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### **WEB SITE HELPS PATIENTS PURSUE HEALTHY BEHAVIORS**

Research conducted at the Virginia Commonwealth University has found that referring patients to a well-designed Web site containing high-quality information on both lifestyle change and other health care topics offers a more complete and systematic alternative to the conventional practice of offering impromptu advice during a patient visit or distributing the handouts that happen to be in the office.

Under the study, six primary care practices (4 intervention and 2 control) encouraged adults with unhealthy behaviors to visit the "My Healthy Living" Web site, designed by the study's authors to supplement physician advice and facilitate behavior change. The Web site provides tools and resources to help patients assess their behavioral histories and their readiness to change and pursue healthy behaviors. While the study found the Web site to be an effective tool for assisting patients in making behavioral changes in some areas, it was not able to demonstrate whether use of the site contributed to improved health outcomes.

The study was funded by the Robert Wood Johnson Foundation through its Prescription for Health program. Results of the study appear in the March/April edition of the Annals of Family Medicine and can be accessed at <http://www.annfammed.org/cgi/content/full/4/2/148>.

## REPORTING OF ANTIMICROBIAL RESISTANT ORGANISMS IN MICHIGAN

As of December 31, 2005, MDCH's Antimicrobial Resistance Program concluded its voluntary surveillance of individual cases of Community-Associated Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA). This surveillance project helped to characterize CA-MRSA in Michigan. With the termination of this effort, health care providers no longer need to report individual cases of CA-MRSA. However, please note that **reporting outbreaks of MRSA continues to be mandatory in Michigan**. Therefore, all cases associated with an MRSA outbreak, whether it be Hospital-Associated MRSA or Community-Associated MRSA, should be reported through your local health department to MDCH. An outbreak in a facility or in a community is defined as 3 or more lab-confirmed cases that are epidemiologically linked, where transmission/spread is plausible. If isolates associated with the outbreak are saved, pulsed-field gel electrophoresis (PFGE) testing at the MDCH Houghton Lab can be requested through the MDCH Antimicrobial Resistance Epidemiologist to look for matching specimen patterns.

**Vancomycin-Intermediate/-Resistant *Staphylococcus aureus* (VISA/VRSA):** It is also mandatory to report all cases (suspect or confirmed) of VISA and VRSA. Therefore, any suspect or confirmed case of VISA or VRSA should be reported immediately through your local health department to MDCH. These cases should be reported via phone, as these reportable conditions are not yet identified on MDSS, and each follow-up is case specific. All isolates should be saved and forwarded to the MDCH Lansing Lab for further testing.

**Invasive *Streptococcus pneumoniae*:** All invasive cases (i.e. cultures taken from sterile sites) of *Streptococcus pneumoniae* are also reportable in Michigan. No isolates need to be saved or shipped at this time.

We realize that having to report antimicrobial resistant organisms requires valuable time and effort. We appreciate your continued recognition of antimicrobial resistance as an important issue.

### 2006 AIM PROVIDER TOOL KITS

The 2006 Alliance for Immunizations in Michigan (AIM) Kits are now available, free of charge, through the Michigan Department of Community Health (MDCH) Clearinghouse. Physician offices may obtain the kit through the online ordering system ([www.hpclearinghouse.org](http://www.hpclearinghouse.org)) or by calling the clearinghouse's toll-free number (1-888-76-SHOTS).

This nationally recognized immunization resource contains new and updated information for health care professionals who administer vaccines to their patients. This year's AIM Kit includes the Recommended Immunization Schedules for both children and adults for 2006, information on proper storage and handling of vaccines, documentation, patient and parent education materials, accurate resources and much more. The materials in this kit are organized into four separate folders: Child/Adolescent Immunization, Adult Immunization, Talking to Families, and Vaccine Storage & Resources.

Physicians and nurses can earn continuing education credits for reading the AIM Kit. Information about earning continuing education credits and CMEs is included in the Vaccine Storage and Resources section of the kit.

## PREVENTING TETANUS, DIPHTHERIA AND PERTUSSIS AMONG ADOLESCENTS

CDC published "Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" as an MMWR Early Release on February 23.

**Summary:** During spring 2005, two tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine (Tdap) products formulated for use in adolescents (and, for one product, use in adults) were licensed in the United States (BOOSTRIX®, GlaxoSmithKline Biologicals, Rixensart, Belgium [licensed May 3, 2005, for use in persons aged 10-18 years], and ADACEL™, sanofi pasteur, Toronto, Ontario, Canada [licensed June 10, 2005, for use in persons aged 11-64 years]). Prelicensure studies demonstrated safety and efficacy against tetanus, diphtheria, and pertussis when Tdap was administered as a single booster dose to adolescents.

To reduce pertussis morbidity in adolescents and maintain the standard of care for tetanus and diphtheria protection, ACIP recommends that:

- 1) adolescents aged 11-18 years should receive a single dose of Tdap instead of tetanus and diphtheria toxoids vaccine (Td) for booster immunization against tetanus, diphtheria, and pertussis if they have completed the recommended childhood diphtheria and tetanus toxoids and whole cell pertussis vaccine (DTP)/ diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP) vaccination series (five doses of pediatric DTP/DTaP before the seventh birthday; if the fourth dose was administered on or after the fourth birthday, the fifth dose is not needed) and have not received Td or Tdap. The preferred age for Tdap vaccination is 11-12 years;
- 2) adolescents aged 11-18 years who received Td, but not Tdap, are encouraged to receive a single dose of Tdap to provide protection against pertussis if they have completed the recommended childhood DTP/DTaP vaccination series. An interval of at least 5 years between Td and Tdap is encouraged to reduce the risk for local and systemic reactions after Tdap vaccination. However, an interval less than 5 years between Td and Tdap can be used; and
- 3) vaccine providers should administer Tdap and tetravalent meningococcal conjugate vaccine (Menactra®, sanofi pasteur, Swiftwater, Pennsylvania) to adolescents aged 11-18 years during the same visit if both vaccines are indicated and available.

