



## Dickinson-Iron District Health Department

[www.didhd.org](http://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

May/June 2005

#### INDEX

<u>Topic</u>	<u>Page Number</u>
<i>Health Information for International Travel</i>	1
<i>Upper Peninsula Health Plan Smoking Cessation Benefits</i>	2
<i>High Risk Hepatitis B Program</i>	2
<i>Public Health Code Revisions – Laboratory HIV Reporting</i>	2
<i>Michigan Lead Facts</i>	3
<i>Michigan Disease Surveillance System (MDSS)</i>	4

### HEALTH INFORMATION FOR INTERNATIONAL TRAVEL

The Health Information for International Travel or "Yellow Book" is published every two years by CDC as a reference for those who advise international travelers of health risks. The Yellow Book is written primarily for health care providers, although others might find it useful. A new 2005-2006 hardcopy edition is available from Elsevier Publishing. To obtain a copy visit Elsevier's website <http://www.us.elsevierhealth.com/product.jsp?isbn=032303716X&dmnum=81591&repnum=70548>, Or call 800-545-2522, and ask for ISBN# 032303716X.

In addition, CDC maintains an updated version of the 2003-2004 edition of the "Yellow Book" online at <http://www.cdc.gov/travel/destinat.htm>. You can use this site to build a custom report for an individual visiting specific areas or to browse for needed information using the table of contents or outline. Additional travel planning information, breaking news and travel notices can be found at the CDC's Travelers' Health website: <http://www.cdc.gov/travel/>. Topics include:

- Recommendations for specific destinations;
- Recommended vaccinations;
- Preventive measures to take to protect health;
- Notices about changes in vaccine requirements;
- Drug availability notices; and
- Disease outbreak and emerging infection information.

## UPPER PENINSULA HEALTH PLAN SMOKING CESSATION BENEFITS

The Upper Peninsula Health Plan now offers a combination of smoking cessation strategies to current members to help them quit smoking. Primary Care Physician (PCP) office visits for smoking cessation counseling are available. Providers wishing to offer this service to their patients can use the following billing code:

CPT code: **0004F** with Dx code: **305.1**

This service is available for 3 office visits per calendar year. Smoking cessation products available to UPHP members include:

- Nicotine patches (90 days)\*
- Nicotine gum (30 days)\*
- Bupropion SR (90 days; PA required)\*

## HIGH RISK HEPATITIS B PROGRAM

The Dickinson-Iron District Health Department (DIDHD) would like to inform physicians about the High Risk Hepatitis B Program which provides hepatitis B vaccine to adolescents over 12 years of age and to young adults through 24 years of age. These adolescents and young adults may receive free hepatitis B vaccine at the local health department regardless of insurance, if they meet one of the following high-risk criteria:

- Household and/or sexual contacts of hepatitis B virus infected persons
- Men who have sex with men
- Sexually active heterosexual men and women with multiple sex partners
- Prostitutes
- Persons diagnosed with a recently acquired sexually transmitted disease
- Injecting drug users

Youth 18 years of age and younger, who qualify for the Vaccine for Children (VFC) program, will be provided with VFC hepatitis B vaccine. Please note that although the vaccine is free, the Health Department will charge a \$12 vaccine administration charge.

## PUBLIC HEALTH CODE REVISIONS – LABORATORY HIV REPORTING

Public Act 514 was signed by the Governor and went into effect April 1, 2005. The new law revises the Public Health Code and removes the HIV reporting exemption that clinical laboratories have had since the HIV reporting law was first passed in 1988. Information on this law was sent to clinical laboratories in January of 2005.

Under former law, physicians were required to report cases of HIV infection and AIDS, but clinical laboratories were not required to do so, although some did report voluntarily. The revised law is expected to improve the timeliness and completeness of HIV reporting, thereby strengthening public health efforts to prevent and manage HIV. It will also potentially increase the state's share of federal resources to fight this epidemic. MDCH is anticipating receiving reports sooner than they were received through the clinician-based reporting system. As a result, clinicians may receive phone calls from state or local health department staff seeking to complete the case report form. We will need information from both the laboratory and the medical care provider to properly complete a case report form.

In addition to tests that are used to diagnose HIV, results of tests "ordered to evaluate immune system status, to quantify HIV levels, or to diagnose acquired immunodeficiency syndrome" among persons already diagnosed as HIV-infected are also now required to be reported. Such tests include CD4 counts/percents, and viral loads (including those with undetectable levels). These additional laboratory results will enable public health officials to identify unmet need (as defined by the Ryan White CARE Act) by identifying those who have been diagnosed with HIV but who are not in care. Furthermore, it will help assess how well public health efforts are working to get people tested early and to prevent HIV-infected persons from developing AIDS. MDCH will be working with clinical laboratories to determine the most efficient way for them to report these test results. MDCH is requesting reporting of these additional tests beginning July 1, 2005 to give them three months to work with the system for reporting positive Western Blot results.

