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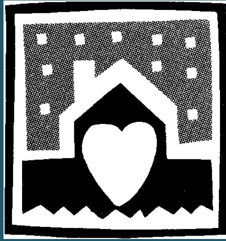

Barry Eaton District Health Department

CD LINK

A quarterly publication linking health care providers with current local public health information

RABIES VACCINE UPDATE

The Advisory Committee on Immunization Practices issued new recommendations for the use of rabies vaccine for post-exposure treatment for the prevention of human rabies. The recommendation is to administer a 4-dose course to previously unvaccinated persons *with no immunosuppression.* Administer the vaccine on days 0, 3, 7 and 14. The recommendation for use of immune globulin is unchanged.

For *persons with broadly defined immunosuppression,* the recommendation is to continue to use the 5-dose course administered on days 0, 3, 7, 14 and 28. Corticosteroids, other immunosuppressive agents, antimalarials and immunosuppressive illness can interfere with the development of active immunity after vaccination. Persons for whom a 5-dose course is indicated should have one or more serum samples tested for rabies virus neutralizing antibody (RFFIT-rabies fluorescent focus inhibition test) 1-2 weeks after the 5th dose to ensure acceptable antibody response has developed after completing the series.

Reference
http://www.cdc.gov/vaccines/recs/provisional/downloads/rabies-July2009 -508.pdf

NEW RECOMMENDATIONS FOR REVACCINATION WITH MENINGOCOCCAL CONJUGATE VACCINE (MCV 4 OR MENACTRA)

Revaccination is recommended for children at increased risk of meningococcal disease including:

- persons with persistent complement component deficiencies (inherited or chronic deficiencies such as C3, properdin, factor D, or late complement components), and/or
- persons with anatomic or functional asplenia, and/or
- persons infected with HIV, and/or
- frequent travelers to, or people living in, areas with high rates of meningococcal disease (African meningitis belt).

Dosage intervals for MCV4

- Children through age 18 years who received their first dose of MCV4 or MPSV4 at ages 2-6 years and remain at increased risk for meningococcal disease should receive an additional dose of MCV4 at 3 years after their first dose.
- Children through age 18 years who received a dose of MCV4 or MPSV4 after age 6 and remain at increased risk for meningococcal disease should receive an additional dose of MCV4 at 5 years after their previous dose.

MCV4 is preferred for revaccination, but MPSV4 is an acceptable substitute for persons with precautions or contraindications to MCV4 vaccine.

For information see
http://cdc.gov/vaccines/programs/vfc/downloads/resolutions/1007mening-mcv.pdf

PANDEMIC INFLUENZA

The first cases of novel influenza A (H1N1) were reported in April 2009. On June 1, the World Health Organization (WHO) declared influenza pandemic. In July, an Eaton County resident became the 9th Michiganian to die from influenza and, as of July 24, is one of 302 U.S. deaths due to pandemic H1N1. What do we know and what might we expect from this pandemic?

- **Pandemic flu will be pervasive**

If pandemic H1N1 is typical of other flu pandemics, it will infect 25% to 50% of the population before it is over. Pandemic H1N1 has already infected more than the official numbers suggest, because only a small fraction of people with the disease get tested. The Centers for Disease Control and Prevention (CDC) estimates that more than one million Americans have been infected. New York City, which was hit hard in the first wave, estimates 6% of the residents were infected.

Bottom Line: Prepare for a lot more people in your community, your workplace, and your family to catch pandemic H1N1.

- **Pandemic H1N1 looks very mild, so far**

It appears that the rate of death in persons infected with pandemic H1N1 is lower than the rate of death with seasonal flu. So far, for every 10,000 people in the U.S. infected with pandemic H1N1, only 2-3 have died. In other words, better than 999 in 1,000 people will recover. But because the total number of infected people is expected to be so huge, the number of deaths will be substantial and may surprise and alarm some people, despite the very low rate. Young and previously healthy persons will become infected and die. But the factors that increase risk for death and hospitalization are age (< 5years, > 65 years), pregnancy, and chronic conditions (especially lung disease).

Bottom Line: The most hopeful scenario, which is occurring currently, is a pervasive but mild illness that causes widespread minor disruptions (school closings, etc.) and more serious disruptions (such as overloaded health care systems) and kills less than one-in-a-thousand of the millions infected.

- **Pandemic H1N1 could become severe**

Influenza is notoriously unpredictable and some pandemics have had mild first waves and severe second waves. We need to prepare – as a society and as individuals – for the pervasive-but-mild scenario and for the pervasive-and-severe scenario. Good hygiene – covering your cough and frequent handwashing – may help a little and are better than nothing. But more needs to be done – from stockpiling supplies to cross-training people to cover for absent colleagues (see "Plan and Prepare" at www.flu.gov).

Bottom Line: Deciding what precaution to take against a disease that may or may not get more severe is a tough call – for individuals, communities, schools, companies, and governments. If pandemic H1N1 becomes more severe, it will be a major threat to health no matter how much we have prepared.

(Adapted substantially from: Peter Sandman. Swine flu communication update. 21 July 2009. www.psandman.com).

CHLAMYDIA CHAT

Summer is here and it is time to enjoy the many activities that the warm weather has to offer such as boating, swimming, picnics, outdoor grilling, and long lazy days. However, summer also means that many teens and young adults are on vacation from school, many with nothing to do as seasonal employment opportunities are scarce. For STD nurses, it means the "Summer of Love" has officially begun. We hope that our teens and young adults practice safe sex, so any opportunity to spread that message is strongly encouraged.

