

Public Health Views and News



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What's New & What's Not for the 2016-17 Flu Season

Fall is the time of year to urge people to get their flu shots. The Michigan Department of Health and Human Services (MDHHS) began tracking flu data for the new season in September. The Centers for Disease Control and Prevention (CDC) has characterized Michigan's Influenza Like Illness (ILI) activity for the period that spans September to mid-October as sporadic. Sporadic is the lowest of the four CDC tracking categories.

For these first two months of the new flu season, Branch, Hillsdale and St. Joseph Counties have reported 689 of ILI cases and 1 case of influenza in St. Joseph County. Michigan has reported over 30,000 ILI cases and 137 influenza cases to date. According to MDHHS, all influenza reports reported to the Bureau of Laboratories this flu season have been A/H3.

Flu shots are the best prevention available against the flu. The Advisory Committee on Immunizations Practices recommends that all people ages six months and older, without contraindications, should receive a flu shot.

Primary Changes and Updates in the ACIP Recommendations for Influenza Vaccination:

- ACIP has made an interim recommendation that Live, Attenuated Influenza Vaccine, Quadrivalent (LAIV4) should not be used. This vaccine was administered as a nasal spray. While originally the vaccine was thought to provide equal protection as that provided by the shot, last flu season it was found to have only protected about 3 in every 100 people ages 2 to 17 years (compared to 63 in every 100 for those who received the traditional influenza shot.)

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SPECIAL UPDATES: Frozen Strawberries and Hepatitis A Investigation

Background: The Michigan Department of Agriculture and Rural Development (MDARD) in conjunction with the Michigan Department of Health and Human Services and Michigan Local Public Health Departments continue to work cooperatively on the nationwide frozen strawberry recall. On October 19, 2016, the Federal Drug Administration placed frozen strawberries from the International Company for Agricultural Production and Processing (ICAPP) in Egypt, on import alert because of multiple positive samples of confirmed Hepatitis A in this product. On October, 25th, ICAPP recalled all frozen strawberry products that it imported in the United States since January 1, 2016. On October 20th, CDC reported that 134 people had contracted Hepatitis A in 9 states that had been linked to this product. On October 30, 2016, FDA issued a recall notice. On November 3, 2016, the tri-county health department received information that local food establishments and organizations within the health jurisdiction may have received a delivery of these contaminated strawberries. To date, no frozen strawberries were sold directly to consumers.

MDARD provided local health departments with a list of establishments that may have received the product. Health department employees conducted follow-up interviews with these organizations and have confirmed that 2 food establishments may have served the product during the past 14 days. In addition, other food establishments in surrounding counties may also have served food items made with these products. A list of food establishments that have served the recall product, organized by county, has been published on the MDARD website and can be viewed by going to: http://www.michigan.gov/mdard/0,4610,7-125-50772_51097-397016--,00.html. At this time, the health department is not aware of any cases of Hepatitis A within the three counties that are linked to frozen strawberry consumption.

CDC Guidance for Healthcare Providers: Until recently, an injection of immune globulin (IG) was the only recommended way to protect people after they have been exposed to Hepatitis A virus. In June 2007, U.S. guidelines were revised to allow for Hepatitis A vaccine to be used after exposure to prevent infection in healthy persons aged 1–40 years. Persons who have recently been exposed to Hepatitis A virus (HAV) and who have not been vaccinated previously should be administered a single dose of single-antigen Hepatitis A vaccine or IG (0.02 mL/kg) as soon as possible, **within 2 weeks after exposure**. The guidelines vary by age and health status:

- For healthy persons aged 12 months–40 years, single-antigen Hepatitis A vaccine at the age-appropriate dose is preferred to IG because of the vaccine's advantages, including long-term protection and ease of administration, as well as the equivalent efficacy of vaccine to IG.
- For persons aged 41 years and older, IG is preferred because of the absence of information regarding vaccine performance in this age group and because of the more severe manifestations of Hepatitis A in older adults. The magnitude of the risk of HAV transmission from the exposure should be considered in decisions to use vaccine or IG in this age group.
- **Vaccine can be used if IG cannot be obtained.**
- IG should be used for children aged less than 12 months, immunocompromised persons, persons with chronic liver disease, and persons who are allergic to the vaccine or a vaccine component (see **Footnote**).

Footnote:

- CDC does not have official guidance to define all subgroups of persons recommended to receive IG.
- IG is indicated for persons at increased risk of severe or fatal hepatitis A infection. These persons include adults older than 40 years of age, particularly adults 75 years and older, persons with chronic liver disease (e.g., cirrhosis), and those who are immunocompromised.

