



Physician's Update

Joshua Meyerson, MD, MPH, Medical Director

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(231) 547-7679 j.meyerson@nwhealth.org



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Influenza Update

Influenza disease activity is just beginning to increase in the area at the time of this writing. So far the disease strains isolated across the nation are well matched with the vaccine strains. The Health Department was able to procure a large amount of influenza vaccine this year from special funding through the American Recovery and Reinvestment Act (ARRA).

Staff at the Health Department worked tirelessly through the fall and early winter and offered vaccine at many area schools, community sites, senior centers, and businesses, as well as in the health department clinics. We have now given nearly 10,000 doses of flu vaccine and will continue to vaccinate throughout the flu season. Remember that everyone (over 6 months) should get a flu vaccine every year.

Health Department offers expanded immunization services

The Health Department is now able to bill private insurance (in addition to Medicaid and Medicare) for all immunizations for children and adults. Individuals who have full coverage for vaccines may receive them at the Health Department and we will bill the insurance company directly. If their insurance does not cover the cost of the vaccines then there are several options: Children who are enrolled in Medicaid, uninsured, or whose insurance does not cover the cost of the vaccine, may receive free vaccine through the Vaccine For Children program.

No Child is denied needed immunizations due to an inability to pay. Adults who have no insurance or no coverage for vaccines may qualify for free vaccine through the adult vaccine replacement program – currently this program covers Td, Tdap, MMR, Hepatitis A, and Hepatitis B Vaccine. Otherwise adults with no insurance coverage are asked to pay for the cost of the vaccine and administration. From time to time we may be able to offer certain vaccines at no or reduced cost as part of special government programs. You or your clients can always call and see what is currently available.

New Recommendations for Pertussis Vaccine

The Advisory Committee on Immunization Practices (ACIP) expanded the recommendations for the use of the Tetanus diphtheria acellular pertussis (Tdap) Vaccine. The recommendations now include the use of the vaccine routinely for everyone over 11 years of age who have not received a previous dose Tdap. The new recommendations also include individuals over the age of 65, who previously could only get a Td vaccine. To summarize the recommendations:

- All children ages 7 through 10 years who are not fully vaccinated against pertussis should receive a single dose of Tdap.
- All adolescents and adults ages 11 through 64 years who have not received a dose of Tdap or whose vaccination status is unknown should receive a single dose of Tdap as soon as feasible.
- **Adults age 65 years and older who have not previously received Tdap, and who have or who anticipate having close contact with a child younger than age 12 months, should receive a single dose of Tdap to reduce the likelihood of transmitting pertussis to an infant. Other adults age 65 years and older who have not previously received Tdap may be given a single dose of Tdap in place of Td.**
- Tdap can be given regardless of the interval since the last Td was given. The ACIP eliminated any minimum interval between a dose of Td and Tdap.
- **Most pregnant women who were not previously vaccinated with Tdap should get one dose of Tdap postpartum before leaving the hospital.**

The expanded use of Tdap vaccine is especially important in our area as we have experienced the highest number of cases of Pertussis in many years. Pertussis cases were on the increase nationwide but Michigan was particularly hard hit and as you can see from the CD data in this newsletter we had a very large increase in reported Pertussis cases – far more than in any year previous over the last 10 years.

Antiviral Guidance for the 2010-2011 Influenza Season

The CDC recently published guidance on the use of antivirals for the current flu season. The full report is at www.cdc.gov/flu. The recommendations are similar to last year and the major points are summarized:

- Early empiric antiviral treatment of suspected or confirmed influenza among people with severe, complicated, or progressive illness or those hospitalized for influenza
- Early empiric antiviral treatment of suspected or confirmed influenza among people at higher for influenza complications
- Use of either oseltamivir or zanamivir for influenza A and B treatment or chemoprophylaxis, and recommendations not to use rimantadine or amantadine as influenza antiviral medications due to high levels of resistance to these medications among circulating influenza A viruses
- Use of antiviral medications among children younger than 1 year of age
- Use of local data on influenza virus circulation and influenza testing of respiratory specimens from patients with suspected influenza, when available, to help inform clinicians about influenza circulation
- Consideration of antiviral treatment for any previously healthy, non high-risk symptomatic outpatient with confirmed or suspected influenza, based upon clinical judgment, if treatment can be initiated within 48 hours of illness onset.

