



KALAMAZOO COUNTY GOVERNMENT

In the Pursuit of Extraordinary Governance

Health and Community Services Department

Public Health Notes

Vol. 18, No. 1
Summer 2018

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

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Public Health Notes

Public Health Notes is a newsletter for health care professionals in Kalamazoo County. It is available online: www.kalcounty.com/hcs/phnotes.htm

Kalamazoo County
Health & Community Services
Department
Disease Surveillance Program

3299 Gull Road
Kalamazoo, MI 49048

We're Moving Soon!

Closed for business July 30-August 3.

Re-open on August 6 at

311 East Alcott St.

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

Kalamazoo County Health & Community Services is committed to providing equitable, culturally competent care to all individuals served, regardless of race, age, sex, color, national origin, religion, height, weight, marital status, political affiliation, sexual orientation, gender identity, or disability.

Hepatitis A Outbreak Continues

Michigan continues to battle the largest outbreak of hepatitis A our nation has ever experienced, with over 846 cases and an 80% hospitalization rate. Kalamazoo County has not had an outbreak related case of hepatitis A for the last 100 days. Counties on the east side of Michigan which have been hit the hardest are starting to see an ease in incidence, giving hope that the outbreak is winding down. Earlier this year, the state provided emergency grants to 25 counties to fund outreach programs addressing education and vaccination. Kalamazoo County has put that grant money to hard work by getting out into our community and vaccinating our at risk populations. Some of these vaccine locations have included Ministry with Community, Victory Clinic, KPEP, Gilmore Community Healing Center, The Gospel Mission, Kalamazoo Pride Fest, and Kalamazoo County Jail. Additionally, awareness ads are installed on the Metro bus line during the month of July.

Population groups most at risk include those people: with substance abuse disorders, co-infected with Hepatitis C, participating in anal sex, currently transient or homeless, and recently incarcerated. However, in this outbreak, we are also seeing increased cases in food workers, healthcare workers, and people who are co-infected with Hepatitis B. Hepatitis A virus is spread via the fecal-oral route. Transmission can be through food, close person-to-person contact, recreational drug activities, and anal/oral sex.

Vaccination is a key strategy to stop the Hepatitis A outbreak. 95% of adults vaccinated are seropositive for antibodies after the first dose, and 100% of adults are fully protected after the second dose. Patients infected with HIV should be rescreened for immunity every five years as seroreversion of Hepatitis A antibodies is possible in this population. Encourage patients that are at risk of contracting Hepatitis A to get vaccinated. The vaccine is a two dose immunization with six months between doses. Patients that have cirrhosis, chronic liver disease, or Hepatitis B or C should also be vaccinated due to the risk of poor outcomes if they contract Hepatitis A. Patients can receive a Hepatitis A vaccine during regular clinic hours at the Kalamazoo County Health and Community Services building, no appointment is necessary.

Need more information?

Contact Kalamazoo County Communicable Disease at (269)373-5267
Henry Ford Hospital offers urgent 24 hour assistance for Hepatitis A at (313)575-0332, or for non-urgent assistance at

www.henryford.org/HIVconsult

Michigan Hepatitis A Outbreak (updated weekly)

www.michigan.gov/hepatitisAoutbreak

Rabies Reminder

From January through June 2018, 22 bats and two skunks have tested positive for rabies in Michigan. At this time last year, only nine bats had tested positive. The total number of rabies positive animals in 2017 was 38, including 35 bats, two skunks, and a cat. No animals from Kalamazoo County have tested positive thus far in 2018.

With the uptick in rabies positive animals comes an increase in public concern. What constitutes a rabies exposure and who should get post-exposure prophylaxis?

Rabies is only spread through saliva or brain tissue, so any bite or scratch from a potentially infected mammal (excluding rodents as they don't typically carry rabies) is considered an exposure. Because bites from bats can be too small to be seen or felt, those sleeping in a room with a bat that may not be aware of whether or not there has been contact (children, mentally impaired, deep sleeper) should be considered exposed as well. If it's unclear whether the situation is considered an exposure or not, please call (or have the patient call) us for guidance at 269-373-5267.

