

VACCINE INFORMATION STATEMENTS



Vaccine Information Statements should be given to patients, parents, and/or guardians every time a vaccine is administered. The most recently updated VIS include Pneumococcal Conjugate (updated 12-08); Td/Tdap (updated 11-08); a multi-vaccine VIS for use in infants (updated 9-08); Rotavirus (updated 8-08); MMR (updated 3-08); and varicella (updated 3-08),

You may obtain updated copies of VIS by clicking the "VIS" link in the "Other" section after you log-in to the Michigan Care Improvement Registry (MCIR) or by going online to www.michigan.gov/immunize and selecting "Vaccine Information Statements – VIS" in the education section. If you choose to access VIS from an online source, please use the sources listed here. VIS from these sources have disclosure information regarding use of the MCIR that is not on VIS obtained from the CDC's website. You may also contact your local health department to obtain bulk copies of some VIS.

Barry-Eaton District Health Department

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newsletter, contact Janet Graham at
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Barry-Eaton District Health Department shall continually and diligently endeavor to prevent disease, prolong life, and promote the public health through organized programs including prevention and control of environmental health hazards; prevention and control of disease; prevention and control of health problems of particularly vulnerable population groups; development of health care facilities and health services delivery systems; and regulation of health care facilities and health services delivery systems to the extent provided by law.

INFLUENZA H1N1 IS RESISTANT TO TAMIFLU (OSELTAMIVIR)

Influenza A H1N1, Influenza A H3N2 and Influenza B are the three influenza virus strains in circulation among humans. This year, influenza A H1N1 is uniformly resistant to Tamiflu. Influenza A H3N2 and Influenza B are resistant to the amantatanes (amantadine and rimantadine).

When influenza infection or exposure are suspected, zanamavir (Relenza) or a combination of Tamiflu and rimantadine (Flumadine) are more appropriate options than oseltamivir alone.



HAEMOPHILUS INFLUENZAE TYPE B (HIB)

The Minnesota Department of Health has reported 5 cases of Haemophilus influenzae type b (Hib) which are concerning given the limited supply of Hib vaccine in the United States. All five case of Haemophilus influenzae, type b, were in children under 3 years of age, one of whom died. Of special concern is that this is the highest number of cases in children under age 5 that Minnesota has seen since 1991. All five cases occurred in children who were either unimmunized or only partially immunized. During this vaccine shortage, national advisory groups recommended that health care providers defer giving a final booster dose of Hib vaccine to toddlers, age 12-15 months, with the exception of those at increased risk for Hib diseases as noted in previous communications. A concern is that the breakthrough cases may represent an increase in carriage from not having a booster dose for more than 1 year. The recent cases of Hib disease serve as a reminder that serious vaccine-preventable diseases do occur if you don't vaccinate. Michigan had 2 cases of Hib in 2008 in children less than 5 years of age. It is important to continue to monitor for Hib cases in Michigan in light of the shortage of Hib vaccine. The booster dose should still be administered to those children with an increased risk for Hib disease. An MMWR dispatch from CDC can be found at <http://www.cdc.gov/mmwr>. More information can be obtained on CDC's website at <http://cdc.gov/vaccines/vpd-vac/hib/providers-parents.htm>.





CD LINK

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

PRESUMPTIVE TREATMENT FOR SEXUALLY TRANSMITTED DISEASE

Sexually transmitted illness is common. Patients at risk are those less than age 25 years, or those over age 25 years with new or multiple sex partners. For example, *Chlamydia trachomatis* is detected in one of every 20 (5%) asymptomatic women under age 25 years attending family planning clinics at the Barry Eaton District Health Department.

Therefore, consider a low threshold for presumptive treatment for a sexually transmitted disease.

Please find below recommended management by the CDC for two common presentations: urethritis (males) and cervicitis.

Urethritis in Males

Symptoms of urethritis include discharge, dysuria, or urethral pruritis.

