

Public Health Views and News



A Regional Newsletter for Health Professionals **Fall 2010, Volume 22, No. 1**

Seasonal Flu Updates

In August, 2010, the Advisory Committee on Immunization Practices (ACIP) released updates to its recommendations for the “Prevention and Control of Seasonal Influenza with Vaccines.” Their updates focused on five principal changes:

- In 2010-11, the Trivalent Inactivated Influenza Vaccine (TIV) protects against A/H1N1 influenza, influenza A/H3N2 and influenza B. The A/H1N1 virus is derived from the 2009 pandemic influenza virus.
- Routine influenza vaccination is recommended for all persons six months of age and older. This is an expansion of the previous recommendation and calls for the vaccination of all adults aged 19 to 49 years of age. Support for this recommendation is based upon the evidence that an annual influenza vaccination is an effective preventive action. It is also based upon concerns that the 2009 influenza A (H1N1) –like viruses will continue to circulate during the 2010-11 flu season.
- The 2009 ACIP recommended that all children aged 6 months to 8 years who received a seasonal influenza vaccine for the first time should receive two doses; and that children who received only one dose of a seasonal influenza vaccine in the first influenza season should receive two doses during the following season. For 2010-11, the ACIP modified its recommendations and advises that children between 6 months and 8 years who did not receive at least one dose of an influenza A (H1N1) 2009 monovalent vaccine, or children for whom the monovalent vaccine history cannot be determined, should receive two doses of this year’s seasonal influenza vaccine. Doses should be spaced four weeks apart.
- A newly approved inactivated trivalent vaccine alternative is now available for persons aged 65 and older. Fluzone High Dose contains 60 mcg of hemagglutinin antigen per influenza vaccine virus strain. Those under the age of 65 should be administered the standard dose TIV.

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Seasonal Flu Updates (cont.)

- Fluarix (GlaxoSmithKline), which was approved for people use in persons 18 years and older, is now approved for use in persons 3 years and older. Altria (CSL Biotherapies), which was approved for persons 18 years and older, is now approved for use in persons 6 months and older. Argil (Novartis) has been newly approved for use in persons 18 years and older.

The Branch-Hillsdale-St. Joseph Community Health Agency offers flu immunizations to residents through its community flu events and by appointment on immunization day at its county offices (see page 5, **Flu Clinic Schedule** for list of dates and times).

The health department accepts Medicare Part B, Medicaid (except Adult HMO), cash, credit card or checks. The cost of the shot is:

- \$25.00 for standard dose vaccine (for people under the age of 64)
- \$40.00 for “High-Dose” vaccine (Fluzone High Dose for people aged 65 and older)

Individuals that do not have health insurance or cannot afford the cost of the vaccine should contact their local county office for assistance. A small amount of free vaccine is available for those individuals and for immunizing health care professionals.

Contact Branch-Hillsdale-St. Joseph Community Health Agency for more information at <http://www.BHSJ.org>

The Condom

by Dr. Jeff Phillips

Health Department Medical Director

Condoms have proven value in reducing the spread of STDs and unintended pregnancy. Accurate information about condoms should be available to all persons preferably before they become sexually active. Teenagers going through puberty are naturally quite interested in relationships and sexuality. Physicians should be advocates for them and promote comprehensive sex education in schools. One excellent method would be to participate on the local advisory board.

The history of the condom as a means of STD prevention and contraception dates to early mists of time, but a trigger for more use came with the syphilis epidemic among French soldiers in the 16th century. Use of condoms by the military has been promoted since those early times. In the middle ages, condom use was minimal because of proscription by the church and because of the high cost of condoms. They were often made from treated linen or animal intestine; use was mainly among the upper class who could afford them. Rubber condoms were first manufactured in Germany and were popular during WWI and thereafter. “Rubbers” could be reused and were more economical than handmade “skins”. Latex rubber was developed in 1920 and allowed the higher quality, thin material to be used in mass-produced condoms. Condom use in the American military during WWII was actively promoted and resulted in a significant decrease in STDs. By the late 1950’s, 47% of US adults used condoms for birth control. The development of birth control pills in the 1960s decreased the use of condoms for contraception, but public health officials have still stressed the utility of condoms for STD protection. Condom manufacturers routinely test condoms for quality. Inexpensive dependable condoms are readily available over-the-counter. The health department dispenses condoms. Laws prohibiting their advertisement and sale have been reversed by court action in all states, after decades of attacks by opponents.

