



# Physician's Update

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Winter 2016, Vol. 14 No. 1

## Zika Virus

The first cases of Zika virus infection in the Americas were reported in Brazil in May of 2015. Since then outbreaks have continued to occur and have spread through most of the vulnerable areas of South America, Central America, Mexico, and most of the Caribbean including Puerto Rico and the US Virgin Islands. No locally transmitted Zika cases have been reported in the continental United States (except for a single case through sexual transmission), but cases have been reported in returning travelers and these numbers are likely to increase over time.

Zika virus is spread through the bite of an infected mosquito and 4 out of 5 infected people are asymptomatic. Those with symptoms present after 2-7 days with fever that may be accompanied by a rash, arthralgia, or conjunctivitis but is generally mild and resolves over a few days to a week. Treatment is supportive and prevention is based on avoiding mosquito bites in endemic areas. The main concern is the association of microcephaly in infants born to mothers with evidence of Zika virus infection during pregnancy. The full spectrum of outcomes that might be associated with Zika virus infections during pregnancy is unknown and requires further investigation. **The Centers for Disease Control (CDC) recommends that all pregnant women consider postponing travel to areas where Zika transmission is ongoing. CDC expanded their recommendation for Zika virus testing to include asymptomatic pregnant women who have traveled to areas with ongoing Zika virus transmission.**

This situation is evolving and new information is becoming available daily. For more information check [www.cdc.gov/zika](http://www.cdc.gov/zika).

## Lead Poisoning

The tragedy in Flint has highlighted the concern for lead poisoning especially in our young children. Reducing lead exposure is most important in pregnant women and young children under the age of 6 years. Current guidelines recommend testing children enrolled in Medicaid with risk factors at age 1 and 2. Risk factors include living or spending time in housing built before 1978, living in a high risk zip code, or exposure to other sources of lead through family members' occupation or avocation. The Health Department screens children for lead poisoning and have only seen sporadic cases of elevated levels. The vast majority of lead poisoning is a result of exposure to lead paint or dust/soil contaminated with lead. Prevention efforts should be focused on reducing exposure to sources of lead before evidence of elevated blood levels.

Our Municipal Water systems are regulated by the DEQ and must test for lead among other contaminants. Each city must post a Consumer Confidence Report on water quality that is available on their website. None of the municipal systems in our area have had elevated lead levels. Certain non-municipal but public water supplies are regulated by Local Health Department and must also obtain testing for lead and other contaminants. Examples would be schools or residential facilities that are on a well system. Although we have a number of older homes in many of our cities and towns, our water supply is in general of very high quality and unlikely to be vulnerable to the conditions that led to the public health disaster in Flint.

## Flu Update

Influenza activity is on the rise at this time. Although later than the last several seasons, February is the most common month for seasonal flu activity to peak. So far influenza strains that have been serotyped have been predominantly Influenza A H1N1 with some H3N2 and a few Influenza B cases. All of the strains that have been antigenically characterized have matched with the components of this year's vaccine. The most recent update on flu activity in Michigan can be found at [www.michigan.gov/flu](http://www.michigan.gov/flu) or search for *MI Flu Focus*.

# School Waiver Rates Down 39% Statewide

Waiver rates decreased by more than 39 percent statewide from November 2014 to 2015. The rapidly improving immunization rates come just a year after the January 2015 implementation of the new requirement that parents seeking non-medical waivers for school entry must receive information on the importance of immunizations at a Local Health Department. In 2014, 4.6 percent of Michigan children received an immunization waiver but by November 2015, that rate had fallen to only 2.8 percent. In all, 2015 saw nearly 8,000 fewer childhood immunization waiver requests across the state. In Northern Michigan counties saw waiver rates decline on average in similar fashion with variation from no change in some counties that already had lower waiver rates to over 50% reduction in waivers in Antrim and Cheboygan County. We continue to strive to provide information in an unbiased and nonjudgmental fashion to area families that have concerns about vaccines in the hope that all our children are protected from vaccine preventable illness.

## County Immunization Report Card

The Michigan Immunization Division posts quarterly updates of immunization rates on the state website:

[http://www.michigan.gov/mdhhs/0,5885,7-339-73971\\_4911\\_4914-321114--,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914-321114--,00.html)

The report card can provide a snapshot of how your county compares in regards to childhood, adolescent, and adult immunizations.

## Adult Immunizations

2014 National Health Interview Survey (NHIS) Adult Vaccination Coverage Estimates have been released and are available at:

<http://www.cdc.gov/mmwr/volumes/65/ss/pdfs/ss6501.pdf>

Compared with data from the 2013 NHIS, increases in vaccination coverage occurred for Tdap vaccine among adults aged  $\geq 19$  years (a 2.9 percentage point increase to 20.1%) and herpes zoster vaccine among adults aged  $\geq 60$  years (a 3.6 percentage point increase to 27.9%).

