

Public Health Views... and News

A Newsletter for Regional Health Professionals

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From the Desk of Jeff Phillips, MD, MPH

Medical Director for the Branch- Hillsdale-St. Joseph Community Health Agency

Three recommendations important for health care settings are pertinent to our area. Two of these recommendations are for general immunization of medical personnel against influenza and pertussis. Infected health care workers could transmit influenza and pertussis to vulnerable patients. Infants are at great risk for severe disease if exposed to these pathogens, especially pertussis. The third recommendation by the CDC is for universal testing of patients for HIV in health care settings.

1. The incidence of whooping cough has significantly increased in our area and several infants have become ill requiring intensive care. Kalamazoo County has documented over 100 cases of pertussis during the last year. A combined vaccine for tetanus, diphtheria, and pertussis now is approved for adults 19 - 64 years of age. One dose of

this vaccine may be given in place of the next tetanus booster. Health care personnel expected to have had contact with infants should be given one dose of Tdap as soon as feasible. Waiting ≥ 2 years from their last tetanus booster is recommended but not required. Pregnant women should also receive Tdap preferably after delivery. Other health care personnel should receive one dose of Tdap vaccine if ≥ 5 years from the last Td. One dose of Tdap should be offered to patients normally having the indication for a Td booster. Repeat immunizations with Tdap have not thus far been recommended for adults.

2. Influenza season is approaching and again the recommendation for all health care personnel is to receive the flu vaccine. Influenza may not cause severe illness in a given health care worker, but exposure of vulnerable patients to his/her virus could be disastrous. A theoretical benefit for widespread influenza vaccination is the

potential to limit co-mingling of seasonal influenza A with highly pathogenic avian strains. Mutation might trigger production of a virulent pandemic virus. The prospect of an abundant supply of flu vaccine this year should prompt all health care workers to be vaccinated without worry of using up vaccine needed by other high risk patients.

3. The CDC (MMWR September 22, 2006 / 55(RR14);1-17) revised the recommendations for HIV testing of adults, adolescents and pregnant women in health care settings. HIV has become an illness that, if treated early, can give the infected person many years of productive life. Testing has become rapid and is available at a reasonable cost. Screening now meets the criteria as an effective public health tool to slow the spread of this serious infection. CDC recommends making the screening routine in all health care settings after the patient is notified - unless declined (opt-out testing). Separate written consent for HIV testing **should not be required**; general consent for treatment should be sufficient. Prevention counseling **should not be required** prior to testing in health care settings. HIV screening should be included in routine prenatal testing unless the patient opts-out. Repeat screening in the third trimester is indicated in certain high

prevalence populations. Notification of negative test results is not mandatory. Use of rapid oral testing in settings where follow-up of positive test results might be difficult should be considered. A positive rapid test should be confirmed by standard HIV testing. A mechanism for referral of persons with a positive HIV test for appropriate counseling and treatment should be in place. Reporting of the patient with a positive HIV test to the Community Health Agency is required by law.

PLAN FIRST!

On March 1, 2006, the Centers for Medicare and Medicaid Services (CMS) approved Michigan's submission of a Section 1115 demonstration waiver to provide family planning services to Michigan citizens meeting certain eligibility requirements.

The demonstration waiver is approved for five (5) years with an implementation date of July 1, 2006. This program will enable the Michigan Department of Community Health (MDCH) to provide family planning services to women who otherwise would not have medical coverage for these services.

Eligibility

Through this waiver, MDCH will offer family planning services to women:

- 19 through 44 years of age.
- Who are not currently Medicaid eligible.

- Who do not have full family planning benefits through private insurance, including Medicare.
- Who have family income at or below 185% of the federal poverty level (FPL). DHS will determine eligibility for this program.
- Who reside in Michigan and,
- Meet Medicaid citizenship requirements.

It is estimated that at least 200,000 women may meet this criteria. Beneficiary applications are available at local health departments, local Department of Human Services (DHS) offices and Title X clinics. For more information providers may call 1-800-292-2550.

Covered Services

A woman's coverage will continue for the duration of the waiver as long as the eligibility criteria are met. Program determinations will be completed annually. Family planning services are defined as any medically approved means, including diagnostic evaluation, pharmaceuticals, and supplies, for voluntarily preventing or delaying pregnancy.

There will be no patient co-pays for family planning services, supplies or pharmaceuticals. Services covered under this waiver include:

- Initial physical exam and health history, including patient education and counseling relating to reproductive health and family planning options;
- Annual physical examination for reproductive

health/family planning purposes, including a pap smear and testing for sexually transmitted infections when indicated;

- Brief and intermediate follow up office visit related to family planning;
- Necessary family planning/reproductive health-related laboratory procedures and diagnostic tests;
- Contraceptive management including drugs and supplies;
- Insertion, implantation or injection of contraceptive drugs or devices;
- Removal of contraceptive devices;
- Sterilization services and related laboratory services (as long as a properly completed sterilization consent form has been submitted); and
- Medications required incidental to or as part of a procedure done for family planning purposes.

The Family Planning service benefit will not include coverage of abortions or treatment of infertility.

