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### MI VOLUNTEER REGISTRY

The Office of Public Health Preparedness has officially launched the MI Volunteer Registry. The on-line system is currently taking names and information from willing volunteers prepared to assist in the case of a natural or public health emergency.

Individuals interested in volunteering can indicate their interests and contact information in a secure, electronic environment. Information will then be queried and appropriate volunteers contacted by authorized personnel via e-mail or text pager. Doctors, nurses, pharmacists, behavioral health, emergency medical services personnel, ancillary support staff, and other individuals interested in helping are encouraged to register. Volunteers will also have access to topical information regarding specific events, exercises and drills, or general knowledge and training.

To register go to [www.mivolunteerregistry.org](http://www.mivolunteerregistry.org). You may also visit the OPHP Website at [www.michigan.gov/ophp](http://www.michigan.gov/ophp) for more information. Additional help is available by contacting [help-mivolunteerregistry@michigan.gov](mailto:help-mivolunteerregistry@michigan.gov) or 866-636-6324.

## NEW CHILDHOOD & ADOLESCENT IMMUNIZATION SCHEDULE

The 2006 Recommended Childhood and Adolescent Immunization Schedule was published in the January 6 Morbidity and Mortality Weekly Report (MMWR).

To access a web-text (HTML) version of the complete MMWR article, go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5451-Immunizationa1.htm>

To access a ready-to-print (PDF) version of the MMWR QuickGuide, go to: <http://www.cdc.gov/mmwr/pdf/wk/mm5451-Immunization.pdf>

The changes to the schedule for the birth dose of hepatitis B are as follows:

The importance of the hepatitis B vaccine birth dose has been emphasized. Vaccination of infants born to hepatitis B surface antigen (HBsAg)-negative mothers can be delayed in rare circumstances, but only if a physician's order to withhold the vaccine and a copy of the mother's original HBsAg-negative laboratory report are documented in the infant's medical record. Administering four doses of hep B vaccine is permissible (e.g., when combination vaccines are administered after the birth dose); however, if monovalent hep B vaccine is used, a dose at age 4 months is not needed. For infants born to HBsAg-positive mothers, testing for HBsAg and hepatitis B surface antibody (anti-HBs)\* after completion of the vaccine series should be conducted at age 9-18 months (generally at the next well-child visit after completion of the vaccine series).

\*The lab result was modified from antibody to HBsAg to hepatitis B surface antibody (anti-HBs) to help eliminate confusion.

The new immunization schedule is also posted on the CDC National Immunization Program website at: <http://www.cdc.gov/nip/recs/child-schedule.htm>

## REPORTING OF INFLUENZA-ASSOCIATED PEDIATRIC DEATHS

The Centers for Disease Control and Prevention (CDC) has asked all states to continue to collect information on any pediatric death associated with influenza infection for the 2005 – 2006 influenza season. Last season 39 pediatric deaths were reported to CDC from 17 states, three of which were from Michigan. In order to comply with this request, MDCH has asked local health departments in Michigan to work with local physicians and hospitals to identify and report pediatric deaths associated with influenza when they occur. The following guidelines for reporting have been provided:

### What to report:

- Death in a child less than 18 years of age resulting from a clinically compatible illness confirmed to be influenza by an appropriate laboratory or rapid diagnostic test. There should be no period of complete recovery between the illness and death.

OR

- Unexplained death with evidence of an infectious process in patients less than 18 years of age

**Information to Include:**

- Clinical summary with history of illness
- Laboratory results, including documentation of influenza virus infection
- Influenza vaccination status
- Autopsy report if available
- Travel history

Please call or fax information to the Dickinson-Iron District Health Department in Dickinson County: phone (906) 774-1868 fax: (906) 779-7232 or in Iron County: phone (906) 265-9913 fax (906) 265-4174. The Health Department will report the collected data directly to MDCH so that it can be forwarded to CDC through a specialized secure data network. The Michigan Disease Surveillance System (MDSS) is currently not part of this reporting mechanism. Thank you for your assistance in this active surveillance effort.

