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CURRENT INFLUENZA STATUS IN UNITED STATES AND MICHIGAN

Influenza activity continues to increase throughout the United States and in Michigan. The state has received multiple reports of influenza indicating that the flu season is accelerating towards a peak which is likely to occur sometime in February. Michigan has upgraded its influenza activity status from local to Regional --the second highest designation. There is still vaccine available. CDC recently streamlined its process for providers to obtain vaccine, and there are also ways for providers to obtain vaccine and receive a refund for unused vaccine. As influenza activity has not peaked yet, CDC and Michigan public health officials continue to urge people to get a flu shot.

CDC recently announced two initiatives to stimulate vaccine availability and use in the general population. One is that they are expanding the manner in which states can use some federally purchased vaccines that previously were restricted to particular groups of children. The second initiative is to facilitate the manner in which vaccine can be obtained from the national stockpile. Presently there are over 3 million doses of vaccine in the stockpile. Providers can now go directly to the manufacturer (Aventis Pasteur) or through vaccine distributors to purchase vaccine. Vaccine purchased from the stockpile may be returned for a refund if the provider is unable to use it.

Ten states and New York City are reporting widespread influenza activity. Fourteen states, including Michigan, are reporting regional activity. Eleven states are reporting local activity, and 15 states are reporting only sporadic activity. The pattern of this flu season continues to align with the 2002-2003 season which peaked in late January and early February.

The MDCH laboratory has confirmed 79 isolates of influenza; 63 type A (H3N2), 16 type B; most of the type B is B/Shanghai (which is covered by the vaccine). There have also been some reports of B/Hong Kong, which although not in this year's vaccine, was a type that was common in the past few years. All sentinel labs are reporting influenza activity (some rapid tests/some cultures).

A total of 2.4% of visits to sentinel physician are for "influenza-like illness" (ILI), below the national baseline of 2.5%, but up from 1.4% last week. SE Michigan sentinel providers are seeing higher levels at 3.8%, as is SW Michigan at 3.4%. There continues to be an increase in presentations to emergency rooms with ILI. There has also been a gradual increase in the purchase of OTC adult/pediatric cold medications.

All signs indicate that influenza activity is accelerating and approaching peak levels. Activity is up in all sectors of the state's surveillance system. MDCH continues to encourage people to be vaccinated, especially those in high or routine priority groups. For updated information about influenza in Michigan throughout the flu season, visit www.michigan.gov/influenza. National information on influenza activity may be found at the CDC website www.cdc.gov/flu.

MICHIGAN BIRTH DEFECTS REGISTRY (MBDR)

Each year approximately 120,000 babies are born with a birth defect in the United States including 10,000 Michigan newborns. Birth defects are the leading cause of infant death and also contribute to an increased risk of mortality beyond a child's first year of life. Data from the Michigan Birth Defects Registry (MBDR) demonstrate an infant death rate of *40.9 deaths* per 1,000 MBDR cases for children born in 2002 with a reportable condition. This compares to an infant death rate of *7.6 deaths* per 1,000 for all resident infants born in Michigan during the same year.

January was been designated as national Birth Defects Prevention Month to highlight the public health importance of birth defects. Although mandatory fortification of the

grain supply (with 140 micrograms folic acid/100 grams of grain product) since 1998 and folic acid educational campaigns have contributed to a 26% national decline in the incidence of neural tube defects (NTD), approximately 80 Michigan infants each year continue to be born with NTD. The number of NTD-affected pregnancies is even greater and includes those resulting in miscarriage or termination. Additional efforts are needed to support birth defects prevention strategies, as well as treatment and care options including early intervention services for children and families affected by birth defects.

The *only* birth defect that is 100% preventable is fetal alcohol spectrum disorder (FASD), a set of physical, behavioral and cognitive birth defects that can result when alcohol is consumed during pregnancy. FASD is one of the leading known preventable causes of mental retardation. It is an irreversible, lifelong condition that affects every aspect of a child's life and the lives of affected families. It is estimated that 1 in 1,000 children born each year in the United States has fetal alcohol syndrome (FAS), the most severe outcome after prenatal exposure to alcohol. Researchers estimate that up to 10 times as many children are born each year with other prenatal alcohol-related conditions. Women should not consume alcohol when they are pregnant or planning a pregnancy—there is simply no known safe amount.

The essential public health message that is being promoted is that there *are* concrete steps that women of childbearing age can take to decrease their risk of having a baby with a birth defect. Every day, all women of childbearing age should consume a multivitamin that contains 400 micrograms (400 mcg or 0.4 mg) of folic acid in addition to eating a healthy and varied diet. Up to 70% of NTD such as spina bifida and anencephaly can be prevented by daily folic acid intake of 400 micrograms prior to conception and throughout the first trimester of pregnancy. Folic acid consumption may also reduce the risk of other birth defects including cleft lip or palate and heart defects. Providers should assure that all women are appropriately immunized; of special focus are women born outside the United States who have not received rubella immunizations. As you know, exposure to rubella virus in the first trimester of pregnancy results in congenital rubella syndrome that can cause serious heart, hearing and vision defects. In addition to avoiding alcohol, women should not smoke or use recreational drugs during pregnancy.

