

A Not-So-Measly Illness

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Public Health Notes

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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

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269-373-5267

In 2000, the United States was certified as having had eliminated measles. Unfortunately, the disease remains prevalent in other parts of the world. Travel to endemic areas, as well as persistent vaccine fears in this country, threaten re-importation of the disease.

According to MDCH VPD Epidemiologist, Joel Blostein, 2011 has seen more measles cases in the U.S. than any year since 1996. By the end of October, there were 220 confirmed and probable cases nationwide. Of those confirmed cases, 91% are known import-associated. This year, Europe has had major outbreaks, and 33 countries on the continent report increased cases. There have also been major outbreaks in sub-Saharan Africa and Asia. Eighty-six percent of confirmed U.S. cases were either unvaccinated or had undocumented vaccination status. Of the 120 ill, unvaccinated U.S. residents, 54% were “Personal Belief Exemptions.”

To review, measles is an acute, highly infectious febrile illness. Symptoms include fever, cough, runny nose, conjunctivitis, and rash. Transmission is airborne or direct contact with infected nasal or throat secretions. Communicability is generally four days before rash onset through four days after rash onset. Diagnosis is via clinical assessment, and lab confirmation includes detection of measles-specific IgM antibodies three to four days after rash onset. Because there may little clinical familiarity with this disease, MDCH recommends that if measles is suspected, simultaneously obtain IgM serology testing for rubella. MDCH also recommends obtaining initial urine specimen and throat swabs in viral transport medium. If serology confirms the case, these specimens will be used for molecular epidemiological follow-up. MDCH specimen procedures and considerations are readily available from KCHCS Disease Surveillance at 269-373-5267.



Mike Phillips, RN
KCHCS Disease Surveillance



Region V Epidemiologist

We are pleased to introduce Bethany Reimink, the new Epidemiologist for MDCH Region V. Bethany received her Masters of Public Health at the University of Michigan, School of Public Health, in 2009 and previously served as the epidemiologist for the Birth Defects and the Early Hearing Detection and Intervention (EHDI) Programs at MDCH in Lansing. Bethany is orienting to the world of communicable disease and emergency preparedness and looks forward to meeting and working with everyone in the region. Bethany is stationed at the Kalamazoo County Health and Community Services Department. Please join us in welcoming Bethany – give her a call (office–269-373-5293; cell–517-719-0407) or send her an e-mail reiminkb@michigan.gov.

Significant Increase of Invasive Strep A in 2011

As of October, 14 cases of Group A Invasive Streptococcal Disease have been reported in Kalamazoo County during 2011. In the past 10 years, we recorded an average of four cases per year. Invasive strep A is when the strep A organism gets into a sterile site (usually the blood). The youngest case in 2011 was 15; the oldest was 94 (average age was 70 years). Five of the 14 cases died.

Between March 1 and April 6, 2011, ten cases of invasive strep A were reported to the KCHCS communicable disease nurses. Investigation revealed that three of the cases lived in the same nursing home. We contacted the nursing home Infection Control nurse, who informed us that a staff member had strep throat. We worked with the IC nurse to have employees and residents tested if symptomatic.

The infectious disease reports received from county schools for the weeks of February 28 through March 11 showed they were experiencing double the number of strep throat ills than was typical for that time of year. A Health Advisory notifying of this sharp increase was sent to all of the Kalamazoo County school districts, area medical providers, and to our neighboring counties' public health departments. The Health Advisory explained how strep is spread and the importance of ill persons staying home until they have been on appropriate antibiotic treatment for 24 hours. Included with the Advisory was a letter from Kalamazoo County Medical Director, Dr. Douglas Homnick, and a strep throat fact sheet. A press release was also transmitted to the media so the general public would be aware.

Lynne Norman, RN
KCHCS Disease Surveillance

Check Your VIS!

It is important that vaccine recipients and their parents/guardians receive the Michigan version of Vaccine Information Statements (VIS). Michigan's VIS sheets include a statement regarding Michigan Care Improvement Registry (MCIR) because Michigan law requires that parents be informed about MCIR. VIS versions from the CDC or IAC do NOT contain the necessary information about MCIR.

