



Dickinson-Iron District Health Department

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THE MICHIGAN VOLUNTEER REGISTRY GETS SET TO LAUNCH

MDCH'S Office of Public Health Preparedness recently announced a fall 2005 expected launch for the MI Volunteer Registry, an Internet-based system that will enable health care personnel and other citizens to pre-register to volunteer in the case of a natural or public health emergency. This initiative is a collaborative effort between the Office of Public Health Preparedness, the MDCH Bureau of Epidemiology and the Michigan Department of Information Technology.

Individuals interested in volunteering will indicate their interests and contact information in a secure, electronic environment. Information can then be queried and appropriate volunteers contacted by e-mail or text-pager. Doctors, nurses, behavioral health, emergency medical services personnel, ancillary support staff, and all other individuals interested in assisting are encouraged to register. Food industry personnel will be contacted pending any threat to Michigan's food supply. Topical information regarding specific events, exercises and drills, or general knowledge and training will be available as well.

Development and implementation of the MI Volunteer Registry is well underway and numerous partners have been identified to assist with promotion of the registry and volunteer recruitment. For any questions about MI Volunteer Registry, please contact Virginia Ball at BallV@michigan.gov or 517-335-8268.

AN INITIATIVE TO PROMOTE SUN SAFETY AMONG MICHIGAN'S YOUTH

As we all know, while some exposure to the sun can be enjoyable, too much is dangerous. Overexposure to ultraviolet (UV) radiation in sunlight and indoor tanning devices can lead to serious health effects, including skin cancer. Youth are particularly at risk of overexposure since 80% of the average person's lifetime UV exposure occurs before the age of 18. Even one serious sunburn during childhood can double one's risk of developing skin cancer later in life.

Most people are not aware that skin cancer is the most common form of cancer in the United States, with more than one million cases reported annually. By following some simple steps, youth and adults can enjoy time outdoors while protecting themselves from overexposure to UV radiation. The American Cancer Society (ACS) says to **Slip** on a shirt, **Slop** on the sunscreen with a sun protection factor (SPF) of 15 or higher, and **Slap** on a hat.

Nearly all skin cancer can be prevented through sun safe behaviors. Parents and caregivers must serve as role models and schools should adopt policies and implement programs that promote sun safety and reduce the risk of skin cancer. MDCH, in collaboration with the ACS and the Michigan Department of Education, is seeking partners to promote sun safety among youth to reduce risk of skin cancer.

Fact sheets created to help promote the initiative are available online at www.michigan.gov/cancer by selecting "Cancer Education Materials" and scrolling down to "Skin Cancer":

- 1) Slip! Slop! Slap!® Project Overview
- 2) Are you and your family sun safe?
- 3) Indoor tanning is not safe!
- 4) Sun safety at school
- 5) Sun safety at school – PA announcements

For more information or to find out how you can get involved directly, please contact Amy Malow, Co-Director Sun Safety Project, at 517-331-3256 or sunsafer@hotmail.com.

THE MICHIGAN TOBACCO CESSATION QUITLINE

It's been almost 6 months since the Michigan Department of Community Health started offering free nicotine replacement therapy to the uninsured through Quitline. The response to the offer has been dramatic. Calls to the line have more than doubled since the implementation date of October 1, 2004.

From October 1, 2004 through May 31, 2005, the Quitline has enrolled 4,121 Michigan residents in our proactive counseling service. Enrollees receive 5 coaching calls to help them quit using tobacco. Over 60% of the enrollees have asked for and are using the free nicotine replacement therapy offered by the State of Michigan in their quit attempt. Some enrollees have completed a year in the program and 26% of them say they are now smokefree! This is exciting, since the national average for Quitlines at 12 months is between 12-25%. Additionally, 15% of Quitline cessation program participants have reduced their consumption of tobacco by 50% twelve months post program enrollment.

If you know a smoker who would like to quit, please refer them to the Quitline at 1-800-480-7848. Quitline coaching is free regardless of insurance status. Callers requesting free nicotine replacement therapy (patches) will be assessed to determine eligibility.