Some reminders for healthcare providers in our jurisdiction:

- Please fill out your **mandatory** *Confidential Venereal Disease* reporting forms as completely as possible. **If you do not have the forms, or if you have questions, please call the Health Department.**

- Race and ethnicity data is strongly urged by the State, so please check the appropriate boxes when filling out your lab slips and reporting forms.

- Remember that there is a positive partner out there somewhere so let your patients know that their partners must be treated. The partners can be treated at their local health department. Timely treatment is essential for decreasing the spread of infection and risk of reinfection.

- Please let your patients know that they MAY be contacted by their local health department for voluntary interviews and to offer treatment to partners. Patients with repeat infections may need additional counseling.

- Patients **must** be instructed on abstinence until they **and** their sex partners have completed treatment. Abstinence should continue for 7 days after the completion of a single-dose regimen or after completion of a 7-day regimen to prevent reinfection. Condoms have been known to fall off or break so insist upon abstinence during that critical time.

- Condoms, condoms, condoms! Many use them, many more do not. If cost is a barrier to obtaining condoms, please have your patients contact the STD nurse at the Health Department.

- Health care providers and patients can contact the STD nurse with concerns, questions, or just to "Chlamydia Chat" at lcollins@bedhd.org or directly by phone at 517-541-2626. Messages may be left on the confidential voice mail at any time.

NEWS FROM EMERGENCY PREPAREDNESS COORDINATOR

On November 25, 2008, Dr William Fales (Region 5 Bioterrorism Preparedness Medical Director), was notified that Region 5 had been selected as a "model community" by the Centers for Disease Control and Prevention (CDC). This honor was in recognition of the Region 5 response to the *Terrorism Injuries: Information, Dissemination and Exchange (TIIDE)* project. Part of the media release from CDC follows:

> *Michigan Region 5 (the nine southwestern-most counties) is one of seven United States communities receiving recognition from the TIIDE partners as a model of how emergency medical services can work with other safety and public health agencies in times of disaster. During a crisis, local hospitals, emergency departments, and first responders play a vital role on the front lines of emergency care. The role of public health is also critical and the model community program is one way to identify communities where there are strong public health and medical partnerships working together to respond to large-scale crisis.*
>
> *These communities were selected because they have established emergency care community and public health partnerships which are tested through drills and exercises. Through this process, each community demonstrates they are regularly testing their capabilities to show that they could respond to potentially large-scale emergencies that may be terrorist-related or natural disasters that could cause a large number of injuries.*

The Emergency Preparedness Coordinator at the Barry Eaton District Health Department is Matt Radocy. His direct line phone is 517-541-2693.

CD LINK DISTRIBUTION

Would you like to receive your newsletter electronically? If you would prefer an email newsletter, please notify Janet Graham RN at jgraham@bedhd.org with your name and email address. We hope to begin electronic distribution (for those who choose this option) with the next issue.

Summary of Reportable Diseases for Barry and Eaton Counties

Disease	2nd Qtr 09	1st Qtr 09	TOTAL 09	TOTAL 08	TOTAL 07
Campylobacter	3	1	4	24	17
Chickenpox	12	21	33	70	136
Chlamydia	69	93	162	425	369
Coccidioidomycosis	0	0	0	0	1
Cryptosporidiosis	2	5	7	14	11
E coli unspecified or not 0157:H7	1	2	3	4	2
E coli 0157:H7	0	0	0	5	3
Encephalitis	0	0	0	0	0
Flu-like disease	1291	3918	5180	5415	Unavailable
Giardiasis	2	5	7	16	17
Gonorrhea	10	6	16	72	83
Hepatitis A	0	0	0	3	5
Hepatitis B acute	0	0	0	2	5
Hepatitis B chronic	3	0	3	13	15
Hepatitis C acute	0	0	0	0	0
Hepatitis C chronic	20	15	35	76	88
Hepatitis E	0	0	0	1	0
Histoplasmosis	0	0	0	2	2
HIV/AIDS	0	1	1	21	20
Kawasaki	0	0	0	3	2
Legionellosis	0	0	0	2	2
Listeriosis	0	0	0	1	1
Lyme disease	0	0	0	2	0
Malaria	0	1	1	0	0
Meningitis, aseptic	0	2	2	26	14
Meningitis, bacterial	7	4	11	23	4
Pertussis	0	1	1	6	2
Salmonellosis	3	3	6	38	28
Shigellosis	2	0	2	1	0
Strep invasive group A	0	0	0	2	2
Strep pneumoniae	0	0	0	1	13
Syphilis	0	4	4	15	11
Tuberculosis	0	0	0	2	1
West Nile virus	0	0	0	0	0
Yersinia enteritis	0	0	0	0	1
Animal exposures	157	88	245	615	540
Rabies PET recommended	9	5	14	41	90

The communicable disease numbers represent the number of confirmed cases (except for chickenpox and pertussis which includes confirmed and probable cases).

Effective with the first quarter of 2008, strep pneumoniae in persons older than 5 years of age is reported as bacterial meningitis.

The HIV/AIDS numbers represent new cases in our jurisdiction, not necessarily newly diagnosed patients.

To report communicable diseases in Barry or Eaton County, please call
Janet Graham RN at 517-541-2641 or fax reports to 517-541-2666