



Dickinson-Iron District Health Department
www.didhd.org

818 Pyle Drive, Kingsford, MI 49802
(906) 774-1868

601 Washington Avenue, Iron River, MI 49935
(906) 265-9913

RICHARD J. THOUNE, RS, MS, MPH
Director/Health Officer

RANDALL M. JOHNSON, MD, MPH
Medical Director

PHYSICIAN NEWSLETTER
September/October 2005
INDEX

<u>Topic</u>	<u>Page Number</u>
Change in Varicella (Chickenpox) Reporting in Michigan	1
CDC Publishes New Edition of Yellow Book	2
Influenza and Pneumococcal Vaccination for Diabetics	2
ACIP Votes to Recommend Routine Use of Tdap for Adolescents	2
Upper Peninsula Regional Laboratory Re-dedication	3
Fall 2005 Mass Influenza Vaccination Clinic	3
Upper Peninsula Reportable Communicable Diseases For the Period July-August 2005 and YTD	4

CHANGE IN VARICELLA (CHICKENPOX) REPORTING IN MICHIGAN

The Michigan Department of Community Health (MDCH) recently announced the finalization of updated Communicable Disease Rules. Specifically, Rules 325.172 and 325.173 have been updated. The new Rules include a change in the disease reporting for varicella (chickenpox) cases. Previously, surveillance for varicella involved aggregate case-count reporting. Physicians, schools, and child day care centers reported the number of cases for certain age groups to local health departments (LHDs) on a weekly basis. To access the complete set of Rules, please go to the state's Emerging Diseases Website at: www.michigan.gov/emergingdiseases.

The new Rules require varicella cases to be reported to the local health department within 24 hours of diagnosis or discovery on an individual, named-case basis, similar to the way other notifiable diseases are reported. This change, which is being implemented nationwide, was initially recommended by the Council of State and Territorial Epidemiologists (CSTE) and subsequently endorsed by the Centers for Disease Control and Prevention (CDC).

As you know, varicella vaccination has been part of the routine childhood immunization schedule for nearly ten years. Since then, varicella immunization coverage rates have steadily increased and chickenpox levels have declined substantially (in Michigan, the annual incidence of varicella has dropped over 80 percent compared to ten years ago). A national varicella surveillance is now feasible.

As with other vaccine-preventable diseases such as measles and rubella, the success of the varicella vaccination program may be changing the epidemiology of the disease in other ways. Modifying varicella surveillance to a case-based reporting approach will allow improved monitoring of varicella epidemiology with respect to variables, such as time, place, age, and others. Ultimately it will yield a better understanding of the impact of immunization on the disease, and may provide data for further policy development guiding varicella vaccine use and practice; for example, whether a second dose is needed for optimal protection.

Despite the tremendous drop in chickenpox disease levels, CDC acknowledges that levels may still be too high for in-depth case investigation and extensive data collection. Therefore, case reporting and data collection likely will focus initially on just three variables (in addition to basic case demographic information): age, varicella vaccination history, and a simple index of the case's severity of illness. In time, as incidence declines further, additional information may be required.

CDC PUBLISHES NEW EDITION OF YELLOW BOOK

For the first time ever, CDC's newest edition of its travel health book, known as the "Yellow Book", is available at bookstores nationwide and through online booksellers. The "Yellow Book" is named for its traditionally yellow cover and is officially titled Health Information for International Travel. Intended for medical professionals and travelers, the 2005-2006 edition is now available at bookstores, through Internet book sellers or by contacting Elsevier Book Order Fulfillment at 1-800-545-2522 or online at www.us.elsevierhealth.com. A companion web site that lets travelers look up specific information by travel destination and view or print custom reports based on individual travel plans is also available at <http://www.cdc.gov/travel/yb/>.

INFLUENZA AND PNEUMOCOCCAL VACCINATION FOR DIABETICS

The Centers for Disease Control and Prevention (CDC) recommends that adults and children with chronic medical conditions, such as diabetes, receive a flu shot in October or November of every year. Vaccinating individuals at high risk just before the influenza season each year is the most effective measure for reducing the impact of the flu. CDC also recommends early flu vaccination for adults and children who are household contacts or caregivers of people with diabetes. When family members get a flu shot, it helps to keep them healthy and protects the person with diabetes from catching the flu.

