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**Note from the Medical Director**

Here at the health department, we have been appreciating the relative calm after the peak of the 2009 H1N1 pandemic. Although there are still sporadic cases reported, a “third wave” has not yet materialized and the big unknown is what Fall will bring. This year, the seasonal flu vaccine will include H1N1. However, the CDC is continuing to recommend that those who have not yet received the H1N1 vaccine, do so now, in case H1N1 surges again before the new seasonal flu shot is available. Health departments (and some medical providers) still have vaccine on hand.

**Pertussis**

Some of our neighboring counties and other areas of the state are contending with pertussis outbreaks this year. Baraga, Houghton and Keweenaw counties have together had over 50 cases confirmed since early March. Menominee County has recently had a confirmed case in a young infant. All of this serves as a reminder about the importance of providing the primary DTaP vaccine series at 2, 4, 6 and 12-15 months and the booster at 4-6 years. Often outbreaks begin in older children/ adolescents who have waning immunity. For the first time this fall, children entering 6<sup>th</sup> grade and older children transferring schools will be required to have the Tdap booster, which was approved for older children and adults in 2005.

The ACIP recommends that Tdap be used as follows:

- 1) All adolescents at age 11-18 should receive a single dose of Tdap
- 2) Adolescents who received a Td booster should receive Tdap if a 5 yr interval has elapsed. Tdap may be given at an interval of less than 5 years if the benefits of protection outweigh the risk of an adverse reaction
- 3) A single dose of Tdap is recommended for adults (under 65 years), if Td was received at least 10 years earlier; an interval of less than 10 years is acceptable if necessary to protect against pertussis or if close contact with an infant less than 12 months of age is anticipated (i.e. parents, nurses, etc.)
- 4) Routine post-partum vaccination with Tdap for women who last received Td more than two years ago; shorter intervals can be used

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 \$13.

## Smoke-Free Michigan

Smoke-free amendments to the Michigan Clean Indoor Air Act went into effect on May 1<sup>st</sup>. The law requires that all workplaces (excluding tribal casinos and cigar bars), are smoke-free. This includes outdoor restaurant and bar patios where food and/or drinks are served.



To date, local businesses have been overwhelmingly accepting of the new law and complaints to the health department about non-compliance have been few. There has been solid documentation of the health benefits to residents of smoke-free communities in other states and we look forward to seeing this positive impact in our own community.

For information about the new law, go to [www.michigan.gov/mdch](http://www.michigan.gov/mdch) or call 1-866-59-SMOKE.

# Upper Peninsula Reportable Communicable Diseases:

## Region 8 Communicable Disease Summary

March 1st, 2010 through April 30th, 2010

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

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
Botulism - Foodborne	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Campylobacter	0	0	1	1	0	0	0	3	0	0	1	4	2	8
Cryptosporidiosis	2	6	0	2	0	0	0	0	0	0	0	0	2	8
Giardiasis	0	0	2	2	1	1	0	0	0	0	0	0	3	3
Norovirus	0	0	0	0	1	1	0	0	0	0	0	0	1	1
Salmonellosis	0	1	2	2	0	0	0	0	1	2	1	1	4	6
Shiga toxin, E. Coli, Unsp	0	0	0	1	0	0	0	1	0	0	0	0	0	2
Flu Like Disease*	84	219	818	1456	223	528	118	317	15	64	310	825	1568	3409
Influenza, 2009 Novel	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Meningitis - Aseptic	0	0	0	1	0	0	0	0	1	1	0	0	1	2
Meningitis - Bacterial Other	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Streptococcus pneumoniae, Inv	0	0	1	1	2	2	0	1	1	1	2	4	6	9
Blastomycosis	0	0	0	0	1	1	0	0	0	0	0	1	1	2
Coccidioidomycosis	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Gastrointestinal Illness	18	75	0	0	7	30	79	79	0	0	0	0	104	184
Guillain-Barre Syndrome	0	0	0	0	0	0	0	0	0	2	0	0	0	2
Unusual Outbreak or Occurrence	0	0	0	0	0	0	1	1	0	0	0	0	1	1
Chlamydia (Genital)	11	13	22	41	5	14	1	7	19	39	11	23	69	137
Gonorrhea	0	0	2	6	0	0	0	0	0	1	0	0	2	7
Tuberculosis	1	1	0	0	1	1	0	0	0	0	1	1	3	3
Chickenpox (Varicella)	14	17	47	48	4	4	0	0	0	0	2	11	67	80
Mumps	0	0	0	0	0	0	0	0	0	0	1	1	1	1
Pertussis	1	1	0	0	0	0	1	1	5	6	33	36	40	44
Shingles	0	0	0	0	0	0	0	0	1	1	0	0	1	1
Lyme Disease	0	0	4	4	0	0	0	0	0	0	0	0	4	4
Malaria	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Hepatitis A	1	1	0	0	0	0	0	0	0	0	0	2	1	3
Hepatitis B, Acute	1	1	0	0	0	0	0	0	0	0	0	0	1	1
Hepatitis B, Chronic	2	4	0	0	0	0	0	0	0	0	0	0	2	4
Hepatitis C, Acute	0	2	2	4	0	1	0	1	1	1	3	4	6	13
Hepatitis C, Chronic	6	20	8	17	0	1	3	12	7	14	3	5	27	69
Hepatitis C, Unknown*	0	0	0	0	4	4	0	0	0	0	0	0	4	4