

## Whoop . . . EEE

### INSIDE

Whoop . . . EEE..... 1  
 EEE Update..... 1  
 A Condom History..... 2  
 Now's a Good Time to Get a Flu Shot ..... 3  
 CD Surveillance Program Services ..... 3  
 Tuberculin Skin Test Training Dates for  
 2011..... 3  
 Kalamazoo County Disease Reports ..... 3  
 One ringy-dingy... is this the party to whom  
 I am speaking?..... 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 (secure)

*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](http://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**

In 2006, there was significant pertussis reporting in Kalamazoo County with just under 500 suspect cases logged. Each reported case was investigated by this office. After inquiry, 280 met CDC/MDCH case definitions for probable or lab-confirmed illness. In the four years since, annual tallies have been considerably less. The following table compares the County's confirmed and probable cases over the past five years:

2006	2007	2008	2009	YTD through October 2010
280	54	47	32	35

The number of 2010 cases will be higher than the previous year. There was a small cluster of cases in the spring. Beginning in September, the totals for the year doubled. The below Epi-Curve provides the monthly count:

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
2	—	1	2	2	—	3	5	14	6

Further analysis regarding demographics, vaccine rates, and other epidemiological information will be forthcoming.

---

### EEE Update

Typically in any given year, there are five to 10 human cases of eastern equine encephalitis nationwide. Disease incidence tends to occur in late spring through early fall when infected mosquito populations are at their greatest numbers. Those most at risk are children and people over age 50 that reside or work in endemic areas.

In 2010, Michigan had three confirmed human cases of EEE. These occurred in July and August. Two of the ill persons reside in Kalamazoo County. The other case lives in Barry County. To date, there have also been 55 laboratory-confirmed and 77 suspected cases afflicting horses. Almost all of the equine cases occurred in Southwestern Lower Michigan.



EEE in humans is rare. Most infected persons have no symptoms. A few will develop self-limiting viral symptoms such as headache, fever, chills, or vomiting. Rarely does the illness progress to encephalopathy with altered mental status, seizures, or coma. In fact, prior to this year, 2002 was the last time human EEE was reported in Michigan.

Mike Phillips, RN  
 Nurse Epidemiologist, KCHCS

## A Condom History

Condoms have proven value in reducing unintended pregnancy and the spread of STDs. Accurate information about condoms should be available to all persons preferably before they become sexually active. Teenagers going through puberty are naturally quite interested in relationships and sexuality. Physicians should be advocates for them and promote comprehensive sex education in schools. One excellent method would be to participate on the local advisory board.

The history of the condom as a means of STD prevention and contraception dates to the early mists of time, but a trigger for more use came with the syphilis epidemic among French soldiers in the 16th century. The military has encouraged condom use since those early times. In the middle ages, condom use was minimal because of proscription by the church and because of how expensive they were. Often made from treated linen or animal intestine, use was mainly among the upper class, who could afford them. Rubber condoms were first manufactured in Germany and became popular during WWI. These “rubbers” could be reused and were more economical than handmade “skins.” The development of latex rubber in 1920 allowed mass production of condoms made of this higher quality, thin material. Condom use in the American military during WWII was actively promoted and resulted in a significant decrease in STDs. By the late 1950s, 47% of U.S. adults used condoms for birth control. The development of birth control pills in the 1960s decreased the use of condoms for contraception, but public health officials continued to stress the utility of condoms for STD protection. Condom manufacturers routinely test condoms for quality. Inexpensive, dependable condoms are readily available over-the-counter. The health department dispenses condoms. After decades of attacks by opponents, laws

prohibiting their advertisement and sale have been reversed by court action in all states.

The HIV/AIDS epidemic compelled Surgeon General Everett Koop to send out a mailing to all U.S. families describing the mechanisms of HIV transmission — anal sex and illicit drug use — and the effectiveness of condoms to prevent spread. Some politicians continued to oppose Dr. Koop’s pronouncements about condom use, pronouncing unwanted pregnancy, HIV, and STDs to be the “just reward of immoral behavior.”

Most European countries consider comprehensive sex education during childhood as a sign of respect for the youth in their countries. In the U.S., considerable resistance to discussion of condoms and modern contraceptive methods in school persists. Dr. Koop recommended comprehensive sex education starting in elementary school because he felt accurate knowledge was the best available means to slow HIV spread. He defended his position as consistent with the Christian belief in compassion as well as scientific knowledge. “Abstinence only” teaching prevents youngsters from getting accurate knowledge necessary to make informed decisions related to their sexuality. Abstinence is the desired course for teenagers and should be encouraged, but banning instruction about sex, sexuality, relationships, and preventive measures (including condoms) is harmful and demeaning to our youth.

James E. Phillips, MD, MPH  
Interim Medical Director, KCHCS



## Syphilis Alert

Syphilis is a preventable communicable disease that affects our community without respect to certain factors such as race, age, or social economics. In our community, we have experienced an increase in Syphilis morbidity during the first half of 2010. We have had five males and four females with Syphilis. The age disparity is as follows: four were 15-25 years; three were 35-45 years; one was 45-55 years; and one 55-65 years of age.

