



Barry Eaton District Health Department

## CD LINK

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

### Vaccine Information Statements

Vaccine Information Statements (VIS) should be given to patients, parents, and/or guardians every time a vaccine is administered. The most recently updated VIS include Pneumococcal Polysaccharide (updated 10/06/2009), Shingles/Zoster (updated 10/06/2009), H1N1 influenza (updated 10/02/2009) and seasonal influenza (updated 08/11/2009).

You may obtain the updated copies 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](http://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 CDCs website. You may also contact Barry Eaton District Health Department at 517-541-2646 to obtain bulk copies of some VIS.



### New School Immunization Requirements for 2010-2011

In early October 2009, new Communicable Disease Rules were passed by the Michigan Legislature regarding school immunization requirements. The changes include the addition of the following vaccines:

**Required for all children entering kindergarten, all 6<sup>th</sup> grade students, and all children changing school districts:**

- Two doses of varicella (Var) vaccine or history of chickenpox disease

**Required for all children 11-18 years of age who are changing school districts or who are enrolled in 6<sup>th</sup> grade:**

- One dose of meningococcal (MCV4 or MPSV4) vaccine
- One doses of tetanus/diphtheria/acellular pertussis (Tdap) vaccine if 5 years have passed since last dose of tetanus/diphtheria vaccine (DTaP, Td, DT).



## **HIV/AIDS REPORTING**

You may notice that the table reporting the number of communicable diseases in the health jurisdiction by quarter has been edited. HIV/AIDS numbers have been temporarily deleted until it is clarified whether these are incidence or prevalence numbers. We are working to resolve the problem, and will resume reporting HIV/AIDS numbers in the near future.

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

## **Sexually Transmitted Infections Among Female Adolescents Aged 14 to 19 in the United States**

A recent article study documents a substantial burden of sexually transmitted infections (STIs), and that STIs begin to be acquired soon after sexual initiation.

The article is abstracted with the following information:

**Methods:** Data were analyzed from 838 females who were aged 14 to 19 and participating in the nationally representative National Health and Nutrition Examination Survey 2003-2004. After interview and examination, survey participants provided biological specimens for laboratory testing. The main outcome was weighted prevalence of a least 1 of 5 STIs: *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Trichomonas vaginalis*, herpes simplex virus type 2, and human papillomavirus (HPV) (any of 23 high-risk types or type 6 or 11).

**Results:** Prevalence of any of the 5 STIs was 24.1% among all and 37.7% among sexually experienced female adolescents. HPV (23 high-risk types or type 6 or 11) was the most common STI among all female adolescents (prevalence 18.3%), followed by *C. trachomatis* infection (prevalence 3.9%). Prevalence of any of the STIs was 25.6% among those whose age was the same or 1 year greater than their age at sexual initiation and 19.7% among those who reported only 1 lifetime sex partner.

**Conclusions:** The prevalence of STIs among female adolescents is substantial, and STIs begin to be acquired soon after sexual initiation and with few sex partners. These findings support early and comprehensive sex education, routine HPV vaccination at the age of 11 to 12 years, and *C. trachomatis* screening of sexually active female adolescents. *Pediatrics* 2009; 124:1505-1512.

## Chlamydia Chat

As documented in the preceding article, asymptomatic chlamydia is common. Such findings have led to recommendations by the CDC, AAP, AAFP, AMA, ACOG, and ACPM that sexually active females 25 years of age and younger should be screened annually for chlamydia genital infection. For females older than 25, screening is recommended if they have a history of an STI, a new partner or more than one sexual partner, or inconsistent use of barrier contraceptives. In addition, test sexually active males with symptoms of urinary tract infection (dysuria) for chlamydia.

### Ten Reasons to Screen for Chlamydia Genital Infection

- It is the most common sexually transmitted bacterial infection in the United States.
- It is the most frequently reported infectious disease in the United States.
- It is the leading preventable cause of infertility in the United States.
- Chlamydia infections are easily treated with antibiotics.
- Screening and EARLY treatment saves money by preventing costly infections.
- Many chlamydia infections are completely asymptomatic.
- Chlamydia urine testing makes it possible to evaluate both males and females without a pelvic or urethral swab.
- Chlamydia is associated with pregnancy complications.
- Any inflammatory STI can facilitate the transmission of HIV and other STIs in both males and females.
- The majority of teens and young adults do NOT use condoms.

### Ten Things to Know About Teens and Sex

- Teens do not always think of oral sex as sex, and infections can occur in the pharynx.
- Teens think of condoms as a means of preventing a pregnancy, but not as a means of protecting themselves against STIs. Teens also worry that their partner will look at them suspiciously for wanting to use a condom, or

they might not want to use one as a sign of commitment.