The HIV/AIDS epidemic compelled Surgeon General Everett Koop to send out a mailing to all US families describing the mechanisms of HIV transmission – anal sex and illicit drug use – and the effectiveness of condoms to prevent spread. Some politicians continued to oppose Dr. Koop’s pronouncements about condom use, pronouncing unwanted pregnancy, HIV and STDs to be the “just reward of immoral behavior”.

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Pertussis on the Rise

During the first few months of 2010, several states reported increased cases of pertussis. In Michigan, this increase was first observed in the second half of 2008, and continued throughout 2009 and 2010. As of the week ending September 18th, Michigan reported 940 cases for 2010. Branch, Hillsdale and St. Joseph Counties, likewise, have also seen increases in the number of pertussis cases during the last two years.

**Number of Pertussis Cases
2005 – 2010**

# of Pertussis Cases	2005	2006	2007	2008	2009	2010*
Michigan	321	628	274	347	900	940
Branch, Hillsdale, St. Joseph Counties combined	7	11	8	2	14	14

*reflects year –to-date cases through 9/30/2010

**Three-Year Crude Pertussis Incidence Rates per 100,000
2005 – 2010**

# of Pertussis Cases	2005-07	2006-08	2007-09	2008-10**
Michigan	4.05	4.14	5.07	7.30
Branch, Hillsdale, St. Joseph Counties combined	5.58	4.52	5.20	6.55

**reflects year-to-date cases through 9/30/2010 and 2009 population estimates for 2010.

Pertussis is caused by a gram-negative bacterium that lives in the nose, mouth and throat of an infected person and is spread from person to person through coughing and sneezing. The onset of the disease usually occurs within patients approximately 7 to 10 days after exposure. During the initial stage, called the catarrhal stage, the patient's symptoms may resemble those of a cold or respiratory virus and can include: runny nose, sneezing, low-grade fever and a mild cough. This stage may last up to two weeks.

The next stage, or the paroxysmal stage may last up to six weeks. During this stage, the patient's symptoms worsen and are characterized by:

- A “whooping” sound as the patient tries to breathe during a coughing spell
- Coughs that usually produce thick mucus and/or cause vomiting
- Cyanosis or the bluing of the lips and nails, due to impaired oxygen intake
- Exhaustion

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The Condom (cont.)

Most European countries consider comprehensive sex education during childhood as a sign of respect for the youth in their countries. In the US considerable resistance to discussion of condoms and modern contraceptive methods in school persists. Dr. Koop recommended comprehensive sex education starting in elementary school because he felt accurate knowledge was the best available means to slow HIV spread. He defended his position as consistent with the Christian belief in compassion as well as scientific knowledge. “Abstinence only” teaching prevents youngsters from getting accurate knowledge necessary to make informed decisions related to their sexuality. Abstinence is the desired course for teenagers and should be encouraged, but banning instruction about sex, sexuality, relationships, and preventive measures (including condoms) is harmful and demeaning to our youth.

Medicaid Adult Dental Benefit Waiver Reinstated Effective October 1, 2010

With the passage by the legislature and signing of the FY 2011 budget by Gov. Jennifer Granholm, the Michigan Department of Community Health reinstated its Adult Dental Benefit for Medicaid beneficiaries who are 21 years and older. Services restored include: routine examinations, prophylaxis, restorations and dentures. Some services may require prior authorization before treatment if provided.

A \$3.00 co-pay is required for each separately reimbursable visit, though for certain beneficiaries, such as nursing facility residents, co-pays are waived. This program had been eliminated as of July 1, 2010 due to budget concerns.

SAVE THE DATE!
TB TST/TTT Workshop
Tuesday, Nov. 16, 2010
9 a.m. to 3:00 p.m.
Coldwater Office

The TB TST/TTT workshop is offered by the Michigan Department of Community Health and hosted by the Branch-Hillsdale-St. Joseph Community Health Agency.

This workshop is recommended for health care personnel to strengthen their skills in administering, reading and recording the Mantoux Tuberculin Skin Test. Target audience will include health care professionals at Correctional facilities, Long Term Care facilities, Acute Care facilities, Laboratories, Local Health Departments, Medical Offices/Clinics, Employee Health/Infection Control professionals, and Nursing Instructors.

In addition to a detailed presentation and practicum on Mantoux skin testing, this workshop covers all aspects of TB, including history, epidemiology, transmission, pathogenesis, diagnosis, treatment and prevention.

Gail Denkins, B.S., R.N. who serves as the MDCH TB Nurse Consultant and Mary Davidson, B.S. from American Lung Association of Midland States will be the presenters. Continuing education hours (3.4 contact hours) are available from the Michigan Nurses' Association. **Pre-registration is required.**

To pre-register, contact Candy Cox or Jo Ann Wilczynski, BHSJ Prevention at 517-279-9561, ext. 132 or 143.

