

COMMUNICABLE DISEASE NEWS

Spring, 2006

Ted Westmeier, RS, MPH, Director/Health Officer

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Donald W. Lawrenchuk, MD, MPH, Medical Director

New State of Michigan Requirements for Rabies Vaccine

Donald W. Lawrenchuk, MD, MPH, Medical Director

Effective January 1, 2006, the Michigan Department of Community Health (MDCH) will no longer provide local health departments with rabies vaccine for rabies post-exposure treatment (PET), except as a last resort for indigent patients. As a result, after the initial emergency room visit for a possible rabies exposure, patients will be seeking the remaining four rabies PET injections.

In most cases, patients requiring PET will be covered by either private insurance or by state/federal health insurance programs. Health care providers can stock the rabies vaccine and bill insurance companies. If a client is uninsured, patients may receive assistance through www.rxhope.com. Once the application is approved, (Rx Hope will process the application, determine if the patient qualifies for the program) Rx Hope will arrange to deliver the replacement vaccine dosage directly to the physician. If a patient is denied coverage for rabies PET through the options above, contact Livingston County Department of Public Health (LCDPH) at (517)546-9850 and we will seek rabies vaccine through MDCH.

When considering post-exposure treatment, please refer to the CDC website for specific Rabies Prevention Guidelines. [Human Rabies Prevention - United States, 1999 Recommendations of the Immunization Practices Advisory Committee \(ACIP\)](http://www.cdc.gov/mmwr/preview/mmwrhtml/00056176.htm). (<http://www.cdc.gov/mmwr/preview/mmwrhtml/00056176.htm>)

The LCDPH is available to assist health care providers and their patients regarding any rabies vaccine question or concerns. Individuals may contact our department by phone at (517) 546-9850. In addition, a Rabies Vaccine Information Statement and the Rabies and Animal Bite Exposure Public Health Fact Sheet are included in this newsletter. For additional information, see <http://www.cdc.gov/ncidod/dvrd/rabies>.

Rabies Report

Rebecca Cook, BSN, CD Nursing Supervisor

The MDCH Bureau of Laboratories tested 2481 specimens for rabies in 2005. There were a total of 41 animals found to be positive for rabies in Michigan including 28 bats, 7 skunks, 4 cats, 1 fox, and 1 sheep. Of the 743 bats tested this year, 3.8% were positive, a rate similar to previous years. **Livingston County had 4 positive bats and 1 positive skunk in 2005 compared to 2 positive bats in 2004.** (continued on page 2)

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Rabies Report *(continued from page 1)*

The North Central skunk strain of rabies was involved in all of the cases of rabies in terrestrial mammals this past year, reflecting an increase in the number of rabid skunks in the state. Skunk strain rabies tends to display periodic peaks. Although the total number of positive skunks was up, the cases remain confined to SE Lower Michigan. The spike in the number of cats testing positive (4) for skunk-strain rabies this past year is a

concern. These cases were all young animals that were strays, and were being fed, or were recently taken in by well-meaning people. This stresses the importance of reporting animal bites. Additional information is available via the Internet at the CDC website www.cdc.gov/ncidod/dvrd/rabies. Check www.lchd.org for more information throughout the spring.

Norovirus Activity in Michigan

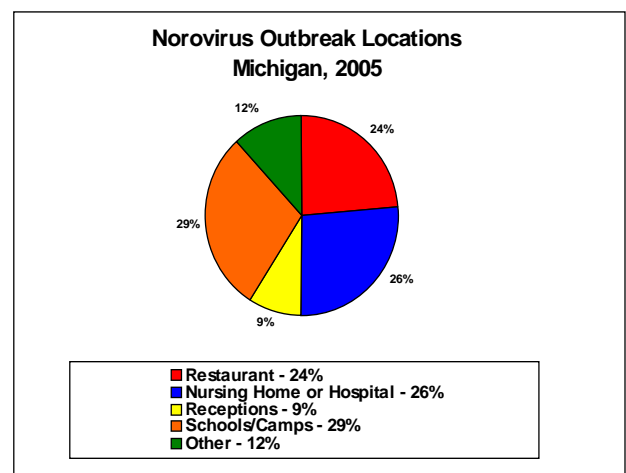
Brenda M. Brennan, M.S.P.H.
Communicable Disease Epidemiologist, (MDCH)

2006 is proving to be an active norovirus year already... As of March 1, 2006, the MDCH has received 12 reports of outbreak activity affecting over 909 individuals.

Norovirus, sometimes referred to as the “stomach flu”, is actually viral gastroenteritis. Norovirus is characterized by a quick onset of vomiting and/or diarrhea often accompanied by nausea, stomach cramps, low-grade fever, chills, and body aches. The duration of illness lasts between 12 and 60 hours. Norovirus can be transmitted by fecally contaminated food, water, surfaces and fomites contacted by an infected individual. There is also evidence to support transmission via aerosols when a vomiting incident occurs. During an outbreak, primary cases are usually due to contact with a contaminated vehicle (food, water, surface, or fomite) whereas secondary cases tend to be a result of person-to-person transmission.

In a typical year, the Michigan Department of Community Health (MDCH) will receive between 30 and 50 reports of suspected or confirmed norovirus outbreaks. The number of outbreaks that are actually reported to MDCH and local health departments are presumably a small portion of true norovirus activity throughout the state.

In 2005, there were 34 norovirus outbreaks investigated in Michigan. This chart depicts the locations of where the suspected/confirmed outbreaks occurred.