ASTHMA PREVALENCE, SEVERITY, AND MANAGEMENT FOR MICHIGAN ADULTS

A new fact sheet, prepared by the epidemiology staff of the Asthma Initiative of Michigan and the Behavioral Risk Factor Surveillance System, has recently been published to the web. Using data from the Michigan Behavioral Risk Factor Survey, this brief statistical report describes the prevalence of asthma, symptoms, quality of life, and indicators of disease severity and management for adults in Michigan. Highlights of the report include:

- Asthma is a prevalent chronic disease in Michigan, affecting over 700,000 adults.
- There are disparities in asthma prevalence by sex, education, and income.
- Michigan adults with asthma frequently experience symptoms. 53% have had an asthma attack in the past year and about 20% experience daily symptoms.
- For adults who are taking prescribed asthma medication, over 40% experience symptoms that are consistent with moderate to severe disease. This is indicative of poorly managed asthma and perhaps that the medication is not appropriate to control their disease.
- As reported by adults with asthma, care in Michigan fails to meet the recommended standards set forth by national asthma guidelines. It is recommended that efforts be taken to ensure that people with asthma in Michigan receive quality care, in accordance with prescribed standards.

The report is available on the Asthma Initiative website at www.getastmahelp.org/reports.asp. It is also available on the Michigan Department of Community Health website at <http://www.michigan.gov/mdch/0,1607,7-132--13055--,00.html>. If you would like an electronic copy emailed to you or a hard copy printed and mailed to you, please contact the Epidemiology Services Division at the Michigan Department of Community Health: 517-335-8806.

NEW VIS STATEMENT FOR MENINGOCOCCAL VACCINES AVAILABLE

CDC recently published a new meningococcal Vaccine Information Statement (VIS) to coincide with the licensure and distribution of the new meningococcal conjugate vaccine (Menactra™). This VIS is to be used for both Menactra and the existing meningococcal polysaccharide vaccine. However, existing stocks of the older (7/28/03) VIS for the polysaccharide vaccine may still be used for that vaccine only. The new VIS is an interim edition, pending publication of Advisory Committee on Immunization Practices (ACIP) recommendations and addition of the vaccine to the Vaccine Injury Compensation Program.

Hard copies of this VIS with the MCIR statement printed on it are available at the Dickinson-Iron District Health Department by calling (906) 774-1868 or (906) 265-9913.

HELP NEEDED FOR INFLUENZA SENTINEL SURVEILLANCE NETWORK

The Michigan Department of Community Health (MDCH) needs additional physicians and/or clinics to participate in the Centers for Disease Control and Prevention (CDC) U.S. Influenza Sentinel Provider Surveillance Network for the 2005-2006 influenza season. Several regularly reporting sentinel physicians/clinics per county would be best. Regularly reporting influenza sentinels are an important part of pandemic preparedness. Medical providers of any specialty (family medicine, internal medicine, pediatrics, infectious disease, etc.) in almost any setting (private practice, urgent care center, emergency department, or university student health center) that are likely to see patients with influenza-like illness are eligible. Only those providers who primarily care for institutionalized populations (e.g. nursing homes or prisons) are not eligible.

Dickinson and Iron Counties currently have one sentinel physician site in each county. (Dr. Hallfrisch in Dickinson County and Dr. Cloutier in Iron County.)

Responsibilities of influenza sentinel surveillance sites:

- Count visits to the practice for all causes and for influenza-like illness
- Submit counts weekly by Internet or fax
- Collect about 11 nasal swabs per year for free respiratory virus testing at the MDCH laboratory

Benefits to influenza sentinel surveillance sites:

- Weekly influenza surveillance updates from MDCH
- Lab results for influenza < 2 business days after nasal swab received at lab, in most cases
- Testing also includes adenovirus, parainfluenza, and RSV
- Subscriptions to Emerging Infectious Diseases and the MMWR
- Recognition as an influenza sentinel surveillance site

The data provided by the sentinel sites are used to track influenza activity year-round in Michigan and throughout the rest of the United States. Strong influenza surveillance may also provide advance warning of influenza pandemics. To recommend an interested clinician, or to request additional information, please contact Rachel Potter, MDCH Vaccine Preventable Disease Epidemiologist, at 517-335-9710 or at PotterR1@michigan.gov.

**UPPER PENINSULA REPORTABLE COMMUNICABLE DISEASES FOR THE PERIOD
MAY-JUNE 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