Please see the insert included with this newsletter for a list of the most current VIS versions. If you have outdated stock, get your updated editions from the MDCH website at www.michigan.gov/immunize. Keep in mind that VIS are available in more than 35 languages and providers can order free copies of most of them (ask about exceptions) through their local health departments. Please give us a call at 269-373-5238 or 269-373-5242.

Roxanne Ellis, RN
KCHCS Immunization Action Plan

New Treatment Guidelines for Uncomplicated Gonorrhea

Current 2010 STD Treatment Guidelines for uncomplicated Gonorrhea recommend using a combination treatment of Ceftriaxone 250mg IM and Azithromycin 1 gram. You may use Doxycycline 100mg BID x 7 days as an alternative for Azithromycin. Dual treatment is recommended by the Centers for Disease Control to treat Gonorrhea due to declining Cephalosporin susceptibility and treatment failures reported in Asia and Europe. Please review the current STD Treatment Guidelines for other treatment regimens for allergy, intolerance, and adverse reactions to Cephalosporins. The initial Gonorrhea resistance occurred in the 1970s to Penicillin and Tetracycline. Most recently, resistance to Fluoroquinolones developed and in 2007, the Centers for Disease Control recommended to discontinue use of any Fluoroquinolones for Gonorrhea treatment.

The potential for gonococcal Cephalosporin resistance is concerning. No other effective antibiotic treatment options are currently available. With the potential for gonococcal resistance to Cephalosporins, it is imperative for clinicians to recognize treatment failures such as continued signs and symptoms of Gonorrhea or a positive follow-up test despite treatment. If treatment failure is suspected, the clinician should obtain a culture and sensitivity. If a patient has a treatment failure with Ceftriaxone, the clinician should consult with an Infectious Disease Specialist and notify the Centers for Disease Control regarding re-treatment through the local or state health department. These patients should return for test-of-cure in 1 week using a culture. All treatment failures must be reported to the local or state health department within 24 hours. The local or state health department will then report these cases immediately to the Centers for Disease Control. For more information please reference the Centers for Disease Control Website at: www.cdc.gov/std/.

Julie Beeching, RN
KCHCS STD/Imms Clinic Supervisor

Food Poisoning? Prove It!

When a person becomes ill with vomiting and/or diarrhea, they often believe the last meal they ate is what made them sick – but that's not usually the culprit. The average time from ingestion to infection is 48-72 hours, so in reality, what made that person ill is more likely something they ate two or three days before. The incubation times for the more common gastro infections we see here at KCHCS are:



- ✓ Campylobacter's incubation period is 2-5 days, with a range of 1-10 days
- ✓ Salmonella's incubation can be from 6-72 hours, usually 12-36 hours with a range up to 16 days
- ✓ Shiga toxin-producing E.coli's incubation period is 2-10 days, with a median of 3-4 days.

The CDC estimates that 76 million people become ill due to food-related illness, with about 325,000 hospitalizations and 5,000 deaths every year. Surveillance is complicated by several factors: under-reporting; illness transported person-to-person or animal-to-person; and water.

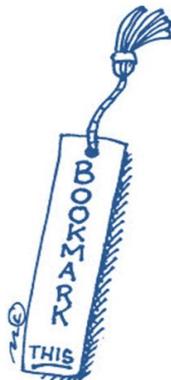
A couple of multi-state foodborne outbreaks involved Michigan during 2011, such as the 31-state outbreak from Salmonella Heidelberg this past summer. Common links were established through interviews and specimen tests conducted of the persons reported as having Salmonella. It was concluded that 49% of them had eaten ground turkey.

This illustrates why a stool culture should be obtained from a person suspected of having food poisoning: it is important for the safety of the community. When an outbreak does occur, discovery of the common cause could occur sooner than later and may help save lives.

Nicole Wilson, RN
KCHCS Disease Surveillance

TB Resources – Update Your Online Bookmarks

- ✓ The State of Michigan has a new and improved TB website! Click to find TB news, guidelines, and the most up-to-date TST/TTT training schedule: www.michigan.gov/tb. ****IMPORTANT: Please be sure to delete your online bookmarks to the old web page, www.michigantb.org, which will NOT be maintained.****
- ✓ The Centers for Disease Control and Prevention (CDC) has released the 2011 edition of the Core Curriculum on TB: What the Clinician Should Know. For more information, please visit www.cdc.gov/tb/education/corecurr/.