As you know, there are three stages of Syphilis: Primary, Secondary, and Tertiary. The cases in Kalamazoo were categorized as follows: 1 primary; 5 secondary; 1 early latent; and 2 late latent (primary and secondary stages are the infectious stages. Total morbidity is impacted by these two stages). The race and risk factor categories are as follows: 4 patients were black; 5 were white; 3 were co-infected with HIV; 4 had previous STD history; and 4 had alcohol/illegal drug use. It is clear to see how these other social risk factors are considered social determinants of health and how they affect disease.

While we need not push the panic button assuming this is a trend or pattern just yet, we must be vigilant in maintaining surveillance to detect disease, education, and CDC-recommended treatment to prevent disease. Medical providers should be acquainted with the signs and symptoms of syphilis for good management of the disease in our community. To review the CDC-recommended treatment guidelines for Syphilis, go to: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5511a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5511a1.htm)

Let us continue to provide the good care that our community has come to expect.

For further information, please contact Robert Cochran, Disease Intervention Specialist with Michigan Department of Health, at

cochrann@michigan.gov; or call Kalamazoo County Health & Community Services STD Clinic at 269-373-5202.

Julie Beeching, RN  
Clinic Supervisor, KCHCS

## Now's a Good Time to Get a Flu Shot

The timing of the annual "flu season" is very unpredictable and can vary. Flu activity most commonly peaks in the U.S. in January or February, though seasonal flu activity can



occur as late as May. Michigan's flu season officially kicked off in October with two lab-confirmed cases.

All people 6 months and older are now recommended to receive annual influenza vaccination. This is a new and expanded recommendation.

Find out what more about the 2010-11 seasonal flu vaccine at: [www.cdc.gov/flu/protect/vaccine/flu\\_vax\\_whatsnew.htm](http://www.cdc.gov/flu/protect/vaccine/flu_vax_whatsnew.htm).

Roxanne Ellis, RN  
IAP Nurse, KCHCS

## CD Surveillance Program Services

### *Disease Surveillance and Control.*

Full-time nursing coverage is provided to answer questions and respond to information requests from the community, including follow-up of communicable disease case reports, investigation of possible disease outbreaks, and implementation of control measures.

### *Tuberculosis Control Program.*

The Disease Surveillance Program provides Mantoux skin testing (\$12)

and treatment for individuals without resources who are positive reactors and converters. All cases are followed through the TB Control Program.

### *Community Health Education.*

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

## Tuberculin Skin Test Training Dates for 2011

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, 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 2011 class schedule follows:

### Training – 8:00–Noon

- January 13
- April 14
- July 14
- November 10

### Recertification – 8:30–10:30

- January 20
- April 21
- July 21
- November 17

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 Disease Reports

Disease*	2009	† YTD to 10/31/10
AIDS, Aggregate	19	2
Campylobacter	42	64
Cryptosporidiosis	3	4
Giardiasis	13	10
Salmonellosis	24	36
Shiga toxin E.Coli Non O157	5	1
Shigellosis	3	3
Meningitis, Aseptic	34	47
Meningitis, Bacterial Other	9	5
Streptococcus pneumo, Inv	24	26
Flu Like Disease	17,834	13,450
Influenza	36	0
Influenza, 2009 Novel	112	3
Influenza, Novel	36	0
Guillain-Barré Syndrome	4	3
Histoplasmosis	1	3
Kawasaki	3	2
Legionellosis	2	2
Strep Pneumo, Drug Resist	3	3
Streptococcal Dis Inv Gr A	2	5
Rabies, Animal	1	3
Gonorrhea	580	400
Syphilis - Early Latent	3	1
Syphilis - Late Latent	2	0
Syphilis – Latent, Unk Dur	2	5
Syphilis - Primary	0	3
Syphilis - Secondary	4	5
Tuberculosis	1	2
Chickenpox (Varicella)	41	42
Mumps	0	0
Pertussis	41	35
Encephalitis, Eastern Equine	0	2
Lyme Disease	1	4
Malaria	2	1
Hepatitis B, Acute	3	2
Hepatitis B, Chronic	25	17
Hepatitis C, Acute	8	7
Hepatitis C, Chronic	141	105

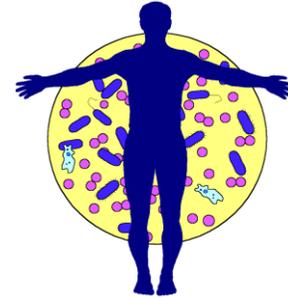
\*Low-frequency diseases are not shown.  
† YTD 2010 data are provisional.

## One ringy-dingy... is this the party to whom I am speaking?

Has your organization changed its name? Is your telephone number still the same? Have you moved your work to a different location? We need to have this information. Have you added an office? Is your fax number new? Do you want to be contacted by e-mail, too? Keeping us current on how to connect means health alerts reach you with timely effect; so please, let us know when you have revised the numbers we use to keep you apprised. If any of the above applies to you now, give us the details! Here's how:



Phone	269-373-5267
Fax	269-373-5060
E-mail	epihelp@kalcounty.com
Mailing Address	KCHCS Disease Surveillance Wing 1, Room 119 PO Box 42 Nazareth MI 49074-0042



Clinical Services Division  
Disease Surveillance Program  
269-373-5267

Published 11/2010      Code 426

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

KALAMAZOO COUNTY HCS  
CD SURVEILLANCE/EPIDEMIOLOGY  
WING 1 ROOM 119  
PO BOX 42  
NAZARETH MI 49074-0042