

Increasing STD Rates

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Public Health Notes

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*Public Health Notes is an annual
 newsletter for health care professionals
 in Kalamazoo Co*

Public Health Notes is also available online:

www.kalcounty.com/hcs/phnotes.htm

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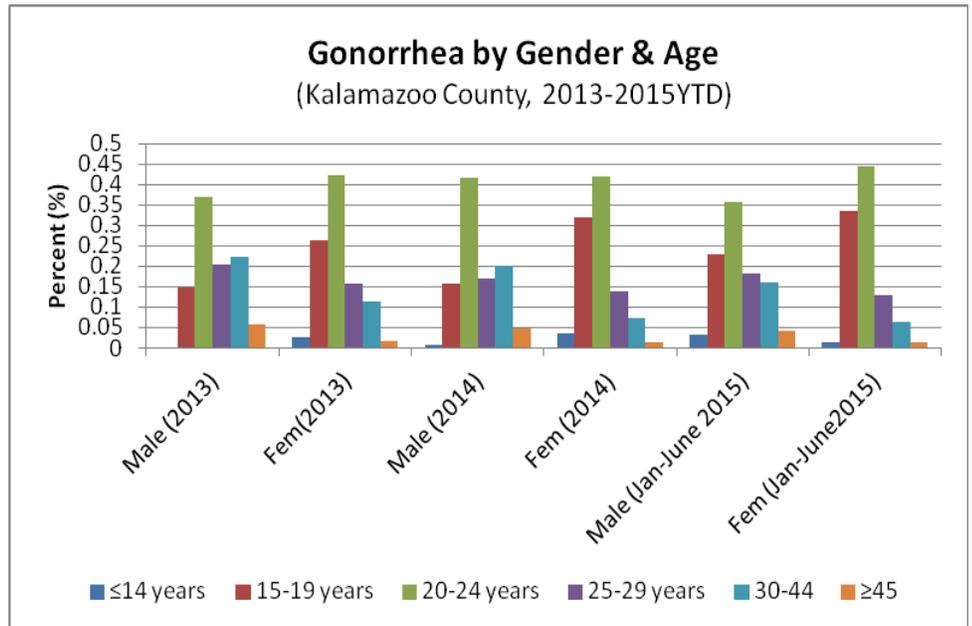
269-373-5267

In 2014 there was a large increase in the number of gonorrhea cases in Kalamazoo County. The annual count increased from 289 in 2013 to 653 in 2014. This trend has continued into 2015 – for the first half of this year there have been 360 cases of gonorrhea reported. Case demographics are shifting. The 15 to 19 year old age group made up 19% of reported individuals in 2013, 25% in 2014, and 29% so far in 2015. In 2013 40% of cases were female; in 2015 58% are female. Cases in African American individuals have risen from 62% of total cases in 2013 to 78% in 2015. There were 986 total chlamydia cases reported for January through June of 2015. In recent years chlamydia has been on an upward trend, breaking 2,000 cases in 2014.

There have been three cases of primary or secondary syphilis, and ten persons have been newly diagnosed with HIV infection in the first half of 2015.

Kalamazoo County Health and Community Services has created an “STD Toolkit” to assist area providers in battling the increase in STDs. The Toolkit has information on STD surveillance, tips for obtaining sexual histories, confidentiality, testing recommendations, treatment guidelines, and more. It can be found online at:

<http://www.kalcounty.com/hcs/stdtoolkit/>.



HPV9 (Gardasil-9)

The 9-valent HPV strain vaccine (Gardasil-9) was licensed in December 2014 for use in females ages 9 to 26 and males ages 9 to 15. The new vaccine targets five additional strains of HPV, which adds protection against 14% of additional HPV cancers in women and 5% additional HPV cancers in men.

The safety of Gardasil 9 was evaluated in approximately 13,000 males and females. The most commonly reported adverse reactions were injection site pain, swelling, redness, and headaches.

On March 27, MMWR published “Use of 9-Valent Human Papillomavirus(HPV) Vaccine: Updated HPV Vaccination Recommendations of the ACIP.” The new 9vHPV vaccine is recommended for use along with other HPV vaccines already recommended for use by the ACIP. The recommendations include routine HPV vaccination for all males and females 11-12 years, through age 26.

Gardasil 9 is administered IM as three separate shots, with the initial dose followed by shots given 1-2 and 6 months later. Any recommended HPV vaccine, including 9vHPV, may be used to complete a previously begun HPV series. Updated ACIP HPV recommendations are available online at www.cdc.gov/mmwr/pdf/wk/mm6411.pdf, pages 300-304.

Serogroup B Meningococcal Vaccines (MenB)

A Meningococcal group B vaccine was approved by the FDA in October 2014 and a second meningococcal group B vaccine was approved in January of 2015. In the United States, 97%–98% of all cases of meningococcal disease are sporadic. However, outbreaks continue to occur. Recently, outbreaks of serogroup B meningococcal disease have been reported from several college campuses. Data from four college campus outbreaks (March 2013–May 2015) showed a 200 to 1,400–fold increase in risk for meningococcal disease among students at these colleges during the outbreak period compared with the general population in this age group (Division of Bacterial Diseases, National Center for Immunization and Respiratory Diseases, CDC, unpublished data, 2015). In June 2015 the ACIP met and recommended Meningococcal B vaccine:

In persons aged ≥ 10 years at increased risk for meningococcal disease attributable to serogroup B, including:

- Persons who have persistent complement component deficiencies
- Persons who have anatomic or functional asplenia, including sickle cell disease
- Microbiologists routinely exposed to isolates of *Neisseria meningitidis*
- Persons identified to be at increased risk because of a meningococcal disease outbreak attributable to serogroup B
- Adolescents aged 16 through 18 years without high risk conditions may also be vaccinated

Recommended Vaccination Schedule and Intervals

Age Group	Vaccine	Dosing Schedule
10 and older	MenB (Bexsero, Novartis)	Two doses, at least one month apart (0 and 1-6 month schedule)
10 and older	MenB (Trumenba®, Pfizer)	Three doses (0, 2, and 6 month schedule)

The same vaccine product should be used for all doses. Based on available data and expert opinion, MenB-4C or MenB-FHbp may be administered concomitantly with MenACWY vaccines, but at a different anatomic site, if feasible.