Pertussis on the Rise (cont.)

During the third stage, the patient begins to gradually recover. This stage, the convalescent stage, may last weeks or months, if no additional complications or secondary infections occur.

A diagnosis of pertussis is based upon the presence of symptoms exhibited during the paroxysmal stage (i.e., "whooping" cough or violent coughing with or without vomiting) for more than two weeks and positive lab results. Antibiotics, such as azithromycin, erythromycin or trimethoprim-sulfamethoxazole, are often prescribed for the patient, as well as any persons who have had close contact with the patient, regardless of their immunization status. If the close contact was a child under 7 years old who was not fully immunized, the contact should complete their immunization schedule following the minimum intervals. Children 4 to 6 years should receive their DTaP booster, if not fully vaccinated.

Immunization is the best defense against Pertussis. Universal vaccination of all children is now recommended, but the vaccination is not 100% effective. Vaccination, however, has decreased the incidence of whooping cough by 80%. The immunization schedule for pertussis is as follows:

Immunization Schedule for Pertussis

	2 mo.	4 mo.	6 mo.	15 to 18 mo.*	4 to 6 years	11 to 12 years	19 to 64 years
Diphtheria, Tetanus, Pertussis	DTaP **	DTaP	DTaP	DTaP	DTaP	Tdap ***	Substitute 1 time dose of Tdap for TD booster; then boost with TD every 10 years

19 to 64 years - For all persons in this category who meet the age requirements and who lack evidence of immunity (e.g., lack of documentation of vaccination or have no evidence of infection.)

*The 4th dose may be administered as early as age 12 months, provided at least 6 months have elapsed since the third dose.

**Diphtheria and Tetanus toxoids and acellular pertussis vaccine (DTaP). (minimum age: 6 weeks)

***Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).

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Pertussis on the Rise (cont.)

Michigan's Communicable and Related Diseases Administrative Rules (R 325.172) identifies Pertussis as a serious communicable disease. As such, the Rules (R 325.175, Rule 5.2) also grants the local health officer the authority to "initiate the exclusion from school of a student who has a designated condition. A student may be returned to school when a physician or local health officer indicates that the student does not represent a risk to the other students." Within the tri-county area, identification of pertussis occurred in school age children and has resulted in the exclusion of 2 students from school. For children who took the prescribed antibiotic, the exclusion was limited to five days. For children who did not take the prescribed antibiotic, the exclusion timeframe was 21 days. With the presence of pertussis in the community, early identification and diagnosis is important to limit the number of exposed contacts.

Branch-Hillsdale-St. Joseph Community Health Agency monitors all reportable communicable disease occurrence and publishes communicable disease year-to-date and annual trend data on a monthly basis at its website.

Contact Branch-Hillsdale-St. Joseph
Community Health Agency
for more information at
<http://www.BHSJ.org>

Coldwater Office
570 N. Marshall Road
Coldwater, MI 49036
517-279-9561

Hillsdale Office
20 Care Drive
Hillsdale, MI 49242
517-437-7395

Flu Clinic Schedule

Branch County		
Please call (517) 279-9561 to schedule your appointment.		
Day/Time	Date	Location
Mondays 8 to 4	Oct. to Feb.	Coldwater Office 570 N. Marshall Coldwater, MI
Hillsdale County		
Please call (517) 437-7395 to schedule your appointment.		
Day/Time	Date	Location
Wednesdays 8 to 4	Oct. to Feb.	Hillsdale Office 20 Care Drive Hillsdale, MI 49242
Friday 9 to 3	Oct. 29	Hillsdale Office 20 Care Drive Hillsdale, MI 49242
Tuesday 9 to 11:30	Nov. 2	Hillsdale Senior Center (Perennial Park) 320 West Bacon St. Hillsdale, MI 49242
Saturday 9 to 1	Nov. 20	Hillsdale County Fair 115 South Broad St. Hillsdale, MI 49242
St. Joseph County		
Please call (269) 273-2161 to schedule your appointment.		
Day/Time	Date	Location
Tuesdays 8 to 4	Oct. to Feb.	Three Rivers Office 1110 Hill Street Three Rivers, MI 49093
Friday 9 to 2	Oct. 29	Three Rivers Office 1110 Hill Street Three Rivers, MI 49093

Three Rivers Office
1110 Hill Street
Three Rivers MI 49093
269-273-2161