SPECIAL UPDATES: Frozen Strawberries and Hepatitis A Investigation (continued)

- IG is indicated for persons with decreased response to hepatitis A vaccine. Based on available data such persons include those with HIV/AIDs, persons undergoing hemodialysis, recipients of solid organ, bone marrow or stem cell transplants, persons with chronic liver disease (e.g., cirrhosis), and other patients unlikely to develop an adequate immune response. Also, antibody response after a single dose of hepatitis A vaccine in persons older than 40 years may be reduced, but data are limited.
- Immunocompromised persons generally are incapable of developing a normal immune response, usually as a result of disease, malnutrition, or immunosuppressive therapy. IG is indicated for patients who might include those receiving high dose steroids, chemotherapy, immunomodulators, and those who have primary immunodeficiency conditions. Clinical guidance should be obtained if the immune status is unclear.

Who requires protection (i.e., immune globulin (IG) or Hepatitis A vaccine) after exposure to HAV?

People who have eaten frozen strawberries from one of the known food establishments/organizations identified on the MDARD list as having served contaminated strawberries (see link above) and who have not been previously immunized for Hepatitis A should receive the recommended post-exposure prophylaxis (PEP). In addition, healthcare providers are encouraged to review CDC recommendations for PEP priority populations provided at: <http://www.cdc.gov/hepatitis/hav/havfaq.htm#protection>.

Signs and Symptoms: Hepatitis A is a contagious liver disease that is a result of infection by the Hepatitis A virus. Symptoms can range in severity from mild illness, lasting a few weeks, to severe illness, lasting several months. Symptoms include:

- Fatigue
- Fever
- Loss of appetite
- Abdominal pain
- Jaundice (yellowing of eyes and skin)
- Abnormal liver tests
- Dark urine
- Pale stool

Onset of illness occurs within 15 to 50 days of exposure to the virus, with the average onset occurring within 28 to 30 days. Anyone with symptoms of Hepatitis A should contact their healthcare provider immediately.

Hepatitis A Vaccine: Hepatitis A was added to the children's recommended schedule of vaccinations in 2004 and is recommended for everyone. The health department has limited quantities of Hepatitis A vaccine for children and adults. It offers free immunizations for children up to age 19 years, who are uninsured, receive Medicaid health insurance or who lack vaccine coverage, through the Vaccines for Children Program. Hepatitis A vaccine is also available free of charge for adults, 19 years and older, who lack health insurance or vaccine coverage, through the Michigan Vaccine Replacement Program.

People who need to check their vaccine status for Hepatitis A immunization, or in need of an immunization can contact the health department. Staff can check records, determine eligibility for either program and/or setup an immunization appointment. The health department is also compiling a list of pharmacies that have Hepatitis A vaccine in stock. Individuals or providers can contact the health department to find out about vaccine availability at local pharmacies located within the three-county area.

Additional information concerning this investigation will be available as it is known.

What's In and What's Not For the 2016-17 Flu Season (continued)

- 2016-17 trivalent influenza vaccines contain an A/California/7/2009 (H1N1)-like virus, an A/Hong Kong/4801/2014 (H3N2)-like virus and a B/Brisbane/60/2008-like virus (Victoria lineage). Quadrivalent vaccines include an additional strain – a B/Phuket/3073/2013-like virus (Yamagata lineage).

Recommendations for influenza vaccination for people with egg allergies have been modified:

- People with egg-allergic reactions no longer have to be observed for 30 minutes post vaccination for signs and symptoms of allergic response. All providers should consider, however, watching all patients for 15 minutes after vaccine to decrease risk of injury associated with fainting .
- People with severe egg allergies (i.e., any symptom other than hives) should be vaccinated in an inpatient or outpatient medical setting under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.

The health department provides influenza vaccinations, by scheduled appointment and for walk-ins. We are offering a quadrivalent vaccine at a cost of \$45.00 per shot and high-dose trivalent vaccine at a cost of \$60.00 for those 65 years and older.

We accept Medicaid and all major insurances. Children under 19 years, who are covered by Medicaid health insurance, are uninsured or who lack vaccine coverage in their insurance benefits can receive a flu shot free of charge through the MDHHS Vaccine for Children's Program.

Health Insurance Marketplace: 9 Things to Tell Your Patients

1. If you don't already have health coverage, the Health Insurance Marketplace can help you to find and buy health coverage that fits your budget and meets your needs.
2. Open Enrollment starts November 1, 2015, and ends on January 31, 2017. Plans and prices will be available then. To have coverage starting January 1, 2017, you must be enrolled in a plan by December 15, 2016.
3. Not only can you view and compare health insurance options online, but with one simple application, you can have those options tailored to your personal situation and find out if you might be eligible, based on your income, for financial assistance to lower your costs.
4. The same application will let you find out if you and your family members might qualify for free or low-cost coverage available through Medicaid or the Children's Health Insurance Program (CHIP).
5. The information is all available online, but you can apply 4 ways: online, by phone, by mail, or in-person with the help of a trained assister or navigator. The Branch-Hillsdale-St. Joseph Community Health Agency, your local health department, has certified navigators who can assist you in completing the application, selecting a plan, and/or filing an exemption or grievance.
6. Each health plan will generally offer comprehensive coverage, including a core set of essential health benefits like doctor visits, preventive care, maternity care, hospitalization, prescription drugs, and more.
7. No matter where you live, there will be a Marketplace, offering plans from private companies where you'll be able to compare your health coverage options based on price, benefits, quality, and other features important to you before you make a choice.
8. Health insurance companies selling plans through the Marketplace can't deny you coverage or charge you more due to pre-existing health conditions, and they can't charge women and men different premiums based on their gender.
9. For more information, visit www.bhsj.org or HealthCare.gov. Talk to a navigator at the health department by calling:
 - 517-279-9561, ext. 0337# (Branch County)
 - 517-437-7395, ext. 0337# (Hillsdale County)
 - 269-273-2161, ext. 0337# (St. Joseph County)Or you can call the Health Insurance Marketplace Call Center directly at 1-800-318-2596, 24 hours a day, 7 days a week. TTY users should call 1-855-889-4325.

