Public Health Notes

The Opioid Epidemic in Kalamazoo County

Drug overdose is a serious public health problem that is now the leading cause of unintentional injury death in the United States.¹ Opioid abuse and misuse continues to drive the overdose epidemic. Although opioid prescribing has decreased, opioid-related deaths have increased, particularly due to a synthetic opioid called fentanyl. Kalamazoo County is affected by the epidemic, showing trends similar to the state and nation.

An opioid is a drug that eases pain and may cause feelings of extreme pleasure. Opioids act on the brain and nerves, and include both prescription medications and illegal drugs like heroin. Opioids can be addictive with regular use or misuse. Fentanyl is a very powerful opioid that can be prescribed or produced illegally. Illicitly manufactured fentanyl is now driving the opioid overdose epidemic. An opioid overdose occurs when excess opioids act on the brain to decrease or stop a
person’s breathing. Opioid addiction is a long-term, relapsing disease of
the brain characterized by compulsive drug seeking and use, despite
harmful consequences. Opioid addiction affects the lives of individuals,
families and communities.²

The graph above shows opioid-related deaths occurring in Kalamazoo
County by manner of death from 2015 through 2017. The number of
deaths more than doubled from 2015 to 2016. Although the number of
deaths from 2016 to 2017 decreased slightly, opioid-related suicides
were 8 times higher in 2017.

Fentanyl-related deaths in Kalamazoo County increased from 6 in 2015
to 35 in 2017, identifying fentanyl as a serious public health threat.

Although opioid overdose visits comprise a small proportion of all
Kalamazoo County emergency department visits, opioid overdose visits
increased by more than 55% from 218 to 342 visits from 2015 to 2017.

A multi-sector, collaborative approach across communities is required
to confront the opioid epidemic. Key strategic priorities include
prevention and education, supply and control of opioids, treatment
across a continuum of care, and the reduction of fatal overdoses and the
spread of infectious disease through harm reduction efforts.

For a more detailed look at Kalamazoo County data, see the 2019 Drug
and Opioid Epidemic Report. A supplemental addition to this report
will be published later in 2019 and will include 2018 ME death and
overdose data.

https://www.kalcounty.com/hcs/datahub/files/news/Kalamazoo%20County%202019%20Opioid%20Report%20FINAL.PDF

Sources: Centers for Disease Control and Prevention,¹ The National
Institute on Drug Abuse.

Authors: Dr. William Nettleton and Mary Franks

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**International Travel**

In 2018, over 41 million U.S. citizens traveled internationally. Most people travel for vacation,
business or to visit friends and relatives. With
measles on the rise in many countries including the
United States it is important to make sure that all
travelers are fully immunized to ensure they remain
healthy. This also helps protect the people around
them who may be too young to be vaccinated. In
addition to outbreaks of measles abroad, there are
outbreaks of polio in some parts of Asia and Africa.

Kalamazoo County Health and Community
Services has an International Travel Immunization
Clinic. We provide a travel consultation with an RN
to discuss health risks in the country that will be
visited. We review the client’s immunization record
and discuss any vaccinations that are
recommended. Travel consultations should be
made 4-8 weeks before leaving on a trip. If you
have a client who will be traveling internationally,
they can call to schedule an appointment with our
travel clinic at 269-373-5126. Remember, some
diseases are just a plane ride away.

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Baby Names, Doo Doo Doo …Doo-plicates in MCIR

A provider cannot accurately assess immunization needs when a patient has more than one MCIR record. Individuals end up with more than one MCIR for many reasons. For example, the patient doesn’t mention their name recently was changed through marriage, divorce, or adoption. Or – and this is a major cause of double trouble – the patient tells you he is Mike when his legal name is Michael. Basic rule of thumb: MCIR uses legal names. Always ask Mike (and Bob, and Sue, and Kathy-Cathie-Katie) if that is their legal first name.

Duplicates can be discovered and prevented by using another MCIR basic: Wildcard. a/k/a *. To find “Mike” in MCIR, search with just the first name of *Mi*e* and his birthdate. If you find his record under Michael, add Mike as his alias first name on the record. If you find his record under Mike, add Michael to the alias field, then contact your regional help desk to switch the legal and nicknames.††

If Mike has MCIRs under both Mike and Michael, immediately flag as duplicates by checking the boxes to the left of the names, then clicking Mark as Duplicate.

Regional MCIR staff will review, validate, and then merge the duplicates under the appropriate patient name and most current Responsible Party information. Shot data from both records is combined on the saved MCIR ID.

Confused? Don’t be! Contact MCIR Region 2 Help Desk with any questions or concerns. E-mail us at MCIRhelp@kalkcounty.com or call 888-217-3901.

††Simple and quick: Send an e-mail to MCIRhelp@kalkcounty.com containing the MCIR ID(s) and a sentence like, “The correct first name is in the alias.” Please don’t send PHI by e-mail. Note, more detailed revisions and legal name change due to child adoption may require a Petition for Modification form:


Tuberculin Skin Test Training

We are continuing to do training and certification in skin testing for TB. To sign up for a training please visit http://www.tstmichigan.com/ and click on ‘find a workshop’. Each participant must sign up individually. The certificate of completion is e-mailed to participants within 6 weeks.