The February 23 MMWR Early Release: 1) reviews tetanus, diphtheria and pertussis vaccination policy in the United States, with emphasis on adolescents; 2) describes the clinical features and epidemiology of pertussis among adolescents; 3) summarizes the immunogenicity, efficacy, and safety data of the two Tdap vaccines licensed for use among adolescents; and 4) presents recommendations for tetanus, diphtheria, and pertussis vaccination among adolescents aged 11-18 years.

The complete CDC article, "Preventing Tetanus, Diphtheria, and Pertussis Among Adolescents: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)" is posted online at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e223a1.htm>

## **ROUTINE MENINGOCOCCAL VACCINATION FOR 11 TO 12 YEAR OLD CHILDREN**

The Advisory Committee on Immunization Practices (ACIP) to the Centers for Disease Control and Prevention (CDC) recommends routine meningococcal vaccination for 11- to 12-year-old children, using the new conjugate vaccine (MCV4; Menactra) approved by the Food and Drug Administration (FDA) on Jan. 14. The new ACIP recommendation is available at: [http://www.cdc.gov/nip/vaccine/meningitis/mcv4/mcv4\\_acip.htm](http://www.cdc.gov/nip/vaccine/meningitis/mcv4/mcv4_acip.htm).

"Disease caused by meningococcal bacteria kills about 300 people each year in the United States," Stephen Cochi, MD, acting director of the National Immunization Program at CDC, says in a news release. "We are encouraged that today's ACIP recommendation will help to prevent this potentially deadly disease among adolescents."

Within three years, the ACIP's goal is routine vaccination with MCV4 of all adolescents at the routine preventive preadolescent visit (age, 11 to 12 years). The MCV4 conjugate vaccine is designed to provide coverage for meningococcal groups A, C, Y, and W-135. However, the ACIP recognizes that vaccine supply may be a limiting factor in the first few years after licensure of MCV4.

For teenagers who have not previously received MCV4, the ACIP recommends vaccination before high school entry, at around 15 years of age, to reduce the incidence of meningococcal disease in adolescence and young adulthood. Other adolescents hoping to decrease their risk of meningococcal disease may also elect to be vaccinated.

Compared with others of the same age, college freshmen living in dormitories are at increased risk for meningococcal disease. However, it may be difficult to target only college freshmen in dormitories, and the ACIP therefore suggests that colleges direct their vaccination campaigns to all matriculating freshmen.

Although the risk for meningococcal disease among non-freshmen college students aged 18 to 24 years is similar to that for the general population of similar age, the vaccines are safe and immunogenic and, therefore, can be provided to all college students who want to reduce their risk for meningococcal disease.

Annual incidence of meningococcal disease in the U.S. is 1,400 to 2,800 cases, leading to death in 10% to 14% and permanent disabilities in 11% to 19% of survivors. The MCV4 vaccine is highly effective, but not against type B meningococcus, accounting for one third of meningococcal cases overall and for more than half of the cases in infants younger than one year.

Menactra is made by Sanofi Pasteur and was approved by the FDA for use in people aged 11 to 55 years.

## **UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD**

## JANUARY-FEBRUARY 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	2	2	3	3	0	0	0	0	0	0	5	5
Cryptosporidiosis	2	2	0	0	2	2	0	0	0	0	0	0	4	4
Giardiasis	1	1	2	2	0	0	0	0	0	0	2	2	5	5
Salmonellosis	3	3	3	3	1	1	0	0	0	0	0	0	7	7
Meningitis - Aseptic	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Blastomycosis	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Flu Like Disease	182	182	176	176	1105	1105	549	549	15	15	455	455	2482	2482
Staphylococcus Aureus Infect.	3	3	0	0	0	0	0	0	0	0	0	0	3	3
Chlamydia (Genital)	5	5	7	7	2	2	4	4	15	15	8	8	41	41
Gonorrhea	1	1	0	0	1	1	0	0	1	1	0	0	3	3
Syphilis - Latent of Unknown Duration	1	1	0	0	0	0	0	0	1	1	0	0	2	2
Chickenpox (Varicella)	10	10	1	1	8	8	0	0	13	13	15	15	47	47
Pertussis	0	0	0	0	0	0	0	0	0	0	7	7	7	7
Lyme Disease	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Hepatitis A	1	1	1	1	0	0	0	0	0	0	0	0	2	2
Hepatitis B, Chronic	0	0	0	0	0	0	0	0	2	2	0	0	2	2
Hepatitis C, Acute	2	2	0	0	0	0	0	0	0	0	0	0	2	2
Hepatitis C, Chronic	5	5	4	4	1	1	4	4	4	4	1	1	19	19
Hepatitis C, Unknown	0	0	5	5	0	0	0	0	0	0	0	0	5	5