

COMMUNICABLE

DISEASE NEWS

Winter, 2005-2006

Ted Westmeier, RS, MPH, Director/Health Officer

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Donald W. Lawrenchuk, MD, MPH, Medical Director

Viral (Aseptic) Meningitis in Livingston County

Donald W. Lawrenchuk, MD, MPH

Each year in Livingston County we receive numerous reports of viral or “aseptic” meningitis throughout our communities. In the United States, there are between 25,000 and 50,000 hospitalizations due to viral meningitis each year, making this the most common type of meningitis. In Livingston County last year we had 20 cases of aseptic meningitis reported to the health department and have received 31 cases reported so far this year.

While viral (“aseptic”) meningitis can be a serious disease, it is rarely fatal in persons with normal immune systems. Usually, the symptoms last from 7-10 days and the patient completely recovers. This contrasts with bacterial meningitis, which can be very serious and result in disability or death if not treated promptly. Often, the symptoms of viral and bacterial meningitis are the same. Therefore, physicians and other appropriate health care providers are asked to report all cases of meningitis to their local health department as soon as possible to enable preventive treatment and/or education to be provided. While both laboratories and physicians are required to report persons with certain infections or conditions, the following individuals are also authorized to report cases to local health departments: administrators, epidemiologists, infection control practitioners from health care facilities or other institutions, dentists, nurses, pharmacists, physicians’ assistants, veterinarians and any other health care professionals. In addition, health facility infection control committees are required to develop policy and procedures to ensure appropriate reporting by physicians who treat individuals at their facilities and their laboratory.

National Pandemic Flu Plan

The United States Department of Health and Human Services (HHS) has developed a national pandemic influenza plan that can be found at the web site www.pandemicflu.gov. In addition to the approved HHS strategic plan, this site provides some public health guidance for state and local partners with regards to pandemic flu. This document was last revised on November 8, 2005 and is almost 400 pages in length.

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Immunization Update

Sue Worek, RN, Immunization Supervisor

The ACIP (Advisory Committee on Immunization Practices) made several new vaccine recommendations during their meetings this fall. One of those recommendations was to expand Hepatitis A vaccination of children between 1-2 years of age and integrate it into the routine childhood vaccination series. The ACIP recommendation is for children to receive the first dose of a two-dose series of Hepatitis A between 1 and 2 years of age. The previous recommendation of the ACIP in 1999 called for childhood Hepatitis A vaccinations only in states with the highest rates of Hepatitis A. About two-thirds of cases are now reported from states in which Hepatitis A vaccination of children was not previously recommended.

The ACIP also voted to recommend that adults from 19 to 64 years of age be vaccinated with a newly licensed adult booster tetanus, diphtheria, and pertussis vaccine (Tdap). Under the ACIP recommendations, the Tdap vaccine would replace the currently recommended tetanus-diphtheria vaccine that is used as the adult booster vaccine. A single booster dose of Tdap is recommended if it has been ten or more years since the last Td vaccination. Tdap should also be given to adults who will have close contact with an infant less than 12 months of age. In situations when it is important to protect against pertussis, intervals shorter than 10 years since the last Td vaccination may be used. A two year interval between Td and Tdap is suggested to reduce the risk of reactions following vaccination. The recommendation was previously approved for adolescents.

Recommendations of the ACIP become recommendations of CDC (Centers for Disease Control & Prevention) once they are accepted by the director of CDC and the Secretary of Health and Human Services and are published in the MMWR (Morbidity and Mortality Weekly Report). Until that process occurs, and the Michigan Department of Community Health receives direction from CDC, the vaccines are not included in the Vaccines for Children (VFC) program.

New Medical Director, Donald Lawrenchuk

Following the departure of Dr. Stan Reedy as Medical Director of the Livingston County Department of Public Health in October of 2005, I was honored to be offered this position on a part-time basis. Prior to this appointment I served as Medical Director of the Wayne County Department of Public Health for almost 23 years. I look forward to meeting and working with all of you on our mutual goals to improve the health status of the community, and can be contacted at the numbers indicated below.

My educational background includes earning an M.D. degree in 1980 from Wayne State University School of Medicine and a Masters degree in Public Health in 1982 from the University of Michigan School of Public Health. I am one of a handful of physicians in Michigan to have completed a certified public health and preventive medicine residency program. I also completed an internship in internal medicine at William Beaumont Hospital in Royal Oak, Michigan as part of my residency. I was born, raised, and educated in the city of Detroit, and currently live in Livonia, Michigan with my wife and two sons.

Feel free to contact me via my direct phone line at 517-552-6830 or fax at 517-546-6995. My email address is: dlawrenchuk@co.livingston.mi.us .

Practice Makes Perfect

Sue Worek, RN,
Immunization Supervisor

St. Joseph Mercy Primary Pediatrics in Howell, Michigan received an award at the Immunization Conference held in Ypsilanti in October for their outstanding use of the Michigan Childhood Immunization Registry (MCIR) to improve their immunization rates in their practice. By using MCIR to do assessment, recall, and vaccine inventory management, they have been able to consistently maintain high immunization coverage levels for their practice and assure the children served by their staff receive timely, appropriate immunizations. They have taken advantage of AFIX (Assessment, Feedback, Incentives, and eXchange) assessments and immunization education opportunities provided by MDCH.

The Need for Respiratory Protection

Don Hayduk, MS, RS, PEM

Public Health Emergency Preparedness Coordinator

Respiratory protection is much more than donning a surgical mask and calling it good. Depending upon the size and type of the dis-

ease agent, routes of exposure, and virulence, the choice of protection can make the difference between health, sickness and death. Exposure to sick people is the reality of work-

ing life for physicians, RNs, specialists, and office support staff. Until the sick person has been seen, evaluated and diagnosed, this "exposure" is actually an unknown. Thus, a review of infection control practices, and specifically respiratory protection, is well warranted in all health care environments.