Pneumococcal polysaccharide vaccine is recommended for anyone 2 years of age or older who has diabetes or another high-risk condition. While most people will only need one pneumococcal polysaccharide shot over the course of their lifetime, this may not be the case for people with diabetes. A one-time revaccination is recommended for people with diabetes 65 years of age or older who were previously immunized when they were younger than 65, if the vaccine was administered more than five years ago. It is important to remember that a person should receive no more than two doses of the polysaccharide pneumococcal vaccine (PPV23) in his or her lifetime and the two doses must be spaced at least five years apart.

A pneumococcal shot and an annual flu shot could prevent complications and death associated with pneumonia and influenza. Make flu and pneumococcal vaccination for people with diabetes – and their family and household contacts – a priority this flu season. For more information, contact CDC at 1-877-CDC-Diab or <http://www.cdc.gov/nip/flu>.

The diabetes patient brochure "If you have diabetes getting a flu shot is a family affair" is available for free from the Michigan Department of Community Health (MDCH) Clearinghouse. The brochure encourages people with diabetes and their family members to get an annual flu shot. Brochures can be ordered at www.hpclearinghouse.org. For more information on diabetes and adult immunizations, contact Gwen Imes at imesg@michigan.gov.

ACIP VOTES TO RECOMMEND ROUTINE USE OF Tdap FOR ADOLESCENTS

Two Tetanus Toxoid, Reduced Diphtheria Toxoid, and Acellular Pertussis Vaccine, Adsorbed (Tdap) products were licensed by the FDA in 2005 as single-dose booster vaccines to provide protection against tetanus, diphtheria, and pertussis. GlaxoSmithKline's BOOSTRIX is indicated for persons aged 10-18 years, and sanofi pasteur's ADACEL is indicated for persons aged 11-64 years. On June 30, 2005, the ACIP voted to recommend the routine use of Tdap vaccines in adolescents aged 11-18 years in place of tetanus and diphtheria toxoids (Td) vaccines

Pertussis is a highly contagious respiratory tract infection; immunity from childhood vaccination wanes over time, leaving adolescents susceptible. In 2003, U.S. adolescents aged 11-18 years made up 36% (4,144) of the total 11,647 reported cases; reported cases underestimate the true burden of pertussis in adolescents. The clinical presentation of pertussis in adolescents ranges from mild cough illness to classic pertussis (i.e., paroxysms of cough, post-tussive emesis, and inspiratory whoop). The morbidity of pertussis in adolescents can be substantial with prolonged cough illness lasting weeks to months. Hospitalization and complications (e.g., pneumonia and rib fractures) occur in <2% of reported cases. Pertussis outbreaks in schools with adolescents are disruptive and lead to significant public health control efforts.

The primary objective of the adolescent pertussis booster vaccination program is to protect adolescents against pertussis. Key ACIP recommendations for Tdap (single dose) and Td use in adolescents aged 11-18 years are summarized below. These ACIP recommendations are under review by the Director of CDC and the Department of HHS and will become official when published in CDC's Morbidity and Mortality Weekly Report (MMWR) www.cdc.gov/mmwr .

Routine Tdap Vaccination in Adolescents 11-18 Years of Age:

Adolescents aged 11-18 years should receive a single dose of Tdap instead of Td for booster immunization against tetanus, diphtheria, and pertussis if they have completed the recommended childhood DTP/DtaP vaccination series and have not received Td or Tdap. The preferred age for Tdap vaccination is 11-12 years; routinely administering Tdap to young adolescents will reduce the morbidity associated with pertussis in adolescents.

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. A 5-year interval between Td and Tdap is encouraged to reduce the risk of local or systemic reactions. However, intervals shorter than 5 years between Td and Tdap can be used. The benefits of protection from pertussis generally outweigh the risk of local or systemic reactions in settings with increased risk from pertussis (e.g., pertussis outbreaks and close contact with an infant aged <6 months).

Vaccine providers should administer Tdap (or Td) and tetravalent meningococcal polysaccharide-protein conjugate vaccine ([MCV4] Menactra) (which contains diphtheria toxoid) during the same visit if both vaccines are indicated and available (MCV4 recommendations are available at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm

Tdap (or Td) should be administered with other vaccines that are indicated during the same visit when feasible. Each vaccine should be administered using a separate syringe at different anatomic sites. Some experts recommend administering no more than two per deltoid, separated by one inch during one visit.