2012 Tuberculin Skin Test Training Dates

Medical personnel involved in TB skin testing are welcome to attend our free workshops for certification or recertification.

Classes are held in Conference Room D, Kalamazoo County Health and Community Services building, Nazareth. Once the 4-hour Certification course has been passed, a 2-hour Recertification can be taken every 2 years. Our 2012 class schedule follows:

Training (all sessions are 8:00–Noon)

January 19	July 19 (+ TTT)
April 19	October 18 (+ TTT)

Recertification

April 26:	8:30-10:30 a.m.
October 18:	1:00-3:30 p.m.

The workshops are free and continuing education credit is offered. Registration is required.

If you would like to attend one of these classes, please call 269-373-5267.

Recertification is recommended every two years.



Kalamazoo County Chronic HCV Counts

Current MDCH reporting requirements for chronic Hepatitis C are minimal. However, this might change. MDCH has started a statewide surveillance work group to look at improving data collection. KCHCS Disease Surveillance is participating in this. For now, when new cases are reported, local health departments need only differentiate between acute and chronic disease, and determine whether they are probable or confirmed based on CDC case definitions.

People infected with chronic HCV are often asymptomatic. Thus, determining disease onset and specific transmission sources is difficult. (Studies show that the virus is most often transmitted via injection-drug use or from receiving infected blood products.) Improved case data collection may lead to interventions that improve prevention.

KCHCS Clinical Services Bureau provides HCV screening. Clients concerned about exposure can be assessed for risk. HCV antibody testing is also available. A client that tests positive is entered into the MDSS line list as a new case and counted for the year. However, a client previously diagnosed and reported will not be counted again. The following are aggregate numbers for Kalamazoo County and five other Michigan counties with comparable populations:

County	Population 2010*	Chronic HCV Cases – Probable and Confirmed**				Mean Annual Incident Rate per 100,000
		2008	2009	2010	Mean # Cases	
Ingham	280,895	204	253	207	221	79
Kalamazoo	250,331	169	148	136	151	60
Livingston	180,967	75	77	69	74	41
Muskegon	172,188	201	164	122	162	94
Ottawa	263,801	80	82	60	74	28
Saginaw	200,169	376	247	202	275	137

* Source: U.S. Census Bureau, Michigan County and State Quick Facts

** Source: MDCH Michigan Disease Surveillance System

2008: **169** confirmed and probable cases**:

Age (Years)	Male	Female	Total
<18	0	2	2
19-39	22	10	32
40-59	80	38	118
>60	11	6	17

** Source: MDCH Michigan Disease Surveillance System

2009: **148** confirmed and probable cases**:

Age (Years)	Male	Female	Total
<18	2	0	2
19-39	15	16	31
40-59	74	23	97
>60	13	5	18

** Source: MDCH Michigan Disease Surveillance System

2010: **136** confirmed and probable cases**:

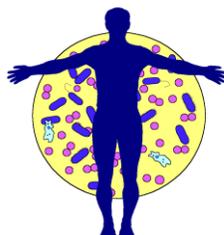
Age (Years)	Male	Female	Total
<18	2	0	2
19-39	19	20	39
40-59	46	31	77
>60	11	7	18

** Source: MDCH Michigan Disease Surveillance System

KCHCS Clinical Services staff were discussing whether there are changes in the number of women and younger Kalamazoo County residents being reported as new chronic HCV cases. So we crunched some numbers. The following is a breakdown of both the 19-39 age group and women as percentages of total annual counts for the past six years:

	2005	2006	2007	2008	2009	2010
Total # Cases	184	185	157	169	148	136
Total # of 19-39-year-olds	36	30	28	32	31	39
<i>As % of Total Count</i>	<i>19%</i>	<i>16%</i>	<i>18%</i>	<i>19%</i>	<i>21%</i>	<i>28%</i>
Total # of Females	71	75	63	56	44	58
<i>As % of Total Count</i>	<i>38%</i>	<i>40%</i>	<i>33%</i>	<i>30%</i>	<i>30%</i>	<i>43%</i>

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