



## Dickinson-Iron District Health Department

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### PHYSICIAN NEWSLETTER

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#### INFLUENZA VACCINE AVAILABILITY AND RECOMMENDATIONS FOR 2004-05 INFLUENZA SEASON

The Dickinson-Iron District Health Department was informed October 5, 2004 that its primary vaccine supplier will not be distributing vaccine this influenza season. CDC was notified by Chiron Corporation that none of its influenza vaccine (Fluvirin®) would be available for distribution in the United States for the 2004–05 influenza season. The company indicated that the Medicines and Healthcare Products Regulatory Agency (MHRA) in the United Kingdom, where Chiron's Fluvirin vaccine is produced, has suspended the company's license to manufacture Fluvirin vaccine in its Liverpool facility for 3 months, preventing any release of this vaccine for this influenza season. This action will reduce by approximately one half the expected supply of trivalent inactivated vaccine (flu shot) available in the United States for the 2004–05 influenza season.

"We are forced at this time to notify the community that we have cancelled plans for scheduling external and internal adult influenza vaccination clinics this influenza season", said Richard J. Thoune, Health

Department Director. The Health Department has placed itself on Aventis Pasteur's waiting list for influenza vaccine. The department has a limited supply of vaccine for young children and hopes to schedule clinics for administering this vaccine pending additional direction and guidance from the Michigan Department of Community Health. Dates and times of any scheduled clinics for young children will be announced by the Health Department in local print and broadcast media outlets.

The remaining supply of influenza vaccine expected to be available in the United States this season is nearly 54 million doses of Fluzone<sup>®</sup> (inactivated flu shot) manufactured by Aventis Pasteur, Inc. Of these doses, approximately 30 million doses already have been distributed by the manufacturer. In addition, approximately 1.1 million doses of live attenuated influenza vaccine (LAIV/FluMist<sup>®</sup>) manufactured by MedImmune will be available this season.

Because of this urgent situation, CDC, in coordination with its Advisory Committee for Immunization Practices (ACIP), has issued interim recommendations for influenza vaccination during the 2004–05 season. These interim recommendations were formally recommended by ACIP on October 5, 2004, and take precedence over earlier recommendations.

### ***Priority Groups for Influenza Vaccination***

The following priority groups for vaccination with inactivated influenza vaccine this season are considered to be of equal importance and are:

- all children aged 6–23 months;
- adults aged 65 years and older;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 6 months–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

Persons who are not included in one of the priority groups described above are asked to forego or defer vaccination at this time.

### ***Local Adult Influenza Vaccine Availability***

With the cooperation and assistance of local health care providers in Dickinson and Iron Counties, the Dickinson-Iron District Health Department has been able to estimate current on hand and ordered but not yet received adult influenza vaccine levels. An estimated 2,600 doses of adult vaccine are on hand in Dickinson County, with an additional 1,460 doses expected from vaccine supplier Aventis Pasteur, Inc. Iron County currently has no adult influenza vaccine on hand. Local health care providers in Iron County expect to receive an estimated 1,200 doses between late October and early November. The Health Department encourages residents within a priority group listed above to contact their health care provider to determine vaccine availability.

### ***Other Vaccination Recommendations***

Intranasally administered, live, attenuated influenza vaccine, if available, is encouraged for healthy persons who are aged 5–49 years and are not pregnant, including health-care workers (except those who care for severely immunocompromised patients in special care units) and persons caring for children aged <6 months.

Certain children aged <9 years require 2 doses of vaccine if they have not previously been vaccinated. All children at high risk for complications from influenza, including those aged 6–23 months, who present for vaccination, should be vaccinated with a first or second dose, depending on vaccination status.

However, doses should not be held in reserve to ensure that 2 doses will be available. Instead, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-serve basis.

### ***Persons Who Should Not Receive Influenza Vaccine***

Persons with a severe allergy (i.e., anaphylactic allergic reaction) to hens' eggs, and those who previously had onset of Guillain-Barré syndrome during the 6 weeks after receiving influenza vaccine should not receive influenza vaccine before talking with their doctor.

Additional information is available at <http://www.cdc.gov/flu> or through the CDC public response hotline, telephone 888-246-2675 (English), 888-246-2857 (Español), or 866-874-2646 (TTY).

## **CDC 2004-05 FLU GALLERY**

CDC announces the opening of the “2004-05 Flu Gallery”, where you can view and download all of this season’s influenza education materials, including posters, flyers and brochures from the web for the following audiences:

- Healthcare providers
- Seniors
- Pregnant women
- Parents of 6-23 month olds and other kids at high risk
- People 18 or older with high risk conditions

Most materials are in English and Spanish. You can print most on office printers, and separate files can be taken to a professional (offset) printer. [www.cdc.gov/flu/gallery](http://www.cdc.gov/flu/gallery)

## **UPDATED WEST NILE VIRUS (WNV) INFORMATION**

Updated information on West Nile virus activity in the United States is available on the Centers for Disease Control (CDC) website. One thousand six hundred and four cases have been reported to CDC this season as of September 21, 2004. Of the 1,604 cases, 559 were reported as West Nile meningitis or encephalitis (neuroinvasive disease), 652 were reported as West Nile fever (milder disease), and 393 were clinically unspecified at this time. Forty-eight deaths have been reported. You can view a chart showing current state by state WNV activity by going to the following CDC website address:

