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PROVIDER NEWSLETTER
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Note from the Medical Director

Fall has arrived and with it the beginning of cold and flu season. As you know, this year, the seasonal flu vaccine will provide protection against the same 3 strains as last year. It is recommended for everyone 6 months of age and older, particularly those in high risk groups such as the very young, seniors, pregnant women and those with underlying medical conditions. There is guidance this year from the CDC on the use of vaccine in individuals with reported egg allergy (attached). Thank you for your efforts to inform your patients about the importance of vaccination as a primary prevention strategy.

Pertussis Reminder

Just a reminder that pertussis has recently been seen in our community (an elementary school student and a high school teacher in Dickinson County). A fax blast went out from the health department alerting providers to these cases and the need for a high index of suspicion when seeing individuals with respiratory symptoms. With these cases, we join other U.P. communities and many areas across the country, which have been experiencing an increase in pertussis cases. Vaccination is key to limiting the spread of pertussis. The primary DTaP vaccine series is given at 2, 4, 6 and 12-15 months and the booster at 4-6 years. Children 7-10 years of age who are not fully vaccinated with DTaP should receive a dose of Tdap instead of waiting for the 11-12 year old check up.

Outbreaks often begin in older children/ adolescents who have waning immunity. Children entering 6th grade and older children transferring schools are now required to have the Tdap booster, which was approved for older children and adults in 2005 (or a waiver must be signed).

The CDC recommends that Tdap be used as follows:

Pre-Adolescents should receive the Tdap vaccine at their regular check-up at age 11 or 12. If **Adolescents** missed getting the Tdap vaccine at 11-12 years of age, they should receive the dose as soon as possible.

Adults who are 19 through 64 years old should get a 1-time dose of Tdap in place of the Td booster they're recommended to receive every 10 years. There is no need to wait until the patient is due for his regular Td booster—the dose of Tdap can be given earlier than the 10-year.

Pregnant women should ideally receive Tdap before pregnancy. Otherwise, it is recommended that Tdap be given after delivery, before leaving the hospital or birthing center. If a pregnant woman is at increased risk for getting whooping cough, such as during a community outbreak, her doctor may consider giving Tdap during pregnancy. Although pregnancy is not a contraindication for receiving Tdap, a pregnant woman and her doctor should discuss the risks and benefits before choosing to receive Tdap during pregnancy.

Adults 65 years and older who have not previously received a dose of Tdap and have close contact with infants or simply desire protection against pertussis, should receive one dose of Tdap. Grandparents of infants are a particularly important group to target with vaccine.

Routinely vaccinating post-partum women and their partners, prior to hospital discharge, is an excellent way to “cocoon” young infants, protecting this most vulnerable group from pertussis.

The health department has Tdap available. Adults who are uninsured or under-insured may currently receive a booster for \$15.

Sexually Transmitted Disease Treatment Update

In the last newsletter we discussed the updated CDC guidance on Sexually Transmitted Disease Treatment, released in December, 2010. The guidance may be found in the December 17, 2010 MMWR (Volume 59/ No. RR-12) or on-line at: <http://www.cdc.gov/std/treatment/2010/toc.htm>. Please remember that re-testing is recommended 3 months after completion of treatment for chlamydia or gonorrhea in order to rule out re-infection from an untreated or new partner. If re-testing at 3 months is not possible, the patient should be re-tested whenever they next present for medical care in a 12 month period following initial infection.