Communicable Diseases 2006 - 2010

Disease	2006	2007	2008	2009	2010	Total
Campylobacter	14	10	9	13	13	59
Cryptosporidiosis	1	4	7	9	8	29
Escherichia coli O157:H7*	3	1	6	2	0	12
Giardiasis	13	3	9	5	1	31
Listeriosis	0	1	0	0	0	1
Salmonellosis	14	6	9	11	10	50
Shiga toxin-producing Escherichia coli --(STEC)	0	0	0	0	3	3
Shigellosis	0	1	1	2	3	7
Yersinia enteritis	0	1	1	2	1	5
Flu Like Disease*	6323	4564	6917	12042	8359	38205
Influenza	2	8	27	51	1	89
Influenza, 2009 Novel*	0	0	0	68	1	69
Meningitis - Aseptic	4	3	6	2	0	15
Meningitis - Bacterial Other	0	0	2	2	1	5
Streptococcus pneumoniae, Inv	0	5	7	11	6	29
Blastomycosis	2	3	0	0	0	5
Coccidioidomycosis	1	2	2	2	0	7
Cryptococcosis	0	0	1	1	0	2
Encephalitis, Primary	0	0	1	0	0	1
Guillain-Barre Syndrome	2	1	1	4	1	9
Head Lice	0	0	0	0	195	195
Hemolytic Uremic Syndrome	0	0	1	0	0	1
Legionellosis	0	1	3	2	0	6
Strep Throat	0	0	55	0	353	408
Streptococcal Dis, Inv, Grp A	1	4	0	2	2	9
Chlamydia (Genital)	143	156	121	144	161	725
Gonorrhea	17	23	23	9	13	85
Syphilis - Late Latent	0	0	0	1	0	1
Syphilis - Primary	0	0	1	0	0	1
Syphilis - Secondary	1	0	0	0	3	4
Tuberculosis	3	1	0	0	0	4
Chickenpox (Varicella)	73	51	35	30	4	193
H. influenzae Disease - Inv.	0	0	1	0	0	1
Pertussis	2	6	6	4	42	60
Dengue Fever	0	0	0	1	0	1
Ehrlichiosis, Ehrlichia chaffeensis	0	0	0	0	1	1
Malaria	0	0	0	1	0	1
West Nile Virus	1	0	0	0	0	1
Hepatitis A	1	3	1	0	0	5
Hepatitis B, Chronic	6	6	5	6	6	29
Hepatitis C, Chronic	67	74	59	64	69	333
Total	6704	4939	7321	12493	9269	40726

New Recommendations for Meningococcal Vaccine

The ACIP also changed the recommendations for the Meningococcal Conjugate Vaccine (MCV4). Adolescents should now receive a 2 dose series with the first dose at age 11-12 and a second dose at age 16-18 years. This will provide maximum protection against meningococcal disease during the ages of increased risk including through the college age years. For persons with persistent complement deficiency and anatomic or functional asplenia, the series consists of a 2 dose primary series separated by at least 2 months and then a booster dose every 5 years thereafter.

Why the changes? When the original decision was made to vaccinate adolescents with the meningococcal conjugate vaccine at 11 through 12 years, protection was expected to last approximately 10 years. In addition, there was hope that immunization with MCV4 would reduce nasal carriage of *N. meningitidis* as was seen with other bacterial conjugate vaccines such as *Haemophilus influenzae type b*. Data available since the introduction of the adolescent MCV4 recommendations note that antibody levels to some of the meningococcal vaccine serogroups wane to levels consistent with those seen in vaccine naive adolescents of the same age within five years. In addition, there is no evidence that carriage rates are affected following a single dose of meningococcal vaccine in adolescents.

For more information about these and other changes to the immunization schedule, go to www.cdc.gov/vaccines. The 2011 Child, Adolescent, and Adult Immunization Schedules should be published by the CDC soon.

Chickenpox: 2 doses are better than 1

Recent studies from Yale and Columbia found that while one dose of varicella vaccine was 86% effective, 2 doses provide 98% effectiveness against contracting disease. Children who receive two doses of varicella vaccine lower their risk of contracting the disease by 95% compared with those who get just one dose, Yale and Columbia researchers have found. The results confirm the 4-year-old policy that recommends two doses of the vaccine.

6 Winnable Battles

One of the first things that the Director of the CDC, Dr. Thomas Frieden, initiated was the Winnable Battles strategy. CDC's Winnable Battles are public health priorities that have large-scale impact on health and have known effective strategies to address them. The current Winnable Battles have been chosen based on the magnitude of the health problems and our ability to make significant progress in improving outcomes. The currently targeted areas are: Healthcare-Associated Infections, HIV, Motor Vehicle Injuries, Teen Pregnancy, Tobacco, and Nutrition, Physical Activity, Obesity, and Food Safety. More information can be found at www.cdc.gov/winnablebattles.

To report STDs or HIV, contact Bert Notestine at 347-5022, or use our secure fax 231-547-0460.

To report a Communicable Disease to the Health Department:

Emmet County:

Pat Guillaume, RN
231-347-5636

Charlevoix County:

Marley Niewendorp
231-547-7631

Antrim & Otsego Counties:

Sandy Tarbuton, RN
989-732-6869

OR

Send a secure fax 24 hours / day:
231-547-0460

Statewide Adolescent Vaccine Coverage Improves

With the new statewide school requirements for 6th graders to have a dose of Tdap, Meningococcal Vaccine, and 2 doses of Varicella Vaccine we saw a large improvement in vaccination rates for this age group. Data is from the MCIR. We should see a continued improvement in these rates with the new rules in place.

Coverage levels for 11-12 year olds	January 2010	January 2011
1 dose Tdap	34.3%	61.8%
1 dose of MCV4	29%	60.3%
2 or more Varicella (or history of disease)	69.3%	73.5%
1 or more dose HPV (females only)	17.5%	22.3%