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DIABETES EDUCATIONAL MATERIALS AVAILABLE

On October 18, 2005, the Diabetes Partners in Action Coalition (DPAC) Prevention Work Group unveiled two new pieces of information on pre-diabetes and diabetes prevention.

One is a consumer friendly brochure that discusses pre-diabetes and how to prevent it. This is a colorful brochure with a risk test on the front and animated pictures depicting healthy lifestyles on the inside. It is in an easy-to-read format and could be used as a handout in physician offices, hospitals, worksites or anywhere. The second piece is on 'Pre-diabetes Treatment Plan Recommendations.' This is for physicians or health care providers to use in their offices. It details criteria for monitoring patients for pre-diabetes, action, follow-up and referral. As you know, diabetes has become an epidemic in our time. It often can be prevented, but a change in lifestyle is most important. These new pieces of information need to be distributed to so that we can all make a difference. These handy tools can be obtained by calling the Diabetes Outreach Network numbers listed or can be downloaded from a PDF file. For more information, call 1-800-795-7800 or visit the Michigan Diabetes Outreach Network online

MICHIGAN TOBACCO QUITLINE UPDATE

The Michigan Tobacco Quitline celebrated its second anniversary this October! In FY 2005, the addition of a free 2-month supply of nicotine replacement patches for the uninsured significantly increased calls to the quitline. Over 5,300 people enrolled in the service and more than 70% qualified for and requested the free patches. Quitline feedback has been very positive.

The Michigan Tobacco Quitline is responding to the increase in calls that came as a result of November's Lung Cancer Awareness month and the American Cancer Society Great American Smokeout on November 17th. Last year, the line logged nearly 900 calls in November alone, with even more calls expected in 2005 as more people hear about the service.

Quitline counseling is provided to any Michigan resident whose insurance does not cover or provide quitline services. Each enrolled person receives up to 5 counseling calls over a year as well as a free quit kit with quitting tools. Counseling may be provided in English or Spanish, and translation services are available for other languages. Patients can enroll in the Michigan Tobacco Quitline by calling 1-800-480-7848.

UPDATE ON NEW VACCINES

Two new vaccines were licensed and added to the VFC program in October. Other vaccines have received new or expanded FDA approvals, but as of October 25th, have not yet been added to the VFC program.

The first new VFC vaccine is MCV4 (brand name Menactra) manufactured by Sanofi Pasteur and licensed for vaccination of people ages 11-55 against meningococcal disease. Tdap, the other vaccine to be added to the VFC program, is the first vaccine to include a pertussis booster for adolescents. Tdap comes in two presentations. Adacel, the Sanofi Pasteur product, is licensed for individuals ages 11-64 years old. Boostrix, manufactured by GlaxoSmithKline Kline, is approved for 10-18 year olds. The following information will answer some of the most pressing questions.

MCV4 – Menactra
CDC published "Prevention and Control of Meningococcal Disease" in the MMWR on May 27th. (MMWR, Vol. 54). Specific recommendations targeted:

- routine vaccination of adolescents at 11-12 years old,
- vaccination before high-school entry for adolescents who had not previously received MCV4,
- routine vaccination of college freshmen living in dormitories, as well as
- routine vaccination of other populations at increased risk.

By August, CDC had released information that MCV4 was temporarily in short supply. The supply shortage was caused by high initial demand after MCV4 was released and CDC anticipates that the problem will be resolved within the next few months. In the meantime, CDC is recommending that providers limit use of MCV4 to the groups ACIP specifically recommended in the May 27th MMWR cited above. The polysaccharide meningococcal vaccine, Menomune, can be used if MCV4 is not available.

Private providers vaccinating an underinsured child with MCV4 vaccine must use private stock. In order for an underinsured child to receive VFC MCV4 vaccine, the child must be vaccinated by a an LHD, FQHC or RHC. All VFC providers may administer VFC-MCV4 vaccine to Medicaid-eligible, uninsured, Native American or Alaska Native children. All children vaccinated with VFC MCV4 vaccine must fall within the eligibility guidelines recommended by ACIP (see above), while any child who has reached their 11th birthday may be served with private stock MCV4 vaccine if it is not contraindicated. Michigan was not able to include underinsured children served by private provider offices for VFC MCV4 vaccination because of the high cost of MCV4 ($68.00 per dose). Funds to support vaccination of Michigan's underinsured children served by private providers are provided under a separate appropriation that is insufficient to cover the cost of MCV4 for underinsured children served in private provider offices.

MCV4 and Guillain-Barre Syndrome (GBS)
As of mid-October, there had been 6 reports of Guillain-Barre syndrome (GBS) in persons who had received MCV4 vaccinations. These 6 cases were in 4 different northeastern states and the vaccine used was from 4 separate vaccine lots. Approximately 2.5 million doses of MCV4 have been distributed in the U.S. There had been no cases of GBS among 7,000 recipients of MCV4 in prelicensure studies. Any immunization provider with knowledge of possible cases of GBS (or other clinically significant adverse events) occurring after MCV4 vaccination is urged to report to the Vaccine Adverse Events Reporting System (VAERS) at http://www.vaers.hhs.gov. A new VIS has been distributed that includes information on GBS.