Presumptively treat men with urethritis for chlamydia and gonorrhea, and test (1).

- A. If urethritis is documented (2), or
- B. If urethritis is not documented, the patient is at high risk (< 25 yo or > 25 yo with new or multiple partners), and the patient is unlikely to return for follow-up.

Defer treatment pending test results when urethritis is not documented and the patient is not at increased risk and the patient will likely return for evaluation.

Notes

1. The most sensitive test is urine nucleic acid amplification (NAAT). Testing facilitates partner notification and treatment.
2. Urethritis can be documented by
 - a. Purulent discharge, or
 - b. Gram stain (if WBCs and Gram negative intracellular diplococci [GNID], treat for both GC and chlamydia; if no GNID, treat for chlamydia), or
 - c. Urine leucocyte esterase test positive or > 10 WBC/hpf

Cervicitis

Two major diagnostic signs of cervicitis are: A) purulent endocervical exudate and B) sustained endocervical bleeding easily induced by passage of a cotton swab through the cervical os. Test and *presumptively treat* for chlamydia those women at risk (< 25 yo or > 25 yo with new or multiple partners), particularly if follow-up cannot be ensured.

Treatment

- Treat with single dose antibiotics to facilitate compliance:
- Chlamydia: Azithromycin 1 gm po;
- Gonorrhea: Ceftriaxone 125 mg IM or Cefixime 400 mg po (GC is resistant to quinolones).
- Abstain from sexual intercourse for 7 days after patient and all sex partners are treated.
- Partners is defined as sex contacts in the last 60 days.
- Retest all patients diagnosed with chlamydia in 3 months. This is not a test of cure. Previously infected patients are at increased risk for becoming reinfected because the patient's partners were not treated or because the patient resumed with a new partner infected with chlamydia.

Summary of Reportable Diseases for Barry and Eaton Counties

	Fourth Qtr 2008	Third Qtr 2008	Second Qtr 2008	First Qtr 2008	TOTAL 2008	TOTAL 2007
Campylobacter	6	11	5	2	24	22
Chickenpox	40	18	5	7	70	136
Chlamydia	103	127	102	93	425	369
Coccidioidomycosis	0	0	0	0	0	1
Cryptosporidiosis	2	6	3	3	14	11
E coli unspecified or not 0157:H7	1	2	0	1	4	2
E coli 0157:H7	0	1	4	0	5	3
Encephalitis	0	0	0	0	0	0
Flu-like disease	2051	123	50	3191	5415	Unavailable
Giardiasis	4	3	4	5	16	17
Gonorrhea	18	18	17	19	72	83
Hepatitis A	2	1	0	0	3	0
Hepatitis B acute	1	1	0	0	2	5
Hepatitis B chronic	2	5	3	3	13	15
Hepatitis C acute	0	0	0	0	0	0
Hepatitis C chronic	18	17	27	14	76	88
Hepatitis E	0	0	1	0	1	0
Histoplasmosis	1	0	1	0	2	2
HIV/AIDS	6	1	7	7	21	20
Kawasaki	0	0	1	2	3	2
Legionellosis	0	2	0	0	2	2
Listeriosis	0	1	0	0	1	1
Lyme disease	0	1	1	0	2	0
Meningitis, aseptic	10	7	7	2	26	14
Meningitis, bacterial	8	5	5	5	23	4
Pertussis	6	0	0	0	6	2
Salmonellosis	8	20	7	3	38	28
Shigellosis	0	0	0	1	1	0
Strep invasive group A	1	1	0	0	2	2
Strep pneumoniae	0	0	0	1	1	13
Syphilis	8	3	2	2	15	11
Tuberculosis	0	0	0	2	2	1
West Nile virus	0	0	0	0	0	0
Yersinia enterocolitica	0	0	0	0	0	1
Animal exposures	112	269	150	84	615	540
Rabies PET recommended	5	17	11	8	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 will be counted as bacterial meningitis.

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

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