

Kalamazoo County Health & Community Services Public Health Notes

Vol. 15, No. 1
Summer 2014

Provided by the Disease Surveillance Program at Kalamazoo County Health and Community Services Department

Your Mother Was Wrong...

Things you shouldn't share

INSIDE

Sexually Transmitted Infections.....	2
Planning to Travel?.....	2
MCIR All Hazards Plan	3
Tuberculin Skin Test Training Dates	4
Disease Surveillance Program Services	4

Public Health Notes

Kalamazoo County Health and
Community Services Department
Disease Surveillance Program

3299 Gull Road
PO Box 42
Nazareth, Michigan
49074-0042

Phone (269) 373-5267
Fax (269) 373-5060

*Public Health Notes is a newsletter
for health care professionals in
Kalamazoo County.*

Public Health Notes is also available
online:

www.kalcounty.com/hsd/phnotes.htm

*If you would like to be added to
our mailing list to
receive this publication,
please contact the Epidemiology
office at
(269) 373-5267*

Shigellosis

Shigella is an acute bacterial disease involving the intestinal tract. Beginning last April, Kalamazoo County is logging more cases than usual. The following is a five year-to-date breakdown of county and statewide cases:

	2010	2011	2012	2013	2014*
Michigan	263	193	249	172	43
Kalamazoo	3	5	2	3	9

*as of 06/05/2014

Shigella is generally limited to humans as a reservoir. There are four species of the disease with *S. sonnei* being endemic in the United States. It is virulent, with less than 10 organisms causing infection. Transmission is direct or indirect—fecal-oral—from a symptomatic patient or asymptomatic carrier. The organism moves via interpersonal contact, raw foods, and infected workers. According to the CDC, foodborne outbreaks are uncommon. Outbreaks in this country have been traced to drinking water, swimming in contaminated water, and men having sex with men. Onset is typically 12-96 hours after exposure and symptoms persist 4-7 days in mild cases. These symptoms include watery diarrhea, diarrhea with blood, fever, abdominal cramping, bowel spasms, and sometimes nausea and vomiting. Symptoms are generally self-limiting with or without antibiotic treatment. However, convulsions may be a significant complication in young children.

CDC National Shigella Surveillance reports in 2012 that 75.2% of the 7746 lab-confirmed cases in the United States were *S. sonnei* (most of the other cases were linked to travel outside the country). The median age was seven years.

The nine lab-confirmed cases residing in Kalamazoo County have seven zip codes. All cases are *S. sonnei*. There are four ill children—three girls, one boy—ages 2-8; and five ill adult women, ages 29-78. All nine cases had diarrhea. Eight had abdominal cramping. Five of these ill were also positive for blood in the stool while 3 were negative for hematochezia. Five cases were known to have fever. One case was lost to follow-up. To date, these cases have not been linked and the investigation remains ongoing.

Mike Phillips, RN
KCHCS Disease Surveillance/TB

Sexually Transmitted Infections

During health screening visits for adolescents and young adults providers have a good opportunity to screen for asymptomatic STIs. A few key questions can help to identify risk exposure and ensure the best care and follow up. Though young men and women ages 14-25 years are at increased risk for STI, they are unlikely to address this topic with their provider. This is especially true with men who have sex with men. It is important to ask about gender and number of partners, and the type of sexual contact they are having.

The STI rates in Kalamazoo are high. Our county continues to see high rates of Chlamydia infections along with steady increases in syphilis. 2014 has seen a sharp increase in HIV (to date the rate of HIV positives is already half the 2013 level) and gonorrhea infections (in 2013 there were 284 positive gonorrhea cases; already in 2014 there are over 200).



This increase reflects more diagnosed oropharyngeal and anorectal gonorrhea and Chlamydia cases. Infected individuals are often asymptomatic; patients assume that their urine test will detect infections in any body site. Patients are often surprised at the ease of transmission via oral sex and those not asked about receptive anal or oral sex may be infected and not be aware. To avoid missing these infections, swabs from the oropharynx and/or rectum are advised in addition to obtaining urine tests. For men having sex with men these swabs may be preferred.

It is important that providers follow the CDC treatment guidelines. Report positive tests to the Michigan Disease Surveillance System (MDSS) to assist the health department in follow up. The number of reported cases represents less than half of the actual cases in our county. Each person has at least one partner, and they all need treatment to prevent passing these infections to others. All contacts should be tested and treated to limit the spread of these communicable diseases.

Kim Vogt, RN
STD Clinic

Planning to Travel? Get Your Travel Immunizations Early

Rates of travel outside the U.S. continue to increase. In 2009, according to the World Tourism Organization, 61 million U.S. residents took trips that had at least one overnight stay outside of the United States. We know that U.S. residents are traveling at a higher rate, but what we don't know is whether those travelers are vaccinated and educated about the health risks of travel?

Travel clinics are designed to provide many services to travelers, including vaccination against both common and uncommon disease, information about other health risks while abroad, and provide follow up upon return to the US to insure no illnesses acquired while traveling have occurred. Because these are specialized clinics, travelers should choose wisely where they go to receive their vaccines.