Our upcoming classes are below:

**October 24th, 2019**

We hold the class quarterly. Dates for 2020 are not yet final. Please check the website for exact dates later this year.

These classes fill up quickly so please register as soon as possible.

The workshops are held in conference room 361 on the third floor 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.

Certification is valid for 2 years.

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**Lead Screening**

Did you know that Kalamazoo has 2 zip codes that report lead poisoning rates much higher than Flint did in the midst of the water crisis? Did you know that out of Michigan cities where more than 1,001 children were tested, Kalamazoo ranks in at number four, higher than both Detroit and Flint?

Kalamazoo County reports, on average, 3.6% of children screened have blood lead levels greater than 4.5mcg/dL. This is a bit higher than the state average of 3.2%. However, when we look at specific zip codes, there are troubling rates in zip codes 49001 and 49007, reporting 7.5% and 11.5% respectively. Considering only about 20% of the kids under 6 years of age in Kalamazoo County get screened for lead, we know we still have a lot of work to do! Kalamazoo County’s Childhood Lead Poisoning Prevention Program offers nursing case management to any resident child with a blood lead level greater than 4.5mcg/dL. The State of Michigan sends all reported lab results to the county’s health department, allowing the public health nurse to directly contact every family of a child with an elevated blood lead level and provide education and case management free of charge. The public health nurse meets families in their homes to develop personalized strategies to decrease environmental lead hazards and educate families on how to decrease blood lead levels in their children.

Another resource available to families in Kalamazoo County are funds for lead abatement through two different grants. The City of Kalamazoo was recently awarded a grant from the U.S. Department of Housing and Urban Development for lead abatement over the next 42 months. Outside of the city limits, grant funding through Lead Safe Homes is available for lead abatement in homes. The public health nurse will help families apply for the appropriate program and act as a liaison throughout the abatement process.

There are great programs available to help get the children of Kalamazoo County healthy and lead free, but we need your help! Let’s work together to get our screening rates higher than 20%. All Medicaid enrolled kids ages 1 and 2 years should automatically receive a lead screen. Any child that is under the age of 6 years that has a positive lead risk assessment should receive a capillary lead screen.

You can find the risk assessment and the guidelines at [https://www.michigan.gov/lead](https://www.michigan.gov/lead), then click on Healthcare Providers. Our public health nurse is happy to provide education and support to healthcare providers, call or email with any questions or concerns! (269)373-5080  jpfoxx@kalcounty.com

**Hearing and Vision**

The Hearing and Vision Program will maximize the quality of life for children ages 3 – 18 years through early detection and intervention. This is accomplished through screenings to identify hearing and/or visual impairments.

Michigan law requires that children entering school be tested for vision problems prior to enrollment. Preschool screening is recommended beginning at age three. Once they are in school, children are tested every other year.

Hearing and Vision screening is **REQUIRED** for kindergarten entrance in Kalamazoo County schools. Daily clinics are provided during the summer at various locations throughout Kalamazoo County. Call **269-373-5031** to schedule an appointment.
STI Extragenital Testing

According to the Centers for Disease Control and Prevention’s Sexually Transmitted Infections Surveillance Report, the rate of sexually transmitted infections in the United States is continuing to increase. There were an estimated 1.7 million cases of chlamydia and more than 500,000 cases of gonorrhea in 2017 alone. Kalamazoo County has seen increasing rates for Chlamydia and Gonorrhea for the past 5 years. Kalamazoo County has the second highest rate of both Chlamydia and Gonorrhea in the State of Michigan. As of 2018, the rate of chlamydia was 943 cases per 100,000 population, which is an increase of 2.7% compared to the 2017 rate. The rate of chlamydia was 410 cases per 100,000 population, which is a 21% increase compared to the 2017 rate. Both infections can be contracted through vaginal, anal or oral intercourse and if left untreated, can cause serious complications for patients, including infertility. Gay, bisexual, and other men who have sex with men (MSM) are well known to be disproportionately impacted by these two infections.

Extragenital testing for gonorrhea and chlamydia in MSM is a high priority issue according to the MMWR released on April 11, 2019. A recent study reported that urine-only chlamydia and gonorrhea can miss around 70-88% of infections in MSM and most of these infections are asymptomatic. Local health departments and medical providers are encouraged to adhere to the CDC’s recommendations for screening sexually active MSM in an effort to normalize extragenital STD screening, also known as 3-site testing. The CDC recommends STD testing at least annually for urethral and rectal chlamydia and for urethral, rectal and pharyngeal gonorrhea in all sexually active gay and bisexual men at least once a year or every 3-6 months for those at higher risk.

The U.S. Food and Drug Administration recently cleared two tests that can detect the presence of the bacteria Chlamydia trachomatis and Neisseria gonorrhea. The Aptima Combo 2 Assay and the Xpert CT/NG are the first devices cleared for extragenital diagnostic testing of these infections.

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, and free treatment.