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PHYSICIAN NEWSLETTER

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NEW DEFINITIONS FOR TRAVEL NOTICES REGARDING DISEASES ABROAD

In the May 21, 2004 issue of the MMWR, CDC's Division of Global Migration and Quarantine announced new, scalable definitions for travel notices about disease occurrences abroad. The purpose is to refine the announcements so they are more easily understood by international travelers, U.S. citizens living abroad, health-care providers, and the general public. In addition, defining and describing levels of risk will clarify the need for travelers to take recommended preventive measures.

From a public health perspective, scalable definitions will enhance the usefulness of the travel notices, enabling them to be tailored readily in response to events and circumstances. A complete description of the definitions and criteria for issuing and removing travel notices at each of the four levels is available at <http://www.cdc.gov/travel>.

The new notices are as follows:

In the News. This notice provides information about sporadic cases of disease or an occurrence of disease of public health concern affecting a traveler or travel destination. At this level, the risk for an individual traveler does not differ from the usual risk in that area.

Outbreak Notice. Information is provided regarding a disease outbreak in a limited geographic area or setting. The risk for travelers is defined and limited, and the notice reminds travelers about standard or enhanced travel recommendations such as vaccination.

Travel Health Precaution. Specific information is provided to travelers regarding a disease outbreak of greater scope and over a larger geographic area, aimed at reducing the risk for infection. This precaution also provides guidance to travelers about what to do if they become ill while in the area. At this level, CDC does not recommend against travel to a specific area, but might recommend limiting exposure to a defined setting (e.g., poultry farms or health-care facilities).

Travel Health Warning. A recommendation is issued against nonessential travel to an area because a disease of public health concern is expanding beyond the locales or populations that were affected initially. The purpose of a travel warning is to reduce the volume of traffic to affected areas, limiting the risk for spreading the disease to unaffected areas.

TB TREATMENT GUIDELINES IN PDA FORMAT

A practical point-of-care reference tool for the [Treatment of Tuberculosis](http://www.cdc.gov/nchstp/tb/pubs/PDA_TBGuidelines/PDA_treatment_guidelines.htm) guidelines is now available from the CDC for download and use on Palm OS devices. It can be obtained at: http://www.cdc.gov/nchstp/tb/pubs/PDA_TBGuidelines/PDA_treatment_guidelines.htm

Contents

- Decision to Initiate Treatment
- Continuation Phase Treatment
- Monitoring During Treatment
- Treatment Regimens
- Special Treatment Situations
- Drug Information
- Treatment Interruptions
- Case Management

It is recommended that clinicians be thoroughly familiar with the [Treatment of Tuberculosis](http://www.cdc.gov/nchstp/tb/pubs/PDA_TBGuidelines/PDA_treatment_guidelines.htm) guidelines prior to using this reference tool in patient care.

TRENDS IN HIV/AIDS IN MICHIGAN

HIV mortality and the number of new HIV infections have not changed significantly over the last five years. However, because there are still more new HIV diagnoses each year than deaths among HIV infected persons, the total number of persons living with HIV infection is increasing. Michigan residents with HIV infection continue to be predominantly men who have sex with men (MSM), black, aged 25-44 at time of diagnosis, and/or residents of Southeast Michigan. When 'presumed heterosexuals' are included in the heterosexual category, the proportion with heterosexually acquired infection is almost equal to the number infected through MSM. The proportions of new diagnoses of HIV infection have increased significantly over the past few years among persons without a known mode of transmission and those infected as ages 20-24 years but have decreased significantly in IDU's and MSM/IDU's.

From 1998-2002, approximately 27 percent of persons newly diagnosed with HIV infection were also diagnosed with AIDS at the same time, with men being diagnosed with HIV and AIDS concurrently more frequently than women. The proportion of new HIV infections diagnosed at the same time as AIDS decreased significantly in white males but did not change significantly in any other race/sex group.