Questions regarding the new reporting requirements may be directed to MDCH's Elizabeth Hamilton at 517-335-8165 or by E-mail at [Hamilton2@michigan.gov](mailto:Hamilton2@michigan.gov).

### **MICHIGAN LEAD FACTS - DID YOU KNOW ..... ?**

- That if all Medicaid provider contacts (encounters) that are currently taking place resulted in a blood lead test (in addition to whatever prompted the encounter) for age-appropriate children (one and two year olds), our Medicaid providers (plans and fee-for-service) would already be in compliance with the state-mandated "80% testing requirement". (PA 55) This represents significant "missed opportunities" in provider offices!
- That 75% of local health department WIC programs are offering blood lead testing in their clinics when children receive their re-certification hemoglobin/hematocrit tests (lead specimen collected first, Hemocue second)?
- That in 2004, over 25,000 more (new!) children were tested for lead poisoning in Michigan?
- That you can provide a huge service (inexpensively!) to families in your practice whose children are blood-lead-tested and have BLLs in the 5-9 range (and there were 20,000 of them in Michigan last year) by sending them a standard letter, already developed for you, explaining that their child has likely had an exposure to lead in their environment, how to track it down, and how to manage it before their child's BLL ever reached the 10ug/dl CDC "threshold of concern?" MDCH would be pleased to provide you with an electronic or hard copy of a letter that you can customize and make your own and send out to families.
- Both grants and low interest loans may be available through MDCH to address environmental exposures occurring the homes of families with children under the age of six years with elevated blood lead levels. Questions? Need or want additional information? Please call (517)335-9242.

### **MICHIGAN DISEASE SURVEILLANCE SYSTEM (MDSS)**

The Michigan Disease Surveillance System (MDSS) is a Web based communicable disease reporting system developed for the state of Michigan. It has been developed to national data standards to facilitate coordination of disease surveillance among local, State and Federal Public Health Agencies. MDSS allows for the secure transfer, maintenance and analysis of communicable disease surveillance information and promotes participation from a variety of stakeholders including public health agencies, health care providers and medical laboratories. The system addresses many needs in traditional disease surveillance, and assists in efforts to more quickly identify and respond to emergent infectious diseases and biological terrorism. As a result of the implementation of MDSS we now have access to broader and more timely information on the incidence of reportable communicable diseases in Dickinson and Iron Counties, the Upper Peninsula, and across the state.

Beginning with this issue, the bi-monthly Physician Newsletter will include a table (see below) listing the number of reportable communicable diseases reported during the previous two months and year to date (YTD) for each U.P. local health department jurisdiction and for the region (U.P.) as a whole. Since many of the disease reports originate from physicians, this table will hopefully provide useful feedback to you as we complete the communicable diseases reporting "cycle".

### Upper Peninsula 2005 Reportable Communicable Diseases for the Period March-April 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	1	0	0	0	0	0	0	0	0	1
Campylobacter	0	0	1	1	0	1	0	1	0	0	1	3	2	6
Giardiasis	1	1	0	2	0	0	0	0	4	5	0	2	5	10
Salmonellosis	0	1	1	2	2	3	1	1	5	5	1	1	10	13
Meningitis - Aseptic	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Meningitis - Bacterial Other	0	0	0	0	0	2	0	0	0	0	0	0	0	2
Meningococcal Disease	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Streptococcus pneumoniae, Inv	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Blastomycosis	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Flu Like Disease	213	1078	147	224	738	1913	605	1399	114	297	707	1668	2524	6579
Hemolytic Uremic Syndrome	0	0	0	0	0	0	0	0	0	0	1	1	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	1	1	0	0	0	0	0	0	1	1
Streptococcal Toxic Shock	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Unusual Outbreak or Occurrence	0	0	0	0	0	1	0	3	0	0	0	0	0	4
Chlamydia (Genital)	15	24	20	37	6	14	4	9	25	45	8	22	78	151
Gonorrhea	1	1	0	0	0	0	0	0	2	3	0	0	3	4
Syphilis- Latent, Unknown Duration	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Tuberculosis	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Chickenpox (Varicella)	2	4	0	0	2	6	3	8	1	1	1	23	9	42
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	3	0	1	1	5
Hepatitis B, Acute	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Hepatitis B, Chronic	1	3	0	0	0	0	0	0	0	0	0	0	1	3
Hepatitis C, Acute	0	0	1	1	0	0	0	0	0	0	0	1	1	2
Hepatitis C, Chronic	2	6	6	11	6	11	5	7	2	6	5	10	26	51
Hepatitis C, Unknown	1	1	3	3	1	3	0	0	0	0	2	8	7	15