Aside from these modest improvements, vaccination coverage among adults in 2014 was similar to estimates from 2013. Vaccination coverage was significantly higher among those reporting one or more physician contacts in the past year compared with those who had not visited a physician in the past year, regardless of whether they had health insurance.

Remember the importance and benefits of reporting adult vaccination data to the Michigan Care Improvement Registry (MCIR). To learn more about using MCIR in your practice go to <http://www.aimtoolkit.org/docs/mcir-adults.pdf>.

## Vaccine Preventable Disease Cases, Michigan



Disease	Total Cases 2013	Total Cases 2014	Total Cases 2015
Rubella	0	0	0
Diphtheria	0	0	0
<i>H. influenzae</i> invasive disease <5 years (serotype b)	13 (0)	14 (4)	13 (0)
Measles	5	5	1
Meningococcal disease	6	11	9
Mumps	15	42	18
Pertussis	995	1424	495
Poliomyelitis	0	0	0
Tetanus	1	0	0
Varicella	719	726	540

**Communicable Disease Totals**  
**Antrim, Charlevoix, Emmet and Otsego counties**  
**2011- 2015**

<b>Disease</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>
Amebiasis	0	0	0	2	0
Campylobacter	16	20	19	21	33
Cryptosporidiosis	11	8	6	5	7
Giardiasis	6	1	1	4	5
Listeriosis	0	1	0	0	0
Norovirus	0	3	1	1	0
Salmonellosis	10	8	7	9	9
Shiga toxin-producing Escherichia coli -- (STEC)	2	5	2	3	1
Shigellosis	2	2	1	2	1
Yersinia enterocolitica	2	1	1	0	1
Flu Like Disease*	8909	8278	9990	8155	8755
Influenza	25	19	38	128	22
Meningitis - Aseptic	5	2	3	2	1
Meningitis - Bacterial Other	0	0	0	2	1
Meningococcal Disease	0	0	0	1	1
Streptococcus pneumoniae, Inv	3	9	9	3	7
Blastomycosis	2	1	2	1	0
Coccidioidomycosis	0	0	1	0	0
Encephalitis, Post Other	0	0	1	0	0
Guillain-Barre Syndrome	0	1	1	1	2
Head Lice	228	314	401	464	436
Histoplasmosis	0	2	0	0	1
Kawasaki	1	0	1	0	0
Legionellosis	0	0	1	2	0
Strep Throat	732	618	516	420	995
Streptococcal Dis, Inv, Grp A	1	1	0	3	4
Streptococcus pneumoniae, Drug Resistant	0	1	0	0	0
Vibriosis - Non Cholera	1	0	0	1	0
Rabies Animal	0	1	1	1	0
Chlamydia (Genital)	217	248	182	198	188
Gonorrhea	21	9	16	6	10
Syphilis - Early Latent	0	0	0	0	1
Syphilis - Latent of Unknown Duration	1	0	1	0	0
Syphilis - Primary	0	0	0	0	1
Syphilis - Secondary	0	0	0	0	1
Mycobacterium - Other	0	2	0	0	2
Tuberculosis	0	1	0	0	0
Chickenpox (Varicella)	27	10	13	3	4
H. influenzae Disease - Inv.	0	1	2	1	3
Mumps	0	0	1	1	1
Pertussis	2	0	9	14	7
VZ Infection, Unspecified	4	4	12	12	14
Lyme Disease	1	1	2	3	2
Hepatitis A	0	0	0	1	0
Hepatitis B, Chronic	5	4	2	2	5
Hepatitis C, Chronic	66	55	63	81	98
Hepatitis D	1	0	0	0	0

## Immunization Survey

All MCIP enrolled providers in our area should be receiving an email request from *Public Sector Consultants* to participate in a survey regarding immunizations. The brief (around 5 minutes) survey is being done on behalf of local public health departments to gain insight on how we can improve our outreach to providers with the goal of improving immunization rates in our communities. The survey is part of a region wide grant-funded initiative and I hope you can take the time to complete it.

**To report a Communicable Disease/STD to the Health Department:**

**Antrim County:**  
 Rhonda Decker, RN  
 231-533-1005

**Charlevoix County:**  
 Marley Niewendorp, RN  
 231-547-7631

**Emmet County:**  
 Melissa Mundy, RN  
 (\*Chlamydia only)  
 231-347-5636

**Emmet/Otsego Counties:**  
 Sandy Tarbutton, RN  
 989-732-6869

**OR**  
**Send a secure fax**  
**24 hours / day:**  
**231-547-6238**