The provisional recommendations also include sections on the following: (1) special situations for Tdap (single dose) and Td use in adolescents 11-18 years of age;(2) contraindications and precautions for Tdap/Td; (3) reporting of adverse events after vaccination; and (4) future considerations. To access the provisional recommendations in their entirety go to: http://www.cdc.gov/nip/vaccine/tdap/tdap_acip_recs.pdf

UPPER PENINSULA REGIONAL LABORATORY RE-DEDICATION

On August 3, 2005 the new MDCH Upper Peninsula Regional Laboratory was re-dedicated. In attendance at the ceremony were Ms. Janet Olszewski, MDCH Director; Ms. Jean Chabut, Public Health Chief Administrative Officer and Dr. Frances Pouch Downes, State Laboratory Director, MDCH staff from the Lansing laboratories, staff and faculty from Michigan Technological University, staff from Western UP District Health Department and members of the community. There has been a regional laboratory in the Upper Peninsula since 1915 and much of that time it has been on the MTU campus. The new laboratory has separate areas for STD genetic probe testing, water testing – both chemical and bacteriological, Pulse Field Electrophoresis – molecular epidemiology, and clinical microbiology. The new microbiology facilities have been designed to accommodate Biosafety level 3 procedures, which is a significant advance over the previous facilities.

FALL 2005 MASS INFLUENZA VACCINATION CLINIC

The Dickinson-Iron District Health Department is currently working with Dickinson County Healthcare System and the Veteran's Administration Medical Center to plan a Fall 2005 mass influenza vaccination clinic in Dickinson County. The purpose of the clinic is to exercise and test the health department's ability to organize and operate a Neighborhood Emergency Help Center, a major component of the Modular Emergency Medical System. Important public health emergency response functions that will be tested include the ability to disseminate health and safety information to the public via risk communication protocols, redundant systems of communication, dissemination of information to the public with response partners, and exercising the health department's first responder dispensing plan.

The health department's dispensing plan includes major components of a mass vaccination plan. The objectives of the mass vaccination clinic will be to evaluate the coordination between the health department, community partners and volunteers to vaccinate the public during an emergency involving a communicable disease. All of these

responsibilities will be exercised through an organized mass vaccination clinic where influenza vaccine will be administered.

The clinic will be set up on October 29, 2005 at the Kingsford Middle School to vaccinate approximately 1200 people in a five hour period. The health department, DCHS, and VA Medical Center wish to inform area health care providers of this plan and ask that they support this effort by referring interested vaccine recipients to the scheduled event. Appointments can be scheduled by calling 779-7207.

UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD JULY-AUGUST 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	1	2	0	0	0	0	0	0	0	0	1	2
Campylobacter	0	0	2	3	0	1	0	1	2	2	0	3	4	10
Cryptosporidiosis	0	0	2	2	0	0	0	0	0	0	0	0	2	2
Giardiasis	0	0	0	2	2	2	0	0	2	7	1	4	5	15
Salmonellosis	2	3	5	7	0	3	1	2	2	7	0	1	10	23
Meningitis - Aseptic	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Meningitis - Bacterial Other	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Meningococcal Disease	1	1	0	0	0	1	0	0	0	0	0	0	1	2
Streptococcus pneumoniae, Inv	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Animal Bite	0	0	0	0	0	0	1	1	0	0	4	7	5	8
Blastomycosis	0	0	0	0	1	1	0	0	0	1	0	0	1	2
Flu Like Disease	87	1165	23	247	473	2386	261	1660	0	297	274	1942	1118	7697
Hemolytic Uremic Syndrome	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Hepatitis - Unspecified	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Histoplasmosis	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Kawasaki	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Streptococcal Dis, Inv, Grp A	0	0	0	0	0	1	0	0	0	0	0	0	0	1
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	2	3	0	3	0	0	4	4	6	10
Chlamydia (Genital)	17	41	9	46	2	16	7	16	18	63	4	26	57	208
Gonorrhea	0	1	0	0	0	0	1	1	1	4	1	1	3	7
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	2	0	0	0	0	0	0	1	2
Chickenpox (Varicella)	18	22	0	0	12	18	0	8	1	2	0	23	31	73
Mumps	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Pertussis	0	0	0	1	0	0	0	0	0	3	0	1	0	5
Ehrlichiosis, human granulocytic	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Lyme Disease	1	1	3	4	0	0	1	1	0	0	0	0	5	6
Hepatitis B, Acute	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Hepatitis B, Chronic	6	9	0	0	0	0	3	3	0	0	0	0	9	12
Hepatitis C, Acute	0	0	0	1	0	0	0	0	0	0	0	1	0	2
Hepatitis C, Chronic	16	22	7	20	0	12	2	9	7	13	2	12	34	88
Hepatitis C, Unknown	2	3	6	8	3	5	1	1	0	0	0	8	12	25