A travel clinic health appointment should include the following three basic components: risk assessment (gathering information about itinerary and patient's health including previous vaccination and current medical conditions that may be affected by travel), risk communication (evidence-based information concerning particular risks in the proposed region of travel), and risk management (vaccines, medications, and behavioral interventions to reduce risk of illness and accidents). After the completion of the interview and some basic information about risk, the traveler and travel health consultant will decide what vaccines and preventive medications should be given for the trip. Because vaccines sometimes require a series (two or more vaccines given at a set time interval) it is ideal to make a travel appointment 6 months in advance. This is also important to determine that routine immunizations are up to date as well.



Some vaccines, such as Yellow Fever Vaccine, can have rare, possibly severe side effects that can occur up to 30 days post vaccination. For safety reasons it is mandatory that a traveler receive the Yellow Fever vaccine at minimum 4 weeks before traveling. Kalamazoo area travel vaccination sites usually require a 6 week minimum before travel for appointments (please call specific site for more information and requirements). The Travel Clinic at Kalamazoo County Health and Community Services (KCHCS) not only requires vaccination early enough to assure no side effects occur prior to travel, but also that all routine immunizations are up to date by the time of travel. A traveler is still more likely to acquire a common disease such as measles if not protected by immunization than a rarer tropical disease. The Travel Clinic at KCHCS offers a travel health consultation by appointment (373-5203). Some insurances can be billed for the cost of the vaccine and the administration fee (please check with your insurance for coverage of travel vaccines). A consultation fee for travel health education is typically not covered by insurance and would have to be paid out of pocket (please call 269-373-5203 for cost of the visit). Also, before you travel speak with your family physician about your health status and routine vaccine recommendations. Some physicians are willing to provide information regarding travel health and some are not. Your physician may refer you to a Travel Health Clinic and specific vaccines are only available through a travel vaccination site (clinic), so starting the process early is essential to making sure you are fully protected before you travel.

Resources: Kalamazoo County Travel Clinic, 269-373-5203. Dawn Smith, 373-5242 or Penny Born, 373-5264.



MCIR All Hazards Plan

Michigan Care Improvement Registry, or MCIR, is our statewide immunization registry. Immunization providers use it to assess vaccine status, document immunizations and TB test dates for patients of all ages, and view newborn testing and childhood lead test results. Some providers are able to track vaccine inventory and can order VFC vaccines through their MCIR portal as well. During a public health emergency or “event,” MCIR has an All Hazard Component that allows for vaccine doses and other pharmaceuticals distributed by either the Strategic National Stockpile (SNS) or a centralized distributor (McKesson). When a health emergency is declared, it only takes a few minutes to activate the All Hazards module of MCIR. Generally the Office of Public Health Preparedness (OPHP) leadership notifies their contacts at the Michigan Department of Community Health (MDCH) who then requests activation from one of the MCIR programmers on duty.

Drugs to help with the emergency are then distributed to participating clinics and practices like yours, and shipment data (including lot numbers, numbers of doses, expiration dates, etc.) are loaded into the All Hazard Inventory for that MCIR site. Each site can watch their All Hazard inventory on screen as can staff from MISNS (Michigan Strategic National Stockpile) and CDC in order to help for smooth and timely distribution and dispensing operations as the emergency is managed and patients are treated. As each administered dose is documented in MCIR, the total number of doses is reduced by one. Supply is tracked down to the dose level which is something not all immunization registries are capable. Documentation for these doses is expected to be made in the system within seven days of administration.

MCIR will work the same way in an emergency as always; personnel who already know how to use MCIR will be great assets for their employers and patients in documenting doses and therefore communicating the needs of the local communities to those in charge of distribution during a crisis.

Jamie Blake
MCIR Program Coordinator



Tuberculin Skin Test Training Dates

We are continuing to do training and certification in skin testing for TB. The following are training and recertification dates for 2014:

Training and Recertification

8:00 – 11:00

July 24

October 23

Train the Trainer

12:00 - 1:00

July 24

October 23

The workshops are held in conference room D in the basement of the Kalamazoo County Health and Community Services building. The workshop is free. Registration is required. There are CEU's offered to Registered Nurses taking the certification course.

If you would like to attend one of these classes, please call (269) 373-5267. Recertification is recommended every three years.



Disease Surveillance Program Services

Disease Surveillance and Control.

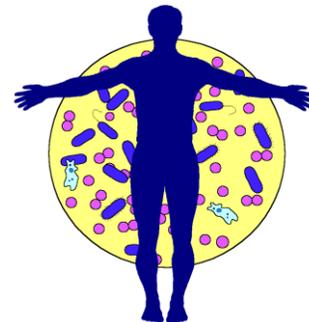
Full-time nursing coverage is provided. Kalamazoo County Health and Community Services has a dedicated phone line to answer questions and respond to information requests from both healthcare providers and the community. This includes follow-up of communicable disease case reports, investigation of possible disease outbreaks, and implementation of communicable disease control measures.

Tuberculosis Control Program.

The Disease Surveillance Program provides Mantoux skin testing (\$26) and evaluation and treatment for individuals without resources who test positive. The program is also responsible for TB case management, contact investigation and follow-up.

Community Health Education.

Disease Surveillance nurses are available to provide communicable disease educational materials and instruction upon request to area health care professionals and the community.



Health Services Bureau
Disease Surveillance Program
(269) 373-5267

Published 01/2006 Code 426

*The Health and Community Services
Department programs are open to all
without regard to race, color, national
origin, sex, or disability.*