[http://www.cdc.gov/ncidod/dvbid/westnile/surv&controlCaseCount04\\_detailed.htm](http://www.cdc.gov/ncidod/dvbid/westnile/surv&controlCaseCount04_detailed.htm)

The CDC also provides updated maps showing West Nile virus activity and WNV viremic blood donor activity in the United States. These maps can be viewed at:

<http://www.cdc.gov/ncidod/dvbid/westnile/surv&control.htm>

## **SYPHILIS SCREENING RECOMMENDATIONS**

The U.S. Preventive Services Task Force has strongly recommended that clinicians screen persons at increased risk for syphilis infection. Although the Task Force found no new direct evidence that screening for syphilis infection leads to improved health outcomes in persons at increased risk, it found adequate evidence that screening tests can accurately detect syphilis infection and that antibiotics can cure syphilis.

The Task Force also has **strongly recommended that clinicians screen all pregnant women for syphilis infection**. The Task Force found observational evidence that the universal screening of pregnant women decreases the proportion of infants with clinical manifestations of syphilis infection and those with positive serologies.

Visit <http://www.ahrq.gov/clinic/uspstf/uspssyph.htm> for the full recommendation and supporting documents.

## **COMPARISON OF BUSH VS. KERRY POSITIONS ON HEALTH CARE**

The American College of Preventive Medicine (ACPM) has released a side-by-side comparison of the health care proposals of the two 2004 presidential candidates. The objective, non-partisan chart compares each candidate's positions across a variety of dimensions—such as health insurance coverage, costs and financing, quality of care, and disease prevention.

ACPM has prepared this unique document as a service to its members and other health professionals and consumers who view health care as an important issue in the upcoming election. The document culls information from a variety of sources, including the platforms available on both candidates' web sites, various articles from national media sources, expert reviews from academic scholars and national foundations, and various fact sheets and speeches by the candidates.

To access ACPM's comparison chart and an analysis of the candidates' positions compared to the College's fundamental principles for health reform, visit <http://www.acpm.org/comparingthecandidates.htm>.

## **PERTUSSIS UPDATE**

Michigan has seen a significant increase in the number of reported cases of pertussis (whooping cough). As of the end of August 2004, 99 cases had been reported to the Michigan Department of Community Health (MDCH), with several more under investigation by local health departments throughout the state. This level compares with 63 cases reported for the same period in 2003 – representing a 57 percent increase.

Cases of whooping cough have been reported in 30 different counties from all regions of the state. While no large outbreaks have been detected, several instances of disease clusters have been noted involving multiple cases among families, extended families, and acquaintances. Cases also have occurred in all age groups, ranging from infants as young as a few weeks old to adults.

Michigan is not unique in noting an increase in pertussis incidence. Several other states, including Wisconsin, Illinois, Ohio, Indiana, North Dakota, and New York, among others, have reported significant increases in cases this year. A general nationwide trend of increasing pertussis incidence has been observed over the past 10 to 15 years. In 2003, 11,647 cases were reported in the U.S. – the highest number reported since 1964. The reasons for this trend

are not clear. However, even these levels are significantly lower than those that occurred in the pre-pertussis vaccine era, when hundreds of thousands of cases were reported annually. The immunity conferred by the pertussis vaccine protects children through the early years of life, when they are most susceptible to a severe and complicated case of the disease, but this protection is believed to wear off after a period of 5 to 10 years. Adolescents and adults with unrecognized, undiagnosed pertussis are often the source of infections in small infants and children. One current challenge with pertussis prevention and control efforts is the fact that there is no licensed vaccine for use in persons over 7 years of age. Booster doses of pertussis vaccines for adolescents and adults are currently being developed and tested, but are not currently licensed for use in the U.S.

In the meantime the current strategy for pertussis prevention and control is to prevent cases in highly susceptible infants and young children by ensuring all doses of the pertussis vaccine series are given on time, according to the recommended childhood and adolescent immunization schedule.

For more information about pertussis, visit the MDCH web site at [www.michigan.gov/mdch](http://www.michigan.gov/mdch) or the Centers for Disease Control web site at <http://www.cdc.gov/>.

### **FREE NICOTINE PATCHES OR GUM**

Beginning October 1, 2004 smokers who are uninsured may qualify for a free two-month supply of nicotine patches or gum to help them quit smoking. The nicotine patches or gum will be supplied to uninsured Michigan adults through the free "I Can Quit" Telephone Coaching Program (Quit Line) funded by the Michigan Department of Community Health.

Anyone who wants to quit smoking (or spit tobacco) can call for coaching; however, only those without health insurance will qualify for the free nicotine patches or gum. In order to receive free nicotine patches, uninsured callers must enroll in the coaching portion of the program and set a quit date within 30 days. Funding for the nicotine patches or gum is limited so it will be available on a first-come, first-serve basis. The "I Can Quit" Program can be accessed by calling 1-800-480-QUIT (7848). Assistance is free and confidential. Promotional flyers, posters, and business cards for the quit line are available by calling (517) 335-8376.