**PERTUSSIS TREATMENT AND POSTEXPOSURE PROPHYLAXIS GUIDELINES**

CDC has published updated recommendations broadening the spectrum of antibiotics available for treatment and prophylaxis of pertussis. Specifically, these CDC recommendations now include information on use of newer macrolide agents (azithromycin and clarithromycin) in addition to previously recommended antimicrobials such as erythromycin.

The complete recommendations were published December 9, 2005 in the Recommendations and Report series of the CDC Morbidity and Mortality Weekly Report (MMWR). To access a web-text (HTML) version of the guidelines, go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5414a1.htm>. To access a ready-to-print (PDF) version of them, go to: <http://www.cdc.gov/mmwr/PDF/rr/rr5414.pdf>. A summary of the recommendations is provided in the table below.

**TABLE 4. Recommended antimicrobial treatment and postexposure prophylaxis for pertussis, by age group**

Age group	Primary agents			Alternate agent*
	Azithromycin	Erythromycin	Clarithromycin	TMP-SMZ
<1 month	Recommended agent. 10 mg/kg per day in a single dose for 5 days (only limited safety data available.)	Not preferred. Erythromycin is associated with infantile hypertrophic pyloric stenosis. Use if azithromycin is unavailable; 40–50 mg/kg per day in 4 divided doses for 14 days	Not recommended (safety data unavailable)	Contraindicated for infants aged <2 months (risk for kernicterus)
1–5 months	10 mg/kg per day in a single dose for 5 days	40–50 mg/kg per day in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses for 7 days	Contraindicated at age <2 months. For infants aged ≥2 months, TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Infants (aged ≥6 months) and children	10 mg/kg in a single dose on day 1 then 5 mg/kg per day (maximum: 500 mg) on days 2–5	40–50 mg/kg per day (maximum: 2 g per day) in 4 divided doses for 14 days	15 mg/kg per day in 2 divided doses (maximum: 1 g per day) for 7 days	TMP 8 mg/kg per day, SMZ 40 mg/kg per day in 2 divided doses for 14 days
Adults	500 mg in a single dose on day 1 then 250 mg per day on days 2–5	2 g per day in 4 divided doses for 14 days	1 g per day in 2 divided doses for 7 days	TMP 320 mg per day, SMZ 1,600 mg per day in 2 divided doses for 14 days

\* Trimethoprim sulfamethoxazole (TMP–SMZ) can be used as an alternative agent to macrolides in patients aged ≥2 months who are allergic to macrolides, who cannot tolerate macrolides, or who are infected with a rare macrolide-resistant strain of *Bordetella pertussis*.

Source: Centers for Disease Control and Prevention. Recommended antimicrobial agents for the treatment and postexposure prophylaxis of pertussis: 2005 CDC guidelines. MMWR 2005;54(No. RR-14):1-13.

## INFLUENZA VACCINE EXCHANGE NETWORK (IVEN)

The influenza vaccine shortage of 2004-2005 was characterized by a maldistribution of vaccine in which vaccine was readily available to some facilities but completely absent from others. Although the U.S. Food and Drug Administration (FDA) authorized re-distribution to alleviate the problem, there was no centralized location where end-users of vaccine could communicate their needs or surplus. In response, Flu Advisory Board (FAB) members participated in creating the Influenza Vaccine Exchange Network (IVEN), an electronic bulletin board hosted on the Michigan Training-finder Real-time Affiliate Integrated Network (MI-TRAIN). IVEN became available for use on October 11, 2005. Since then, over 100 users have posted more than 50 threads, redistributing thousands of doses. Currently, IVEN postings reveal facilities around the state have vaccine available for redistribution. Influenza activity remains at a low level in Michigan and there is still time to vaccinate. For more information on IVEN and current influenza surveillance, visit [www.michigan.gov/flu](http://www.michigan.gov/flu).