Precautions and Contraindications

Before administering MenB vaccines, providers should consult the package insert for precautions, warnings, and contraindications. Adverse events occurring after administration of any vaccine should be reported to the Vaccine Adverse Event Reporting System (VAERS). Reports can be submitted to VAERS online, by fax, or by mail. Additional information about VAERS is available by telephone (1–800–822–7967) or online (<http://vaers.hhs.gov>).

August 2015 Disease Surveillance Summary

Typically, Kalamazoo County sees an increase in reported enteric diseases during the summer. To date, there have been 59 lab-confirmed cases of *Campylobacter*, salmonellosis, giardiasis, shiga toxin-producing *E. coli*, et al. This is on par with previous years. Fortunately, there have been only 5 case of shigellosis. This is a marked decrease compared to 2014's record 102 *Shigella* cases reported between May and December. This year, HCS Disease Surveillance also investigated 8 gastrointestinal outbreaks (norovirus in long-term care facilities) and 23 food complaints.

Vaccine preventable diseases case counts are down. There have been 5 cases of *B. pertussis*. There have also been 7 cases of chickenpox with 13 cases of unspecified VZ infection. There were 3 cases of invasive *H. Influenzae*—two older adults and one child that all had underlying medical problems and were not linked.

Concerning blood borne pathogens, there have been 14 cases of chronic hepatitis B and 63 cases of chronic hepatitis C so far this year.

HCS continually monitors vector-borne and zoonotic diseases. The county has averaged 2-3 Lyme disease cases annually. Currently, we are at 5 cases. Follow-up investigations revealed that two cases were acquired locally while the other 3 were acquired in endemic areas elsewhere. A lab-confirmed infected Blacklegged tick (aka, Deer tick) was recently found at Fort Custer State Park. Comparatively, both the Upper Peninsula and the counties of the western Lower Peninsula incur higher Lyme disease incidence. West Nile virus surveillance is on-going. The last county case of WNV was in 2012. There has not been a single case of rabies in humans, dogs, or cats in this county since before 1978. Bats are another matter. There are very specific public health guidelines when people come in contact with bats. In 2014, the State of Michigan Bureau of Labs tested 1,132 bats. Approximately 38 of those specimens were submitted by Kalamazoo County Animal Services. Statewide in 2014, 38 bats (3.3%) tested positive for rabies. The last lab-confirmed rabies-positive bat in this county was in 2013. However, we expect an increase in bat exposures this month as pups leave their roost. For more information:

http://www.michigan.gov/documents/emergingdiseases/2014_Zoonotic_Report_Final_493516_7.pdf

There have not been any new cases of *M. tuberculosis* this year. The county incidence rate for TB currently stands at 0.79/100,000.

The State of Michigan continues to monitor influenza and other viral diseases. This includes 21-day monitoring of all travelers returning from Ebola-affected areas of West Africa. Statewide, this has required follow-up with 319 individuals to date. (There have been 4 cases of EVD in the entire US since the outbreak began in early 2014.) There is also on-going state and local monitoring of Highly Pathogenic Avian Influenza (HPAI). While HPAI was found in a dozen free-ranging geese in Macomb County, the risk of infection in people remains low. To date, no human cases of HPAI have been detected in the US. The Michigan Department of Health and Human Services also has plans and procedures in place in response to Middle East Respiratory Syndrome Corona virus (MERS-CoV). There is not any MERS-CoV in the US. Saudi Arabia has had 1,059 cases, including 467 deaths. South Korea has had 186 cases, including 36 deaths. China has one case.

To report communicable diseases please call HCS Disease Surveillance at 269-373-5267.

Immunizations

August is National Immunization Awareness Month. The purpose of this observance is to highlight the importance of immunizations, one of the top 10 public health accomplishments of the 20th century, according to the CDC.

While immunizations have significantly reduced the incidence of many serious infectious diseases, vaccination rates for some diseases are not meeting national public health goals. We need to remind people that immunizations are not just for children but are needed throughout our lifetime.

A strong provider recommendation is one of the best ways to ensure patients get the vaccinations they need when they need them. Healthcare professionals are parents' most trusted source of information about vaccines. You play a critical role in supporting parents in understanding and choosing vaccines. During National Immunization Awareness Month we appreciate your help promoting immunizations for babies, teens, and adults.

Remaining Tuberculin Skin Test Training Date 2015

Medical personnel involved in TB skin testing are welcome to attend our free workshops for certification or recertification. Once the 4-hour Certification course has been passed, a Recertification session can be taken every 2 years.

October 22, 2015

8:00–Noon

Classes are held in Conference Room D, Health and Community Services building, Nazareth. Registration is required. To register, visit www.michigan.gov/tb and click on the link for the TST Workshop Schedule. Select the class you would like to attend and follow the prompts to register.

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Published 08/2015 Code 426

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