Last year, the MDCH and Michigan Department of Agriculture (MDA) collaborated with local health department representatives from Communicable Diseases and Environmental Health to draft “*Local Health Department Guidelines for the Environmental Cleaning and Disinfection of Norovirus*”. The document was distributed to both LHD Communicable Disease and LHD Environmental Health staff. The guidelines have also been featured at numerous conferences and are available on-line at www.michigan.gov/documents/Guidelines_for_Environmental_Cleaning_126234_7.pdf.

The guidance addresses norovirus disinfection, specific bleach concentrations for multiple surfaces, contact times, other effective and ineffective disinfectants, specific clean-up procedures for large spills of vomit or stool, and how to clean and disinfect carpet, furniture, clothing and more. The document also addresses concerns specific to food service establishments, healthcare facilities and schools/daycares.

Livingston County Immunization Action Coalition

Sue Worek, BSN, Immunization Program Supervisor
Donald W. Lawrenchuk, MD, MPH, Medical Director

The LCDPH is interested in collaborating with other immunization providers and consumers in the development of the Livingston County Immunization Action Coalition. The purpose of the coalition is to facilitate communication about current issues involving the vaccination of both children and adults. Immediate issues such as the distribution of vaccines and the awareness and incorporation of new vaccines into the practice setting will be discussed.

The coalition will work to increase immunization rates and prevent disease by creating and distributing educational materials for health care professionals and consumers that enhance the delivery of safe and effective immunization services. We are currently in the process of contacting providers and other key stakeholders to recruit membership in the coalition.

The first meeting of this newly formed group is scheduled for later this spring. Anyone interested in serving on this coalition is asked to call Sue Worek, Immunization Program Supervisor at (517) 552-6811.

2005 Summary Tuberculosis Report

Donald W. Lawrenchuk, MD, MPH, Medical Director

An average of one case of active TB per year sounds pretty good, doesn't it? Because our local numbers are so small, we are obligated to go up one level and see what is happening state-wide in Michigan. LCDPH continues to identify LTBI (latent TB infection) cases in Livingston County and follow-up as indicated. To review the 2005 Summary Tuberculosis Report for Livingston County, go to <http://co.livingston.mi.us/tbreport.html>. This report highlights the fact the state and local health departments share the responsibility for preventing and controlling TB with private clinicians, the jail, and hospital.

Our system of partners has three chief strategies:

- To identify and treat all persons with TB disease.
- To identify contacts of persons with infectious TB, evaluate them, and offer treatment as appropriate.
- To test high-risk groups for LTBI, and offer treatment as appropriate.

Everyone in medical care needs to keep up their level of suspicion for that Great Deceiver, TB.

Download LCDPH **communicable disease fact sheets**
at: http://www.lchd.org/personal_health/factsheet/default.htm

Livingston County Norovirus Statistics 2006

Rebecca Cook, BSN,
CD Nursing Supervisor

As of March 1, 2006,
Livingston County has
experienced:

- 1 confirmed outbreak – in a health care facility
- 1 suspected outbreak – in a school

If you suspect a norovirus outbreak, please contact Rebecca Cook at LCDPH, (517) 546-9850 for detailed instructions for specimen submissions.

CD Newsletter Team

Dr. Donald Lawrenchuk,
Medical Director
Elaine Brown, PPHS Director
Rebecca Cook, Communicable
Disease Supervisor
Sue Worek,
Immunization Supervisor
Jennifer Lavelle,
Health Education Supervisor
Kimberly White,
Executive Secretary
Lucy Sikora, Communicable
Disease Clerk



2300 E. Grand River Avenue, Suite 102
 Howell, MI 48843-7578
 Phone (517) 546-9850
 Fax (517) 546-6995
 www.lchd.org

⇒ 2005 Summary TB Report ⇒ 2005 Rabies Report ⇒ State Requirements for Rabies Vaccine
 ⇒ Livingston Immunization Action Coalition ⇒ Select CD Activity ⇒ Norovirus

Reported Cases of Communicable Disease in Livingston County

Rebecca Cook, BSN, Nursing Supervisor and Donald W. Lawrenchuk, MD, MPH Medical Director

Name	2001	2002	2003	2004	2005
STD					
Chlamydia	105	101	131	142	145
Gonorrhea	4	15	17	14	19
Communicable Disease					
Chicken Pox	108	186	111	86	82
Hepatitis A	5	2	1	1	1
Hepatitis B	4	2	1	1	1
Hepatitis C (acute)	0	0	0	0	1
Hepatitis C (chronic)	2	57	73	45	87
Meningitis (aseptic/viral)	38	20	31	20	32
Meningitis (bacterial)	5	3	1	1	3
Pertussis	1	0	4	2	16
Tuberculosis	0	1	0	1	2
Enteric CD Activity					
Campylobacter	12	11	8	14	17
E coli	1	6	3	2	6
Giardia	16	14	19	4	10
Salmonellosis	14	13	16	13	29
Shigellosis	1	3	0	2	1

LCDPH investigates reportable diseases in our area and provides client education and follow-up as indicated. This chart shows selected data from the longer list of reportable diseases. Notable findings for 2005 include:

- A continued rise in the STD's Chlamydia and Gonorrhea
 - A steady decline in reported cases of Chicken Pox
 - A sharp rise in reported cases of Pertussis
 - A persistence of food and waterborne enteric diseases
- Health care providers play a key role in public health efforts to control communicable diseases in our area. Prompt reporting to the health department enables appropriate follow-up to prevent the transmission of serious communicable diseases.