- Teens do not think that they will become infected with a STI.
- Teens do not always disclose their infections for fear of shame and ridicule from their peers.
- Since three out of four teens have no symptoms, they think they couldn't possibly be infected.
- Teens are experimenting with sex and often have more than one partner.
- Teens under the age of 18 years can consent for their own health services for STIs through programs funded by Title X Family Planning or Medicaid. If providers are unable to guarantee patient confidentiality, please recommend that the teen visit the health department clinic.
- 60-73% of adolescents diagnosed will become reinfected with the same STI within a year.
- Because chlamydia can be "cured", teens continue to have unprotected sex, not considering the long term sequelae of infertility, chronic pelvic pain, or ectopic pregnancy from continued reinfection.
- Teens are ready learners even if they appear inattentive. Repetition is the key, especially when presented as part of overall health and wellness in a nonjudgmental manner. Age appropriate educational materials are available.

If providers or patients have questions about STIs or STI reporting, please contact Linda Collins RN at 517-541-2626 (confidential phone line) or by email at [lcollins@bedhd.org](mailto:lcollins@bedhd.org).



## Summary of Reportable Diseases for Barry and Eaton Counties

Disease	4th Qtr	3 <sup>rd</sup> Qtr 09	2 <sup>nd</sup> Qtr 09	1 <sup>st</sup> Qtr 09	TOTAL 09	TOTAL 08	TOTAL 07
Campylobacter	2	9	4	1	16	24	17
Chickenpox	7	7	15	21	50	70	136
Chlamydia	75	106	103	93	377	425	369
Coccidioidomycosis	0	0	0	0	0	0	1
Cryptococcosis	2	0	0	0	2	0	0
Cryptosporidiosis	3	3	3	5	14	14	11
E coli unspecified or not 0157:H7	0	0	1	2	3	4	2
E coli 0157:H7	0	0	0	0	0	5	3
Encephalitis	0	0	0	0	0	0	0
Flu-like disease	10,524	959	1,291	3,918	16,692	5,415	Unavailable
Giardiasis	5	6	3	5	19	16	17
Gonorrhea	10	18	15	6	49	72	83
Hepatitis A	1	0	0	0	1	3	5
Hepatitis B acute	0	0	0	0	0	2	5
Hepatitis B chronic	2	3	3	0	8	13	15
Hepatitis C acute	0	0	0	0	0	0	0
Hepatitis C chronic	16	17	23	15	71	76	88
Hepatitis E	0	0	0	0	0	1	0
Histoplasmosis	0	1	0	0	1	2	2
Kawasaki	0	0	0	0	0	3	2
Legionellosis	1	1	0	0	2	2	2
Listeriosis	0	0	0	0	0	1	1
Lyme disease	0	1	0	0	1	2	0
Malaria	0	0	0	1	1	0	0
Meningitis, aseptic	1	5	0	2	8	26	14
Meningitis, bacterial	8	5	9	4	26	23	4
Pertussis	2	3	0	1	6	6	2
Salmonella Typhi (Typhoid fever)	0	1	0	0	1	0	0
Salmonellosis	2	6	5	3	16	38	28
Shigella	0	3	3	0	6	1	0
Strep invasive Grp A	1	0	0	0	1	2	2
Strep pneumoniae	1	0	0	0	1	1	13
Syphilis	3	0	0	4	7	15	11
Tuberculosis	0	0	0	0	0	2	1
VISA*	1	0	0	0	1	0	0
West Nile virus	0	0	0	0	0	0	0
Yersinia enterocolitica	0	0	0	0	0	0	1
Animal exposures	67	288	165**	88	608	615	540
Rabies post-exposure treatment recommended	3	24	9	5	41	41	90

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

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

CD numbers for the 2<sup>nd</sup> quarter of 2009 (Apr-May-June) have been updated from newsletter of August 2009 to correct a reporting error.

\*Staphylococcus aureus, vancomycin intermediate/resistant (VISA/VRSA)

\*\*The animal exposures number for the second quarter of 2009 has been adjusted from earlier reporting and accounts for cases that were not counted previously due to extended quarantine periods.



**Influenza-Like Illness in the Barry Eaton District Health Department Jurisdiction**  
**2007-2009**

The following graphs represent the incidence of influenza-like illness in our community over the past 3 years. Data was collected from Michigan School Building Report forms that are submitted weekly by staff from school buildings in the health jurisdiction.

The substantial increase in cases for the 4<sup>th</sup> quarter of 2009 underscores the impact of H1N1 in our community. Pandemic influenza is generally marked by an increase in the incidence of disease, particularly during the time periods when cases are not typically seen. Seasonal influenza typically occurs in the 1<sup>st</sup> quarter, it will be interesting to see the numbers for the 1<sup>st</sup> quarter of 2010, and whether H1N1 continues to impact our influenza numbers.

