

**DISCLOSURE OF PROTECTED HEALTH INFORMATION FOR DISEASE PREVENTION AND CONTROL UNDER THE MICHIGAN PUBLIC HEALTH CODE AND THE FEDERAL HIPAA PRIVACY RULE**

Included in this newsletter is a listing of "Reportable Diseases in Michigan – A Guide for Physicians, Health Care Providers and Laboratories". The communicable disease department at the Health Department is responsible for follow-up on these cases to safeguard the public health and prevent / control the spread of disease. Often this involves calling the referring provider for additional information. Questions have been raised about the impact of HIPAA on individually-identifiable health information that is to be provided to the health department by entities that are covered by the Privacy Rule ("covered entities"). The HIPAA Privacy Rule was not intended to diminish the authority of public health agencies with regard to disease control and prevention.

Janet Olszewski, Director of Michigan Department of Community Health, addressed HIPAA concerns in a letter sent to local health departments, health care providers and other interested parties in July 2004. Ms. Olszewski writes:

*The Privacy Rule allows a covered entity to disclose, without individual authorization, protected health information to a public health authority; i.e., a release signed by a patient is not necessary to disclose this information. A public health authority includes an agency of a state, or a subdivision of a state, that is responsible for public health matters as part of its official mandate, or a person or entity acting under a grant of authority, or as an agent, contractor, or an employee of a public health agency. Both MDCH and the local health departments are public health authorities, responsible under the Public Health Code for public health matters, including disease surveillance, prevention and control. This means that the Privacy Rule does not prevent covered entities (including hospitals, physicians, clinical laboratories, and other health care providers) from providing individually-identifiable health information to MDCH and to local health departments for disease prevention and control activities. The information requested from providers represents the minimum necessary to carry out the public health purposes of these activities pursuant to 45 CFR §164.514(d) of the Privacy Rule.*

*It is vitally important that all health care providers work cooperatively to promptly report designated or unusually occurrences of diseases, infections or conditions, and facilitate access to health information during investigations. It is only with the vigilance and assistance of health care providers that we can succeed in safeguarding the health of our citizens and preventing the spread of disease.*

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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.

## LOW COST HPV VACCINE

The Barry Eaton District Health Department has limited quantities of HPV vaccine for adult women who have no insurance coverage to pay for the cost.

The guidelines for eligibility for this low-cost HPV vaccine are: **women 19-26 years of age AND no insurance or insurance that does not pay for the HPV vaccine.**

Feel free to refer your patients to the Health Department immunization clinic to schedule an appointment to start the series. Call 517-541-2660 (Eaton) or 269-945-9516 Ext 129 (Barry). This is a three dose series. There is a \$15.00 administration fee per dose. Administration fees may be waived as needed.

## RABIES: HOW THE 2008 SEASON COMPARED TO THE RECORD SEASON OF 2007

*The following article is taken from LabLink (Volume 14, No.1, Winter 2009), a quarterly publication of the Michigan Department of Community Health Bureau of Laboratories. The author is Patty Clark, MPH of the Viral Serology/Viral Isolation/ Viral Molecular Unit.*

In 2007, the MDCH rabies laboratory received a record number of rabies submissions (3863) with a record number of positives (210). Early in 2008, the lab was on target to beat the 2007 numbers, but ended with 3839, a slight decline in overall submissions. The positivity rate in 2008 was down as well with the lab confirming 79 (2.06%) rabies positive animals compared to 5.4% in 2007. Even with a large volume of submissions, the positivity rate dropped back to normal levels. Typically, the annual positivity rate for rabies submissions is between 1% and 3%. A map with positive specimens by county and species can be found at <http://www.michigan.gov/emergingdiseases>. Click on "Testing Tables & Maps" on the left side of the screen.

Bats, as usual, topped the list of rabies positive animals submitted to the state lab with 70 confirmed positives. The other nine positive specimens were skunks (6), fox (2), and cat (1). In 2003, the MDCH lab began strain typing non-bat rabies positives using sequence analysis. Consistent with past years, all nine non-bat specimens in 2008 were infected with North Central (NC) Skunk rabies variant.

Since 2003, there have been 45 non-bat rabies positive specimens (9 cats, 7 fox, 2 dogs, 20 skunks, 1 sheep, 5 horses and 1 cow); all have been sequenced as NC Skunk strain.

So how did 2008 compare to 2007? Specimen submission numbers were very close (3839 vs. 3863) but rabies positivity rates were back down to normal levels (2.06% vs. 5.4%). In both years the non-bat positive species were comparable with 5 skunks, 2 fox, 1 dog, 2 cats, and 1 horse testing positive in 2007. The major difference in the two years was the number of rabies positive bats detected – 199 in 2007 vs. 70 in 2008. In a past article (*LabLink* Vol.12, No. 4, Fall 2007), it was proposed that the increase in positivity rate might have been due to the increase in specimen submissions. This was not the case in 2008 since there were similar submission rates, but very different positivity rates. While it is not determined why there was such a large increase in rabies positive bats in 2007, that trend did not continue in 2008.





## CD LINK

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

### LYME DISEASE EMERGING IN WESTERN MICHIGAN

The following information is taken from *2008 Zoonotic and Vector-Borne Disease Surveillance Report*, a publication of the Michigan Department of Community Health, Zoonotic Disease and Special Projects Section. The entire document can be found online at <http://www.michigan.gov/emergingdiseases>.

Lyme disease in ticks and people has historically been isolated in the Western Upper Peninsula, but is now appearing in the western counties of lower Michigan. In the early stages, most infected people will experience a “flu-like” illness that includes fever and body aches. Up to 70% of infected persons will also present with a “Bull’s-eye” rash, erythema migrans, around the site of the tick bite 3-30 days after exposure. The rash expands over time, with no pain or itching, and will resolve without treatment.

Early symptoms may include: headache, nausea, fever, spreading rash, aching joints and muscles and fatigue. If not treated, some people may develop complications involving the heart and/or nervous system. Specific disorders may include: various degrees of heart block, nervous system abnormalities such as meningitis, encephalitis and facial paralysis (Bell’s palsy), and other conditions involving peripheral nerves, painful joints, tendons, or muscles may also be noted during this stage of the disease.

If you are going to be in areas that may be tick infested, there are several ways you can protect yourself:

- An infected tick must feed for approximately 48 hours to transmit Lyme disease bacteria to its host. Therefore, prompt removal of ticks can prevent infection.
- Apply insect repellants that contain DEET to clothes and exposed skin, and/or apply Permethrin (which kills ticks on contact) to clothes to reduce the risk of tick attachment. Apply according to label guidelines.
- Several Michigan agencies can identify or test ticks from people or animals. For more information contact Barry Eaton District Health Department at 517-541-2641 or visit Michigan’s Lyme disease website at [www.michigan.gov/lymedisease](http://www.michigan.gov/lymedisease).