Region 8 Communicable Disease Summary
July 1st, 2011 through August 31st, 2011

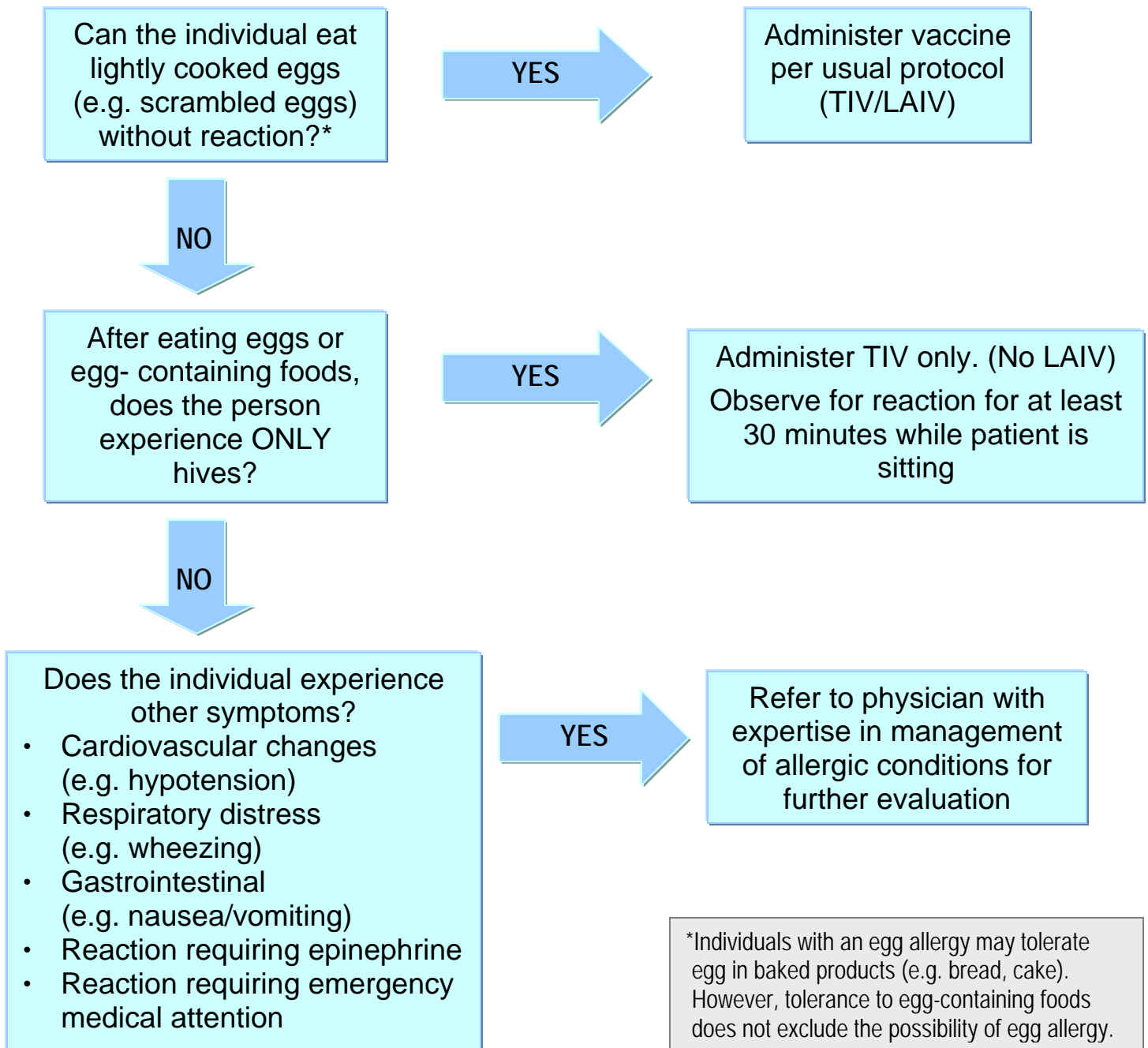
Notes: The Flu-like Disease and Gastrointestinal Illness categories contain cases of unconfirmed illness reported by schools.

This summary includes cases under active investigation at the time the report was created.