For more information about birth defects prevention, including a free pamphlet for patients, "*Preventing Birth Defects—Important Information for Michigan Families*" please contact the Michigan Department of Community Health's Birth Defects Program at (866) 852—1247, e-mail BDRFollowup@michigan.gov or visit www.migeneticsconnection.org and click on "Birth Defects & Folic Acid".

EMERGENCY RULE EXPANDS COMMUNICABLE DISEASE REPORTING

On December 1, 2004 an emergency rule took effect that adds eight diseases and infections to the list of reportable communicable diseases in Michigan. The list was last updated in 1999. The purpose of the emergency rule is to aid in the state's preparedness efforts by adding diseases and conditions that are of current concern. New reportable diseases and infections include: SARS, avian flu, orthopox virus (smallpox and monkey pox), Staphylococcus aureus disease that is vancomycin resistant or intermediate, Arboviral disease (including West Nile Virus, Eastern Equine Encephalitis, St. Louis Encephalitis, and California Group [Lacrosse Encephalitis]), spongiform encephalopathies (includes Creutzfeldt-Jacob disease), and invasive Streptococcus pneumoniae disease.

The emergency rule amends R 325.172 and R 325.173. Emergency rules remain in effect for six months and may be renewed for six months. The Department of Community Health has begun the normal rules promulgation process in order to continue these rules beyond these limits.

More information on the emergency rules is available at Office of Regulatory Reform website www.michigan.gov/orr. If you would like additional information, please contact Karen Krzanowski at (517) 335-8150.

MORBIDITY AND MORTALITY WEEKLY REPORT (MMWR)

The "Morbidity and Mortality Weekly Report" contains data on specific diseases as reported by state and territorial health departments and reports on infectious and chronic diseases, environmental hazards, natural or human-generated disasters, occupational diseases and injuries, and intentional and unintentional injuries. Also included are reports on topics of international interest and notices of events of interest to the public health community. Current and past issues are available at: http://www.cdc.gov/mmwr/mmwr_wk.html. On the bottom left of this web page is a link that allows you to request a free electronic subscription to the MMWR.

REVISED DIETARY GUIDELINES FOR AMERICANS

HHS Secretary Tommy G. Thompson and Agriculture Secretary Ann M. Veneman recently announced the sixth edition of *Dietary Guidelines for Americans*, which emphasizes reducing calorie consumption and increasing physical activity. The Guidelines will serve as the new basis for federal food programs and nutrition education programs.

The *Dietary Guidelines*, based on the latest scientific information including medical knowledge, provide authoritative advice for people two years and older about how proper dietary habits can promote health and reduce risk for major chronic diseases. The *Dietary Guidelines* provide health education experts, such as doctors and

nutritionists, with a compilation of the latest science-based recommendations. The Food Guidance System, currently called the Food Guide Pyramid, is also undergoing revision and will align with the new Dietary Guidelines. It will be released this spring.

For more information on the sixth edition of *Dietary Guidelines for Americans*, visit <http://www.healthierus.gov/dietaryguidelines/>. [Table of Contents](#)

ADA AND CDC CELEBRATE 60TH ANNIVERSARY OF COMMUNITY WATER FLUORIDATION

Community water fluoridation, cited as one of 10 great public health achievements of the 20th century by the Centers for Disease Control and Prevention (CDC), celebrates its 60th birthday this year. "Fluoridation is the single most effective public health measure for preventing tooth decay and improving oral health over a lifetime," stated William R. Maas, D.D.S., M.P.H., Director, CDC Division of Oral Health. "Community water fluoridation is the most economical preventive method we have in dentistry," said Richard Haught, D.D.S., ADA president, "We need to put special emphasis on providing fluoridation to those who aren't able to enjoy its benefits now."

On January 25, 1945, Grand Rapids, Mich., became the first community to adjust the fluoride content in the public water system to the level effective for prevention of tooth decay. Since that time, some 170 million Americans now have access to community water fluoridation.

The CDC Division of Oral Health supports expansion of community water fluoridation throughout the nation by providing technical assistance to state water programs on fluoridation implementation and practices. The division monitors the extent and quality of fluoridation through the Water Fluoridation Reporting System, which also provides the public with information on the level of fluoride in water systems. This information is available on the My Water's Fluoride Web site, which allows consumers in 31 participating states and two Native American tribes to obtain basic information about their water system, including the number of people served by the system and the target fluoridation level (<http://apps.nccd.cdc.gov/MWF/Index.asp>).

The American Dental Association has long endorsed community water fluoridation as safe, effective and necessary in preventing tooth decay. This support has been the Association's position since policy was first adopted in 1950. The ADA, along with state and local dental societies, continues to work with federal, state, and local agencies to increase the number of communities benefiting from optimally fluoridated water. The ADA has developed a number of information resources, including the *Fluoridation Facts* booklet, videos, electronic presentations and resource kits. For more information and to view the entire ADA resource list, visit the ADA's "Fluoride and Fluoridation" Web site at <http://www.ada.org/goto/fluoride>.