Service Delivery System

Professional services related to family planning will be available from and billed to MDCH by family planning clinics, primary care physicians (MDs and DOs) in public and private practice, and other Medicaid approved providers, i.e. Certified Nurse Midwives and Nurse Practitioners. In addition, pharmacies, laboratories and outpatient departments of hospitals are eligible to provide and bill for services, as appropriate, and Federally

Qualified Health Centers (FQHC), School-Based/Linked Health Centers, Rural Health Clinics (RHC), Tribal Health Centers and the sub-grantees of the Title X publicly funded family planning agencies (including local health departments, Planned Parenthood clinics and private non-profit family planning agencies) will provide and bill for services as well. Family planning services are and will continue to be available statewide.

Access to Primary Care Services

Should a beneficiary need primary care services beyond what is covered under Plan First!, the provider may either provide the services and work with the beneficiary to arrange payment options or they may refer or inform them how to access primary care services at the nearest FQHC.

Vision and Hearing Restored

The Michigan Department of Community Health restored full funding for vision and hearing screening. The Hearing and Vision School Screening program offers free, periodic screenings in the schools as part of the Public Health Code and this is done by technicians trained by the Michigan Department of Community Health and provided by the local health departments.

Screenings are scheduled with the schools by the Community Health Agency technicians. [Screening dates are available](#) by calling your child's school. The dates are also posted in the local newspapers. In addition, information is sent home with each child at the beginning of the

school year. This gives parents an opportunity to share information about hearing and vision concerns and ongoing care.

Parents whose children do not pass a screening are sent a letter



and encouraged to take them to a doctor for a complete evaluation. Hearing and vision problems detected and corrected early can prevent permanent damage and learning disabilities. About 10% of children screened require referral for evaluation by a doctor. Some may not need treatment, but like going to the dentist for a check up, no treatment needed is the best news!

E-Coli Outbreak – Final Report: (Excerpt from the Foodborne Diseases section of cdc.gov investigation section)

As of 1 PM (ET) October 6, 2006, 199 persons infected with the outbreak strain of E. coli O157:H7 had been reported to CDC from 26 states.



Among the ill persons, 102 (51%) were hospitalized and 31

(16%) developed a type of kidney failure called hemolytic-uremic syndrome (HUS). One hundred forty-one (71%) were female and 22 (11%) were children under 5 years old. The proportion of persons who developed HUS was 29% in children (<18 years old), 8% in persons 18 to 59 years old, and 14% in persons 60 years old or older. Among ill persons who provided the date when their

illnesses began, 80% became ill between August 19 and September 5. The peak time when illnesses began was August 30 to September 1 --- 31% of persons with the outbreak strain became ill on one of those 3 days.

Three deaths in confirmed cases have been associated with the outbreak. One was in an elderly woman from Wisconsin. On October 5, Idaho confirmed that stool samples from a 2-year-old child with HUS who died on September 20 contained E. coli O157 with a "DNA fingerprint" pattern that matches the outbreak strain. Today, Nebraska reported the death of an elderly woman with an illness compatible with E.



coli O157 infection who consumed raw spinach; E. coli O157 with the outbreak strain "DNA fingerprint"

was detected in the remaining spinach.

Maryland is investigating a suspect case in an elderly woman who died on September 13 and had recently consumed fresh spinach. E. coli O157 was cultured from her stool, but "DNA fingerprinting" has not been possible.

E. coli O157 was isolated from 13 packages of spinach supplied by patients living in 10 states. Eleven of the packages had lot codes consistent with a single manufacturing facility on a particular day. Two packages did not have lot codes available but had the same brand name as the other packages. The "DNA fingerprints" of all 13 of these E. coli match that of the outbreak strain.

New HPV Vaccine Stirs Debate

A new vaccine intended to prevent 70 percent of cervical cancer may soon become a required immunization in Michigan's public schools — a potential law that has caused some controversy among parents. Last month, the Michigan Senate introduced two bills requiring girls to get vaccines against genital human papillomavirus (HPV) in sixth grade, beginning in the 2007-08 school year. The four types of HPV covered by the vaccine cause about 70 percent of all cervical cancer and 90 percent of all genital warts. As with other school immunizations, parents will be able to opt out of HPV vaccination for medical, religious or philosophical reasons.

Some parents are already voicing approval for a vaccine that can save thousands of lives, while others have raised concerns about inoculating sixth-grade girls against a sexually transmitted disease.

The two bills, Senate Bills 1416 and 1417, were introduced and passed in the Senate on Sept. 20, 36-1.

The Michigan House of Representatives will vote on the bills after the November election. If they are signed into law, Michigan will become the first state to require HPV vaccination as part of the public schools' immunization schedule.



Since the vaccination does not treat HPV, it is most effective for those who have not yet engaged in sexual activity. However, vaccinated patients who have already been

exposed to HPV will be protected against unacquired strains. The vaccine costs \$360 for a series of three shots. More than 75 percent of female students would be covered by insurance. If the bills are passed, the state will have to allocate funding for the vaccine through the Michigan Department of Community Health.

Students may also be eligible for aid through the federal Vaccines for Children program. It is not yet clear whether the vaccine will be offered primarily through private or public health care. If the Centers for Disease Control add the HPV vaccine to its scheduled children's immunization schedule, Public Health Departments could add it to their immunization schedules. Adult clients will be encouraged to see their physicians.

Feedback Needed

Is this newsletter worth your time? Are there other topics you wished we covered? Do you have other colleagues who you think would benefit from this publication? We need you to tell us. Please e-mail us with your comments, criticisms, complaints or suggestions. Your comments and feedback will help us to make this newsletter the best it can be.

Please forward your comments to:

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