Although the age at diagnosis of HIV has not changed substantially, the current age has increased. As of January 1, 2004 there are 2,394 persons who are currently age 50 or older and living with HIV/AIDS in Michigan. This represents 21% of the 11,145 persons reported and living with HIV/AIDS in Michigan as of the first of this year, compared with 1135 persons (13%) living with HIV/AIDS on January 1, 1999. These persons are comparable to the population of persons of all ages living with HIV/AIDS in Michigan with regards to sex and race. However, persons in the 50+-age category are more likely to have been infected by injecting drugs than the total population of HIV infected persons- 28% vs. 15%. Much of this increase can be attributed to persons infected in their 20's-30's living longer. However, as this population increases and has sex with age-matched peers, we can expect age at diagnosis could increase as well. The popularity of erectile dysfunction drugs can help this trend along. In order to minimize transmission among this age group, sexually active persons of all ages should be offered HIV testing when they present for medical care and given risk reduction messages.

NEW CHILDHOOD AND ADOLESCENT IMMUNIZATION SCHEDULE

The new Childhood and Adolescent Immunization Schedule (July-December 2004) is available in both a one-page and a two-page version at the Michigan State Medical Society Immunization website at <http://www.msms.org/peml/imm/imm.html>.

The most significant change is that the new schedule recommends routine annual influenza vaccine for children aged 6-23 months rather than merely encouraging it as in past schedules.

GOVERNOR GRANHOLM, SURGEON GENERAL UNVEIL PRESCRIPTION FOR A HEALTHIER MICHIGAN

Governor Jennifer M. Granholm and Dr. Kimberlydawn Wisdom, Michigan's Surgeon General, today unveiled a new plan designed to improve the long-term health of Michigan's citizens by focusing on strategies to prevent disease and other chronic health conditions. "The economic and social costs associated with an unhealthy population have a dramatic impact on Michigan's ability to compete and succeed in the 21st century economy," Granholm said. "If we are to attract new businesses and create jobs, we have to have healthy, productive workers. Dr. Wisdom's Prescription for a Healthier Michigan will help us start down the path to better health."

Granholm said that over the last decade, Michigan has experienced unnecessary increases in infectious and chronic diseases, driven largely by unhealthy lifestyles. In 2002, the consequences of sedentary lifestyles cost Michigan nearly \$8.9 billion in medical care costs, lost productivity, and workers compensation. In 2003, obesity-related medical costs in Michigan totaled an estimated \$2.9 billion.

"Personal choices and commitment will ultimately make the difference in our individual health and the well-being of our communities," Dr. Wisdom said. "I ask everyone to play a role in implementing the recommendations contained in the Prescription." In the Michigan Surgeon

General's Prescription for a Healthier Michigan, Dr. Wisdom outlines strategies that Michigan's health care business and educational and faith-based communities should enact to ensure a healthy population.

Among the highlights:

- Business and industries should provide health care benefits that support prevention activities, encourage and establish incentives to use such benefits, and develop health-based partnerships with community-based organizations.
- K-12 schools should adopt policies on health foods and beverages, implement 24-hour, seven days a week tobacco free policies, and integrate school health education and physical education into school curriculums.
- Healthcare providers should provide prevention services for all patients, educate and support patients in maintaining health and self-management of diseases, identify populations in order to reduce health disparities, and play a substantial role in community efforts to advance and promote healthy lifestyles.
- Colleges and universities should prepare health professionals to respond to the needs and challenges of the 21st century through professional, comprehensive training programs, and recruit and retain diverse health professional workforces to address urgent health issues facing Michigan citizens.

"It is our own personal choices and commitments that will make the difference in our health and the health of our communities, allowing us to turn our focus from treating health conditions to health promotion and disease prevention," Dr. Wisdom said. "Unless we all take greater responsibility for ourselves, our families, and our communities, Michigan's collective health will not improve."

The Prescription is available on the Web at www.michigan.gov/mdch . This report follows the Healthy Michigan 2010 report, the Michigan Surgeon General's first-ever health status report that serves as the foundation of the state's efforts to improve the well-being of the people of Michigan. The 133-page Healthy Michigan 2010 status report pointed out that in areas related to healthy lifestyles, such as physical activity, healthy weight, and good nutrition, Michigan has room for improvement.

Later this spring, the Surgeon General will debut a program that will help individuals adopt more active, healthier lifestyles.