## CHILDHOOD IMMUNIZATION LEVELS CONTINUE TO IMPROVE

The Michigan Childhood Immunization Registry (MCIR) assessment level report reflects the population-based immunization levels by local jurisdiction since January 1, 2002. The numbers in this report reflect the 19-36 month-old population as recorded in MCIR for the following doses of vaccines: 4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hep B and 1 varicella. These numbers are a function of the amount of immunization data being provided to MCIR by local health departments, physicians and other health care professionals, as well as the actual levels of immunization among this age group of children. The following table shows the improvements in the MCIR immunization completion rates for Dickinson and Iron Counties, the U.P., and the state of Michigan as a whole since January 2002.

### Current Immunization Profile by Local Health Jurisdiction 19-35 months of age for 4:3:1:3:3:1, based on MCIR data

Jurisdiction	Jan-02	Jul-02	Jan-03	Jul-03	Jan-04	Jul-04	Jan-05	Jul-05	Aug-05	Sep-05	Oct-05	Nov-05
Dickinson-Iron	66%	68%	68%	70%	69%	75%	75%	76%	75%	75%	76%	76%
UP Totals	48%	55%	55%	58%	62%	66%	68%	71%	71%	71%	71%	71%
State Totals	34%	40%	44%	47%	49%	54%	57%	61%	62%	63%	63%	64%

**UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD  
NOVEMBER-DECEMBER 2005 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
AIDS, Aggregate	0	0	0	2	0	0	0	0	0	0	0	0	0	2
Campylobacter	0	0	1	8	0	1	0	1	0	3	2	8	3	21
Cryptosporidiosis	2	2	0	4	0	3	1	2	0	0	0	0	3	11
Escherichia coli 0157:H7	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Giardiasis	0	1	0	4	0	3	0	3	0	10	1	8	1	29
Salmonellosis	0	5	1	11	1	6	1	3	0	8	0	3	3	36
Shigellosis	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Yersinia enteritis	0	0	0	1	0	0	1	1	0	0	0	0	1	2
Meningitis - Aseptic	0	0	0	1	0	2	1	1	0	3	0	1	1	8
Meningitis - Bacterial Other	0	0	0	0	0	2	0	0	0	0	0	1	0	3
Meningococcal Disease	0	1	0	0	0	1	0	0	0	2	0	1	0	5
Streptococcus pneumoniae, Inv	1	1	0	0	0	2	1	1	0	0	0	0	2	4
Blastomycosis	0	0	0	1	0	2	0	0	0	1	0	0	0	4
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Flu Like Disease	66	1297	363	741	381	3227	237	2154	10	308	341	2516	1398	10243
Guillain-Barre Syndrome	0	0	0	1	0	0	0	0	0	1	0	0	0	2
Hemolytic Uremic Syndrome	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Histoplasmosis	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Kawasaki	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Legionellosis	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Streptococcal Dis, Inv, Grp A	0	0	0	0	0	1	0	0	0	0	0	1	0	2
Streptococcal Toxic Shock	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Unusual Outbreak or Occurrence	0	0	1	1	0	4	0	4	0	0	0	4	1	13
Chlamydia (Genital)	5	74	16	95	2	25	4	36	15	131	5	50	47	411
Gonorrhea	0	2	0	0	0	0	0	3	1	9	1	3	2	17
Syphilis - Latent of Unk Duration	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Tuberculosis	0	0	0	0	1	3	0	0	0	0	0	0	1	3
Chickenpox (Varicella)	0	23	8	8	0	21	9	18	3	6	32	60	52	136
H. influenzae Disease - Inv.	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Mumps	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Pertussis	0	0	0	1	0	0	0	0	2	8	2	31	4	40
Ehrlichiosis, human granulocytic	0	0	1	2	0	0	0	0	0	0	0	0	1	2
Lyme Disease	0	0	0	13	2	2	0	1	0	0	0	0	2	16
Malaria	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Hepatitis A	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Hepatitis B, Acute	0	0	0	0	0	1	1	1	0	0	0	0	1	2
Hepatitis B, Chronic	0	9	0	1	0	0	0	3	2	3	0	0	2	16
Hepatitis C, Acute	4	5	0	3	0	0	0	1	0	0	1	6	5	15
Hepatitis C, Chronic	5	40	2	23	0	19	2	17	5	19	1	17	15	135
Hepatitis C, Unknown	2	6	2	15	0	8	0	0	0	0	1	16	5	45