When there is a potential exposure to rabies the best course of action is to test the animal for rabies (or quarantine for 10 days) and only recommend post-exposure prophylaxis for those with exposure to rabies positive animals. Animals may be sent to the State Lab for testing through Kalamazoo County Animal Control. The brain must be intact for testing to be performed.

When an animal cannot be tested for rabies due to non-intact brain or inability to locate the animal, rabies prophylaxis would be recommended for those who are determined to have had an exposure. Patients need to be referred to an Emergency Department to start post-exposure prophylaxis.

Rabies guidance documents can be found on the Michigan Emerging Disease Issues website: https://www.michigan.gov/emergingdiseases/0,4579,7-186-76711_78041---,00.html.

Galloping Gonorrhea

Since the Gonorrhea Surveillance Project started in January of 2017 at Kalamazoo County Health and Community Services (KCHCS), there have been 549 cultures performed (through May 2018), including 209 pharyngeal cultures, 190 urethral cultures, 116 anal cultures, and 32 vaginal/cervical cultures. Of those cultures, 127 (23%) have been positive for *Neisseria gonorrhoeae*. A handful of other organisms, predominantly *Neisseria meningitidis*, grew on the 52 cultures that were presumed positive, but actually resulted negative, for gonorrhea. Location of positive gonorrhea cultures are as follows: 15% pharyngeal, 10% anal, 4% cervix/vagina, 71% urethral. Specimens positive for gonorrhea were tested for resistance to antibiotics commonly used for treatment. While resistance to ceftriaxone has been seen in other studies, no



evidence of this has yet been found in Kalamazoo. Resistance to antibiotics other than ceftriaxone, mainly ciprofloxacin, has been evident in multiple specimens. Please be sure **not** to treat patients positive for gonorrhea with ciprofloxacin. The recommended treatment is ceftriaxone 250 mg IM along with azithromycin 1 gm orally as a one-time dose. As cases of gonorrhea continue to increase in Kalamazoo County, it is more important than ever to continue to test sexually active patients, treat positive patients with an appropriate regimen, and ensure partners are notified/tested/treated. To report positive cases, make inquiries, or request

assistance with treatment, testing, or partner follow up, please call us at 269-373-5203 to be directed to the KCHCS employee that can best assist you. Remember, anyone age 12 and above can be referred to KCHCS for confidential testing, partner follow up, or free treatment for gonorrhea (and chlamydia and syphilis).

Shingrix

The new Shingrix vaccine is making headlines! Being the first shingles vaccine approved by the FDA in over 10 years, Shingrix brings with it a sense of excitement and unexpected demand. Demand that has already put Michigan under an ordering allocation, making it currently impossible for several providers to order.

So what is driving the enthusiasm surrounding Shingrix? Foremost, the CDC has advised Shingrix is preferred over the previous shingles vaccine, Zostavax. Clinical trials have also proven successful with high protection rates in the FDA-approved age range of 50 and older. According to CDC trials, two doses of Shingrix administered to adults ages 50-69, resulted in 97% efficacy rates!

Shingrix is a two dose series, separated by 2-6 months. For adults previously vaccinated with Zostavax, re-vaccinating with Shingrix is recommended. Individuals who have had shingles in the past should also receive Shingrix. Although many have reported pain as a main side effect after receiving Shingrix, it has not deterred many from following through with their second dose!

To help with the pricey cost of Shingrix, privately insured individuals are advised to contact their insurer for details. Those with Medicaid should also contact their representative for billing guidelines, although coverage is expected. Patients who present with Medicare, must have "Part D" (pharmacy) on their plan. Copays and administration fees may still apply depending on an individual's specific coverage plan. If a patient is found to be underinsured or have no insurance, they can be referred to the Local Health Department for assistance through the MI-AVP program.

Until supply increases, waiting lists have been started. Call ahead to your doctor or pharmacist for availability information before making your appointment! This is a vaccine well worth the wait!

WE'RE MOVING

The Kalamazoo County Health & Community Services Department is moving to a newly remodeled, improved facility to
BETTER SERVE OUR CUSTOMERS & COMMUNITY!

Last day at Nazareth
July 27
Closed
July 30—August 3
Re-Opening August 6
311 E Alcott



All the same clinics, programs & services. Same office hours & walk-in hours.

311 East Alcott

*To be added to our mailing list for this publication,
please contact the
Epidemiology office at*

269-373-5267