Tdap (Boostrix or Adacel)
On June 30, 2005, ACIP voted to recommend that adolescents ages 11-18 years old receive either Boostrix or Adacel in place of the currently recommended Td booster, thus adding protection against pertussis. These vaccines each cost approximately $30.00 per dose and again, identical to the policy Michigan adopted for MCV4, VFC Tdap cannot be administered to underinsured children served in private provider offices. Private providers should 1) refer underinsured children to the LHD, FQHC or RHC for vaccination with Tdap or, 2) use private stock. CDC allocated a set number of doses of each product to Michigan's VFC program for September and October. At this point, we do not anticipate a shortage of Tdap vaccine.

Questions and Answers

1. **What is the difference between Adacel and Boostrix?**
   The vaccines are very similar, providing protection against pertussis, tetanus and diphtheria. Both vaccines are approved for one dose only. The two vaccines contain a different number of pertussis antigens and different concentrations of pertussis and diphtheria antigens. The primary practical difference is that Boostrix is licensed exclusively for adolescents 10-18 years old , while Adacel is licensed for ages 11 through 64 years old.

2. **Can Tdap be given with other vaccines?**
   Yes, Tdap should be administered with other indicated vaccines (i.e., influenza, meningococcal and Hepatitis B). Each vaccine should be administered at different anatomic sites using separate syringes.

At its October 26-27, 2005 meeting, CDC's Advisory Committee on Immunization Practices (ACIP) made recommendations on the use of Tdap in adults, and the use of combination MMRV vaccine. Additional information regarding these changes will be forwarded to physicians when it is received from CDC.

At this meeting ACIP also took action to recommend universal Hepatitis A vaccination for all children. Prior to this, the Hepatitis A recommendation consisted of targeted immunization for children in high-risk states. However, the majority of cases of childhood Hepatitis A are now found in the low-risk states. Two Hepatitis A vaccines, Havrix and Vaqta, are newly licensed for use in children 12 months and older. The recommendation is that all children receive the first dose of this two-dose series between the age of 1 and 2 and that the vaccine be integrated into the regular childhood immunization schedule. For more information on this recommendation, go to www.cdc.gov/od/oc/media/pressrel/r051028.htm

DICKINSON COUNTY MASS INFLUENZA CLINIC

On Saturday, October 29, 2005 the Dickinson-Iron District Health Department held a mass influenza immunization clinic at Kingsford Middle School. We were assisted with this effort by the VA Medical Center, Dickinson County Memorial Hospital, the American Red Cross, Dickinson County Emergency Management, Breitung Township Schools and many volunteers. The clinic also included an appointment scheduled drive-thru service that allowed the public to get a flu shot in their car.

"The clinic was a huge success. Over 1,100 community members were vaccinated for influenza within a 5 hour period. Many positive comments have been received from the public and our local partners regarding the clinic organization and efficiency," said Richard J. Thoune, Health Department Director.

Along with vaccinating the public, the Health Department was able to test our Mass Vaccination Plan. The plan contains detailed procedures for vaccinating or dispensing medication to the public during an emergency involving a communicable disease. During the mass influenza immunization clinic, the public health emergency response functions that were tested included public health information dissemination, communication equipment assessment, staff education, and volunteer coordination.

UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD SEPTEMBER-OCTOBER 2005 AND YTD

	Chippewa		Delta Menominee		Dickinson Iron		LMAS		Marquette		Western UP		UP Total	
Disease	**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	2	7	0	1	0	1	0	3	2	6	4	18
Cryptosporidiosis	0	0	1	4	2	3	0	1	0	0	0	0	3	8
Escherichia coli 0157:H7	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Giardiasis	1	1	0	4	1	3	1	3	1	10	2	7	6	28
Salmonellosis	2	5	2	10	1	5	0	2	1	8	0	3	6	33
Shigellosis	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Yersinia enteritis	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Meningitis - Aseptic	0	0	1	1	0	2	0	0	1	3	1	1	3	7
Meningitis - Bacterial Other	0	0	0	0	0	2	0	0	0	0	1	1	1	3
Meningococcal Disease	0	1	0	0	0	1	0	0	2	2	0	1	2	5
Streptococcus pneumoniae, Inv	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Blastomycosis	0	0	0	1	0	1	0	0	0	1	0	0	0	3
Creutzfeldt-Jakob Disease	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Flu Like Disease	62	1231	131	378	461	2846	257	1917	1	298	233	2175	1145	8845
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	0	0	0	4	1	4	0	0	0	4	1	12
Chlamydia (Genital)	14	68	15	79	3	23	4	32	23	116	9	45	68	363
Gonorrhea	0	2	0	0	0	0	2	3	3	8	1	2	6	15
Syphilis - Latent of Unk Duration	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Tuberculosis	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Chickenpox (Varicella)	1	23	0	0	3	21	0	9	1	3	5	28	10	84
H. influenzae Disease - Inv.	0	0	0	0	0	0	0	0	0	0	1	1	1	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	1	5	15	29	16	35
Ehrlichiosis, human granulocytic	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Lyme Disease	0	0	1	13	0	0	0	1	0	0	0	0	1	14
Malaria	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Hepatitis B, Acute	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Hepatitis B, Chronic	0	9	0	1	0	0	0	3	1	1	0	0	1	14
Hepatitis C, Acute	1	1	1	3	0	0	1	1	0	0	0	5	3	10
Hepatitis C, Chronic	5	35	1	21	3	20	1	15	1	14	2	16	13	121
Hepatitis C, Unknown	1	4	4	13	3	8	0	0	0	0	2	15	10	40