth weight, postneonatal deaths, or deaths to otherwise healthy babies after 28 days of life contribute significantly to the overall infant death rate in the State. In 2004, 6% of the infant deaths were due to suffocation or asphyxia, and 5% were due to SIDS. The first year where the trend reversed (rate of suffocation overtaking SIDS rate) was 2003. Overall, the rate of babies dying of SIDS in Michigan has decreased 78% from 1990 – 2003, while the rate of babies dying of suffocation has more than doubled from 1990 – 2003. Improvement in the number and quality of death scene investigations, in-home interviews with caregivers, and data collecting activities are providing better information about these infant deaths. Many infant deaths that would have been called SIDS a decade ago are now being correctly attributed to unsafe sleeping conditions. With the realization that prevention of sleep-related deaths has a huge potential to lower the overall infant mortality rate, the Michigan Department of Community Health responded.

In the summer of 2004, a broadly representative group was convened to develop a statewide, consistent, comprehensive message and strategy to inform professionals, families, and caregivers about unsafe sleep practices for infants. A final report from this task force was submitted to the Governor's Children's Cabinet in March of 2005, and endorsed by all four Michigan Departments: Community Health, Human Services, Education, and Labor and Economic Growth. Michigan was one of the first states to establish Infant Safe Sleep recommendations, several months ahead of the American Academy of Pediatrics which published new Safe Sleep guidelines in October 2005. Specific recommendations for Safe Sleep environment means:

- Babies should always sleep by themselves in a crib, portable crib or bassinet.
- Babies are not safe sleeping with other children, adults or pets.
- Always put baby to sleep on his or her back.
- Put nothing in the sleep area with the baby – no pillows, blankets, comforters, stuffed animals, or other soft objects.
- Keep baby's face uncovered during sleep for easy breathing.
- Use a sleeper instead of a blanket if possible.
- Do not allow anyone to smoke anything around the baby.
- Be sure not to overheat the baby. Dress the baby in as much or as little clothing as you are wearing for the outside temperature.
- Use a firm mattress in the crib with a tightly fitted sheet.

To get this message out uniformly across the state, the Michigan Department of Community Health allocated \$250,000 of 2005 Healthy Michigan Funds for an Infant Safe Sleep Campaign, channeling the funds through Tomorrow's Child/Michigan SIDS. The campaign is targeting Hospitals, Health Plans, and Childcare, and also includes Focus Groups to be conducted in communities with high disparity in infant mortality. The focus groups will aid in identifying and understanding barriers to the Infant Safe Sleep message.

Michigan's major health, business and human service associations are being asked to participate in a meeting at the end of May to discuss public/private collaboration in support of the Michigan Infant Safe Sleep Campaign. Janet Olszewski, Director, Michigan Department of Community Health and Marianne Udow, Director, Michigan Department of Human Services agreed to co-chair the event held on May 25, 2006. The invitational meeting convened leaders to get their commitment on specific activities to advance infant Safe Sleep.

In their March 2006 public report on the Safe Sleep Campaign, Tomorrow's Child reports that last year alone, over 380,000 Safe Sleep brochures were distributed. Other resources available to communities interested in local Safe Sleep campaigns include:

- Brochures – English, Spanish, Arabic
- Posters – English, Spanish
- DVD or Video
- Doorknob hangers
- Training and technical assistance
- Powerpoint presentation
- Fact sheets
- Community Toolkit for Safe Sleep (*New)

To order materials or request technical assistance, inquiries may be directed to www.tomorrowschildmi.org, or call 1-800-331-7437.

ROTAVIRUS VACCINE INFORMATION STATEMENT (VIS) NOW AVAILABLE

A new rotavirus vaccine (RotaTeq®) from Merck was approved by the FDA on February 3, 2006. An interim vaccine information statement (VIS), dated 4/12/06, is available on the MDCH website at www.michigan.gov/immunize. A final VIS will be available after the ACIP recommendations have been published and the new VIS has been developed according to legally-mandated procedures, probably later in 2006.

In Michigan, it is important that vaccine recipients, their parents, or their legal representatives be given the Michigan version of VISs because they include information about the Michigan Childhood Immunization Registry (MCIR). By state law, parents must be informed about MCIR. Vaccine Information Statements that are obtained from other sources (e.g., from the CDC or IAC websites) do not contain information about MCIR.

If you have any questions regarding the vaccine information statements, please contact the U.P. Immunization Field Representative (Carol Romback) at 906-315-2623 or e-mail at rombackc@michigan.gov.

MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR)

The *Morbidity and Mortality Weekly Report (MMWR)* Series is prepared weekly by the Centers for Disease Control and Prevention (CDC). If you are not already receiving this, you can start having the MMWR sent to you via email every Friday. To subscribe, go to: <http://www.cdc.gov/mmwr/mmwrsubscribe.html>.

UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD MARCH-APRIL 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	0	0	1	3	0	3	0	0	1	1	1	1	3	8
Cryptosporidiosis	1	3	1	1	0	2	0	0	0	0	0	0	2	6
Giardiasis	0	1	1	3	0	0	0	1	0	0	0	2	1	7
Salmonellosis	2	4	2	5	0	1	2	2	1	1	4	4	11	17
Shigellosis	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Meningitis - Aseptic	0	0	0	0	0	1	0	0	0	1	0	0	0	2
Streptococcus pneumoniae, Inv	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Blastomycosis	1	1	0	1	0	0	0	0	0	0	0	1	1	3
Coccidioidomycosis	0	0	0	0	0	0	0	0	2	2	0	0	2	2
Flu Like Disease	103	285	386	562	866	1971	341	890	48	63	837	1292	2581	5063
Staphylococcus Aureus Infect.	2	5	0	0	0	0	0	0	0	0	0	0	2	5
Streptococcal Dis, Inv, Grp A	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Chlamydia (Genital)	10	15	22	29	5	7	9	13	20	35	10	18	76	117
Gonorrhea	0	1	5	5	2	3	0	0	0	1	1	1	8	11
Chickenpox (Varicella)	16	26	11	12	2	10	0	0	8	21	6	21	43	90
Mumps	0	0	0	1	1	1	0	0	1	1	0	0	2	3
Pertussis	0	0	0	0	0	0	0	0	1	1	3	10	4	11
Lyme Disease	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Hepatitis A	0	1	0	1	0	0	0	0	0	0	0	0	0	2
Hepatitis B, Chronic	0	0	0	0	0	0	0	0	0	2	0	0	0	2
Hepatitis C, Acute	2	4	0	1	0	0	0	0	0	0	3	3	5	8
Hepatitis C, Chronic	15	20	3	7	0	1	2	6	2	6	0	1	22	41
Hepatitis C, Unknown	3	3	3	7	7	7	0	0	0	0	0	0	13	17