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VACCINE PREVENTABLE DISEASES REPORTED IN MICHIGAN, 2003

This is a summary of reported cases of selected vaccine-preventable diseases in Michigan in 2003.

Congenital Rubella - No cases

Diphtheria - No cases

Haemophilus Influenzae Invasive Disease - Twenty-five cases of invasive *H. influenzae disease* were reported to the Michigan Department of Community Health (MDCH); of these, eight were under 5 years of age and the remaining 17 were 16 years of age or older (ranging in age from 16 to 86 years).

Measles - Two cases of measles were reported in Michigan in 2003. The cases, involving a 9 month-old female and a 25 year-old female, may have been commonly exposed to an unidentified source case, as their onsets of rash were within two days of each other and they were concurrently present at a hospital emergency department approximately 13 days prior to rash onset.

Both cases were confirmed by measles IgM serology; viral culture was performed on one of the cases and was negative. The 25 year-old related a history of one dose of measles vaccine at age 15 months, while the 9 month-old had not received any doses of a measles vaccine, being younger than the minimum recommended age of 12 months for routine MMR vaccination.

Mumps - Eight cases of mumps were reported in 2003; six (75%) were female. As in other recent years, more cases were reported in adults than in children. This shift in disease burden to older age groups for what was traditionally regarded as a childhood illness is the result of comprehensive and routine immunization efforts focused on the childhood years.

Pertussis - One hundred and forty cases of pertussis were reported in 2003, more than twice the number (62 cases) reported in 2002 (an increase of 125%). Seventy-six (54%) were female, and 64 (46%) were male. Cases ranged in age from 5 days to 76 years, with a median age of 5 years.

Rubella - No cases

Tetanus - No cases

Varicella - Surveillance for varicella in Michigan primarily consists of reports of weekly aggregate case counts from schools and child-care programs. In 2003, 4,171 cases were reported, representing a 22% decrease from the 5,352 reported in 2002. This continues the declining trend in varicella incidence observed since the late 1990s. Varicella vaccine was licensed for use in the US in 1995.

REVISED CDC RECOMMENDATIONS FOR TREATING GONORRHEA IN MSM

For more than 10 years, the CDC has suggested clinicians use fluoroquinolones to treat gonorrhea in men who have sex with men (MSM). Based on new data indicating increased fluoroquinolone resistance, however, the CDC recently announced they should no longer be used as first-line treatment.

Data compiled last year show that the prevalence of fluoroquinolone-resistant *Neisseria gonorrhoeae* (QRNG) among MSM has increased significantly, to nearly 5%.

According to a CDC-sponsored sentinel surveillance system on gonorrhea (LISP), of men seen at STD clinics in 23 U.S. cities, the proportion of QRNG more than doubled, from 0.4% in 2002 to 0.9% in 2003. The data exclude Hawaii and California, locations where there already was substantial prevalence of resistance. Preliminary data from all U.S. GISP sites indicate an increased QRNG prevalence of 4.2% in 2003, compared with 2.2% in 2002 and 0.7% in 2001.

Occurrence of QRNG was highest among MSM, increasing nearly threefold from 1.8% in 2002 to 4.9% in 2003, according to the CDC. The 4.9% rate among MSM was nearly 12 times higher than the 0.4% rate among heterosexual men in 2003, which had increased from 0.2% in 2002.

New Treatment Recommendations

Based on these findings, the CDC's new recommended treatment options for MSM with gonorrhea include the injectable antibiotic ceftriaxone (Rocephin, Roche): a 125-mg intramuscular (IM) injection for anorectal, pharyngeal and urogenital cases. Another option for anorectal and urogenital cases only is spectinomycin (Trobicin, Pfizer), a 2-g IM injection. Cefixime (Suprax, Wyeth) is also an option, but this drug is only available in a liquid form in the United States.

Specifically, the CDC suggests that patients with gonorrhea who are MSM or who provide history suggesting acquisition in an area with increased QRNG prevalence (Asia, the Pacific Islands, California, England and Wales) use one of these options instead of a fluoroquinolone. Fluoroquinolones used to treat gonorrhea have included ciprofloxacin (Cipro, Bayer), levofloxacin (Levaquin, Ortho-McNeil) and ofloxacin (Floxin, Ortho-McNeil).

Regional Data Support National Statistics

Due to the lower prevalence of QRNG in heterosexuals, no change in treatment recommendations for this group is warranted. The CDC advised, however, that some state and local areas have changed, or may need to change, their recommendations, based on their own prevalence statistics.

"Clinicians must be vigilant in identifying treatment failures when fluoroquinolones are used, advise their patients about the importance of follow-up if symptoms persist and be prepared to evaluate such cases by culture," the CDC said. "In cases of persistent gonococcal infection after treatment with fluoroquinolones, antimicrobial susceptibility testing should be performed."

Studies from Massachusetts and New York City also indicated that in the same year, 2003, rates of QRNG were higher among MSM as compared with heterosexual men.

The Massachusetts State Laboratory Institute reported that QRNG was identified more than six times as often in isolates from MSM (11.1 %) than in heterosexual men (1.8%) from January through August 2003. The institute performed antimicrobial susceptibility tests on 249 gonococcal isolates from 235 patients in clinical facilities throughout the state.

Similarly, New York City reported that QRNG was nearly eight times more common among MSM (12.5%) than heterosexual men (1.6%) from January through July 2003. Antimicrobial susceptibility tests were performed on 643 gonococcal isolates from patients evaluated at 10 STD clinics.

"These national and regional data show that drug-resistant gonorrhea is a rapidly emerging health concern, particularly for gay and bisexual men," said John Douglas, MD, director of the CDC's STD prevention programs, in a release.

For More Information

CDC. Increases in fluoroquinolone-resistant *Neisseria gonorrhoeae* among men who have sex with men - United States, 2003, and revised recommendations for gonorrhea treatment, 2004. MMWR. 2004;53(16):335-338.

TOOL TO EVALUATE RASH ILLNESSES SUSPICIOUS FOR SMALLPOX

The CDC has developed an updated interactive screening tool to help clinicians evaluate a rash illness suspicious for smallpox. This internet tool consists of an interactive questionnaire (six questions) and is to be used only when there is no known release or circulation of smallpox. The interactive questionnaire can be found at:

<http://www.bt.cdc.gov/agent/smallpox/diagnosis/riskalgorithm/index.asp>

The same general guidance can be obtained using the following protocol which lists the symptoms associated with acute, generalized vesicular or pustular rash illness and categorizes the risk of smallpox according to the patient's signs and symptoms.

Acute, Generalized Vesicular or Pustular Rash Illness Protocol