New Public Health Dental Clinics for Coldwater and Sturgis

Coldwater and Sturgis will soon be the new homes of public health dental centers operated by My Community Dental Centers, Inc. (MCDC) on behalf of the Branch-Hillsdale-St. Joseph Community Health Agency. The center will focus on serving children and adults enrolled in Medicaid, including Healthy Kids Dental, MiChild and the Healthy Michigan Plan, as well as low income people who lack dental insurance. It will also accept persons with private insurance.

Currently, MCDC operates 31 public dental centers on behalf of local health departments throughout the state. The organization provides quality care that is patient-oriented and patient-friendly.

In August, Dr. Jacquelyn Merriman, D.D.S., and her staff joined the network of MCDC offices. Dr. Merriman's office, located at 25 W. Chicago Street in Coldwater, is now accepting patients as a MCDC provider. Her practice will be relocating to a brand new dental center at 384 East Chicago Street in the near future.

Sturgis is in the construction phase and is anticipating a four-chair center with capacity for six chairs. The Sturgis Center will be located at 1525 E. US 12, in the Maplecrest Plaza.

Both centers will be equipped with new, state-of-the-art dental technology, including electronic medical records, e-prescribing and digital radiology. A sliding fee schedule based on household income is available for those that lack dental insurance. All centers provide comprehensive dental services, including:

- Oral exams/cleanings
- Fillings
- Tooth extractions
- Partial dentures
- Other dental procedures

Lack of access to dental care can negatively impact the oral health of individuals. Poor oral health has been linked to: endocarditis, cardiovascular disease and poor pregnancy outcomes (i.e., premature births, low birth weight). Other diseases, such as HIV infection, osteoporosis, Alzheimer's disease and diabetes have been linked to poor oral health outcomes.

Dental Manpower Shortage

Branch, Hillsdale and St. Joseph Counties have all received dental designations as health professional shortage areas from the Health Resources and Services Administration (HRSA).

In Branch County, the designation is specific to rural health clinics and the state correctional facility. Hillsdale and St. Joseph Counties have received Full County Designations.

Designations take a variety of factors into consideration, including: population to full-time dentists ratios, percentage of population with incomes below the poverty threshold, lack of access to fluoridated water, drive times to areas that have an adequate number of dentists and/or lack of providers who can adequately serve the Medicaid population.

Population to Dentist Ratios, 2014

Branch	1,980:1
Hillsdale	3,530:1
St. Joseph	2,770:1
Michigan	1,450:1
U.S. Top Performers	1,340:1

Source: 2016 County Health Rankings, www.countyhealthrankings.org

Poverty Status for Population in the Past 12 Months, 2015

Branch	14.9%
Hillsdale	18.7%
St. Joseph	14.5%
Michigan	15.8%
United States	14.7%

Source: American Community Survey, Table K201701

Tobacco as a Communicable Disease: Interrupting the Chain of Transmission to Underage User

(reprinted from Barry-Eaton District Health Department's Communicable Disease Newsletter, 09/16)

Underage users obtain tobacco from social peers who are old enough to purchase tobacco legally. Although 18 to 20 year olds purchase only 2% of all tobacco products sold, they are responsible for 90% of the supply to underage users. One strategy to interrupt the transfer of tobacco from the retailer to underage users is to increase the tobacco sales age to 21, thus reducing the members of kids' social circles that can legally purchase tobacco. Increasing the sales age to 21 is a pediatric intervention. Although Tobacco 21 laws, at face value, affect young adults 18-20 years of age, the greatest beneficiaries are children 15-17 years old, in whom the first use of tobacco is projected to drop by 25% if a Tobacco 21 law is passed. On August 4, Ann Arbor became the first municipality in Michigan to raise the tobacco sales age to 21, joining 180 municipalities in 13 states, and the states of California and Hawaii, in this effort to keep kids from initiating tobacco use. Visit: <http://tobacco21.org>.

CA Leads the Nation in Tobacco 21 Law



Find us on the web at <http://www.bhsj.org>

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