Disease	Chippewa		Delta-Menominee		Dickinson-Iron		LMAS		Marquette		Western UP		UP Total	
	Period	YTD	Period	YTD	Period	YTD	Period	YTD	Period	YTD	Period	YTD	Period	YTD
HIV/AIDS, Adult	0	0	0	0	0	1	0	0	0	0	0	1	0	2
Campylobacter	1	1	1	3	2	3	1	2	1	4	0	3	6	16
Cryptosporidiosis	0	2	6	9	0	0	0	2	0	0	0	1	6	14
Giardiasis	0	0	0	1	1	2	1	2	2	6	2	5	6	16
Norovirus	0	0	0	2	0	4	0	0	0	3	0	0	0	9
Salmonellosis	0	1	2	7	1	1	0	2	3	5	0	2	6	18
Shiga toxin-producing Escherichia coli --(STEC)	0	0	1	3	1	2	0	0	0	1	0	0	2	6
Yersinia enterocolitica	0	0	0	1	0	1	0	1	0	0	0	0	0	3
Flu Like Disease*	0	217	0	649	0	1521	0	140	0	743	0	1232	0	4502
Influenza	0	4	0	10	0	5	0	10	0	32	0	6	0	67
Meningitis - Aseptic	0	1	2	2	0	0	0	0	0	0	0	0	2	3
Streptococcus pneumoniae, Inv	0	0	1	10	0	6	0	1	1	4	1	5	3	26
Blastomycosis	0	1	0	1	0	0	0	0	0	0	0	0	0	2
Coccidioidomycosis	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Creutzfeldt-Jakob Disease	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Cryptococcosis	0	0	0	0	0	0	0	1	0	0	0	1	0	2
Gastrointestinal Illness	0	17	0	0	0	1147	0	0	0	0	0	58	0	1222
Guillain-Barre Syndrome	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Hepatitis - Unspecified	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Legionellosis	0	1	0	0	0	0	0	0	0	2	0	1	0	4
Streptococcal Dis, Inv, Grp A	0	0	0	2	0	0	0	0	1	3	1	2	2	7
Streptococcus pneumoniae, Drug Resistant	0	0	0	0	0	0	0	0	0	0	1	2	1	2
Rabies Animal	0	0	1	1	0	0	1	2	0	0	0	0	2	3
Chancroid	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Chlamydia (Genital)	12	51	12	64	14	41	8	24	24	96	22	60	92	336
Gonorrhea	0	0	0	3	0	1	2	3	1	10	1	2	4	19
Syphilis - Early Latent	0	0	0	2	0	0	0	0	0	0	0	0	0	2
Syphilis - Primary	0	0	0	3	0	0	0	0	0	0	0	0	0	3
Mycobacterium - Other	0	0	0	0	0	0	0	1	0	1	0	0	0	2
Chickenpox (Varicella)	0	7	0	3	0	0	0	0	0	1	5	13	5	24
H. influenzae Disease - Inv.	0	0	0	0	0	1	0	0	0	0	0	0	0	1
Pertussis	0	0	0	2	0	0	0	0	0	2	4	12	4	16
VZ Infection, Unspecified	0	1	0	0	0	0	0	2	1	2	0	0	1	5
Ehrlichiosis, Anaplasma phagocytophilum	0	0	1	1	0	0	0	0	0	0	0	0	1	1
Lyme Disease	0	1	7	17	3	4	0	0	0	0	3	5	13	27
Hepatitis A	0	1	1	1	0	0	0	0	0	0	1	2	2	4
Hepatitis B, Acute	0	1	0	0	0	0	0	0	0	0	0	1	0	2
Hepatitis B, Chronic	1	5	0	0	0	0	0	0	1	2	1	2	3	9
Hepatitis C, Acute	0	3	0	1	0	0	0	3	0	0	1	6	1	13
Hepatitis C, Chronic	21	72	9	29	5	21	5	22	12	42	4	26	56	212
Hepatitis C, Unknown*	0	0	0	0	1	2	0	0	0	0	0	0	1	2
Hepatitis E	0	1	0	0	0	0	0	0	0	1	0	1	0	3

2011-12 Influenza Vaccine Screening Algorithm For Persons who Report an Egg Allergy

REMINDER! A prior severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to receipt of influenza vaccine



Be Prepared to Handle any Vaccine Reaction

- Your clinic should have an emergency plan in place and each staff member should know their responsibilities in the event of an emergency. An emergency kit should be maintained and routinely checked to make sure supplies are adequate and that none of the emergency medications has expired.
- The appropriate staff should be CPR certified