Management must maintain an effective respiratory protection program to ensure their medical staff is prepared for the unexpected infectious situation. Protocols should be developed and in place to deal with a recognized respiratory threat.

What makes a respiratory protection program effective and efficient will depend upon the size of the organization, the type of medical care work performed, and the will to maintain the program over the long term. This includes, at a minimum, an initial medical evaluation of each employee to be supplied an N-95 or higher respiratory mask, an annual fit test of the respirator mask, and subsequent medical review of employees as needed.

To be compliant with State and Federal Occupational Health regulations, a written Respiratory Protection Program must be in place. Fortunately, compliance with the MIOSHA standards is not difficult. A sample plan, readily available from the State at: www.michigan.gov/documents/cis_wsh_cet5730_90302_7.doc makes the written portion straight forward. Upon completion of the written plan, fit testing each applicable employee is the critical functional step of the program. Periodic follow-up on an annual basis will ensure an effective long term program that protects employees from potential infectious harm. It just makes good business sense to pre-plan and have a well trained health care workforce in place that can recognize the need for respiratory protection in any given situation and ensure that the chosen protection is effective.

2005 Livingston County West Nile Virus Update

Rebecca Cook, RN, CD Supervisor

Efforts this year were focused on public education and personal protection. There were no reported human cases of West Nile Virus in Livingston County. So far this year, 36 dead bird reports were logged in the State's West Nile website. On September 19, 2005, LCDPH was notified by the Michigan Department of Community Health (MDCH) of one confirmed equine case of WNV in the Fowlerville area (zip code 48836). The horse received treatment and did recover. For a look at Statewide WNV activity refer to: www.michigan.gov/westnilevirus

MDSS Training for Physicians' Offices on March 3, 2006

MDSS simplifies communicable disease reporting through the use of electronic submission. Livingston County Department of Public Health would like to expand the user list to include local health care providers by offering a free training on Friday March 3, 2006 9:00 AM - noon. Susan Bohm, our regional Epidemiologist, will conduct the session at the Livingston Educational Service Agency (LESA) in Howell. See insert for **fax back registration form**.



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

⇒ **Pandemic Flu Plan** ⇒ **Viral (Aseptic) Meningitis** ⇒ **Immunization Update** ⇒
MDSS Training ⇒ **Emergency Preparedness** ⇒ **Select CD Activity**

Select CD Activity

Please note the change in the CD Activity Chart. It has been revised to focus on CD activity of greatest concern.

Communicable Disease	Livingston County Cases		State of Michigan Cases	
	YTD 2005*	YTD 2004*	YTD 2005*	YTD 2004*
STD				
Chlamydia	133	150	25,901 **	32,785
Gonorrhea	14	19	10,423 **	13,787
Communicable Disease				
Chickenpox	76	59	3,518	3,807
Hepatitis A	1	1	131	141
Hepatitis B	1	1	173	241
Hepatitis C acute	1	0	171	76
Hepatitis C chronic	63	38	6,071	4,731
Meningitis aseptic/viral	31	20	1,145	1,070
Meningitis bacterial	2	1	138	123
Pertussis	16	2	278	295
Tuberculosis	1	1	180	207
Select Enteric CD Activity				
Campylobacter	17	14	753	822
E coli	3	2	75	81
Giardiasis	8	4	707	686
Salmonellosis	27	13	846	799
Shigellosis	1	2	212	219

Prompt reporting to the Health Department enables prompt follow-up for the prevention of serious communicable disease.

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

* As of 11-30-05 ** Incomplete data

Rebecca Cook, RN, Communicable Disease Supervisor

Michigan Disease Surveillance System (MDSS) Training

Michigan Disease Surveillance System (MDSS) is a web-based communicable disease reporting system developed for the state of Michigan which addresses needs in many areas of:

- traditional disease surveillance,
- emergent infectious diseases and
- biological terrorism

Benefits of MDSS over Current Surveillance?

- Fulfills physician reporting requirement under the Michigan Communicable Disease Rules (PA 368, MCL 333.5111).
- Single point-of-access for reporting all communicable diseases.
- Communicable disease reports are automatically routed to the correct local health department for follow-up – no need to know health department phone or fax numbers.
- Physicians will have access to all case follow-up information for cases they report through MDSS.

Training

The Livingston County Department of Public Health will facilitate training for office staff who will be assigned to do the data entry for MDSS. Susan Bohm, our regional Epidemiologist, will conduct the training. **Fax back registration form is on reverse side.**

Who should attend:

2 staff members who will be assigned to enter MDSS data and have access to the office Internet **and** a work email address

When: Friday, March 3, 2006 9:00 am - noon

Where: Livingston Educational Service Agency
Computer Lab
1425 West Grand River
Howell, MI

Register by: January 15, 2006

Questions: Rebecca Cook
(517) 552-6808

MDSS Training for Physicians' Offices
March 3, 2006
Registration Form

Name of Practice: _____

Address: _____

1. Staff Name: _____

Work E Mail Address: _____

Phone Number: _____

Fax Number: _____

2. Staff Name: _____

Work E Mail Address: _____

Phone Number: _____

Fax Number: _____

Please fax completed form to (517) 545 – 9685 by January 15, 2006

Attention: Rebecca Cook
CD Supervisor
Livingston County Department of Public Health
2300 East Grand River, Suite 102
Howell, MI 48843
(517) 552-6808