Barry-Eaton District Health Department
Be Active • Be Safe • Be Healthy

Barry County: 330 W. Woodlawn Ave., Hastings MI 49058
Eaton County: 1033 Health Care Dr., Charlotte, MI 48813

Communicable Disease Phone Line: 517-541-2654

www.barryeatonhealth.org

COMMUNICABLE DISEASE

Linking Health Care Providers with Local Public Health **CD Link: March 2017**

Pertussis on the Rise in Michigan

Summary: Reported levels of pertussis activity have increased in Michigan since late fall 2016. The increase has been seen particularly in children age 4 or younger who have not completed their fifth dose of DTaP and who are in childcare settings. Please share the following information with other providers.

Diagnosis: Medical and public health providers should help to ensure proper diagnosis, treatment, prevention, and control. Clinicians should have heightened awareness to consider pertussis in symptomatic children or childcare providers who may have been exposed to pertussis. Children who are partially vaccinated against pertussis are significantly less likely to present with a whoop or other classic presenting signs, yet can still infect others and should, therefore, be tested and treated. Recommended diagnostic tests are culture or PCR of nasopharyngeal (NP) aspirate or swab (polyester tip). Serology and DFA tests are NOT recommended. Cases should be reported to local public health departments, investigated, and classified according to the national surveillance case definition.

Treatment and Prevention: Antimicrobial agents administered during the catarrhal stage may ameliorate the disease. Clinicians should begin antimicrobial therapy prior to test results if:

- the clinical history is strongly suggestive of pertussis;
- the patient is at high risk of severe or complicated disease, (e.g., an infant); or
- the patient has been a close contact to a confirmed case of pertussis

Children and child care providers who are symptomatic or who have confirmed pertussis should be excluded from childcare pending physician evaluation, testing and completion of the recommended course of antimicrobial therapy. A 5-day course of azithromycin is the appropriate first-line choice for treatment and for post-exposure prophylaxis (PEP); other choices include 7 days clarithromycin or 14 days erythromycin; an alternative is 14 days of TMP-SMZ. Antimicrobial agents used for infants younger than 6 months require special consideration and monitoring (See the American Academy of Pediatrics Red Book pages 610-611).

Close contacts who are unimmunized or under-immunized should have pertussis immunization initiated or continue vaccination according to the recommended pertussis vaccine schedule as soon as possible; this includes off-label use of Tdap in children 7 through 10 years of age who did not complete the DTaP series.

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In This Issue

Health Department Welcomes New Medical Director

The Barry-Eaton District Health Department recently appointed and would like to welcome J. Daniel Woodall, DO, MPH as the Department's new Medical Director.

Dr. Woodall has been working as an attending physician in Obstetrics and Gynecology at Spectrum Health Pennock since 2015 and was a resident physician in Grand Rapids from 2011 through 2015. He believes his local experience with a focus on women's health will bring a unique expertise to the health department.

In his words, he sees "this position as an opportunity for me to better serve our community and advance the health of our population."

With maternal-child health being a recent research-based top priority in both Barry and Eaton counties, Dr. Woodall's experience will be invaluable when addressing many of the health issues facing women and children today.

One particular concern to Dr. Woodall is expanding community resources to address postpartum depression. According to the Centers for Disease Control, 11 to 20 percent of women who give birth each year have postpartum depression symptoms, which can range from crying more than usual to completely withdrawing from friends and loved ones. This can be dangerous for both mother and child and can be traumatic for friends and loved ones. Promoting, expanding, and optimizing women's health is critical for good infant and child health, which ultimately is essential for good family health.

When asked what he would like the community to know about him, he said "I am committed to serving the people of our community through my role as medical director. My wife is a Barry County native, I'm originally from North Carolina, and over my nearly 10 years in Michigan I have developed a strong appreciation and affinity for our unique district."

The Barry-Eaton District Health Department is excited for the future of maternal-child health and public health in general in both Barry and Eaton counties under Dr. Woodall's lead.

Pertussis on the Rise in Michigan, continued

Additionally, PEP is recommended for all household contacts of a case, and other close contacts such as other children in childcare, regardless of immunization status. Close contacts include:

- face-to-face exposure within 3 feet of a symptomatic person;
- direct contact with respiratory, nasal, or oral secretions; or
- sharing the same confined space in close proximity to an infected person for one hour or more

Contacts should receive antibiotic prophylaxis within 3 weeks of exposure using the same antibiotic options and dosing as for case treatment. The primary objective of PEP should be to prevent death and serious complications from pertussis in individuals at increased risk of severe disease.

Infants are at highest risk of severe disease and death; older siblings and adults often are the source. Infants and children should receive pertussis vaccine series (DTaP) as per the U.S. recommended childhood immunization schedule. All doses should be given as close to the recommended ages as possible. A pertussis vaccine booster dose (Tdap) is recommended for adolescents and adults, and is especially important for those in contact with infants. Current recommendations call for a single lifetime Tdap booster dose with the following exception: a dose of Tdap is recommended for pregnant females in each pregnancy between weeks 27 and 36.

Comprehensive pertussis information is available at www.cdc.gov/pertussis.

Salmonella and Infections from Poultry

As spring nears we want to remind providers of the risk of human *Salmonella* infections from contact with live poultry including chicks, chickens, ducklings, ducks, geese, and turkeys. Clients that report risk factors of home flocks of chickens, ducks, geese and turkeys need to receive increased education regarding their risks for Salmonella infection. The Michigan Department of Health and Human Services have reached out to local farm and feed stores that sell these animals during the spring season to help increase education to the consumer.

All poultry have the potential to carry a germ called *Salmonella*, appear healthy and clean, and still cause illness in humans. These germs are shed in their droppings and can contaminate a bird's body and anything in the area where they are housed. People can become infected when they come in contact with birds, litter, cages, feed and water dishes, and other items or equipment in their environment. Human *Salmonella* infection may cause fever, diarrhea and stomach cramps, and some people may develop more severe complications. In recent years, many outbreaks of human illness have been linked to handling live poultry purchased from feed stores and mail-order hatcheries.

In 2016, the U.S. experienced the largest ever number of reported human *Salmonella* illnesses linked to contact with live poultry in backyard flocks. These included eight separate outbreaks of *Salmonella*, resulting in 895 illnesses, 209 hospitalizations and 3 deaths in 48 states. Michigan had the third highest number of cases nationally. Most cases occurred in the spring and summer months. Twenty-five percent of these illnesses were in children ≤5 years.

The Michigan Department of Health and Human Services (MDHHS) along with Michigan local health departments can help prevent *Salmonella* infection associated with contact with live poultry by making sure providers, veterinarians and retail establishments selling live poultry in their jurisdiction have received these resources. These resources are available to order for office distribution within waiting rooms and veterinary offices to help promote safe care. These resources can be order from MDHHS at http://bit.ly/2l4mP5b.

Key Facts to Remember:

- **All poultry have the potential to carry, shed, and transmit *Salmonella* to humans**
- **Michigan had the 3rd highest number of poultry-associated *Salmonella* cases nationwide in 2016**
- **All suspect and confirmed cases of *Salmonella* should be reported to BEDHD**

April is STI Awareness Month!

April marks the annual observance of STI Awareness Month. Individuals, health care providers, and community-based organizations are encouraged to bring a renewed sense of enthusiasm and focus to their STI awareness and prevention efforts throughout the month.

Studies show that people who have STIs such as gonorrhea, herpes, and chlamydia are more likely to get HIV compared to people who are STI-free. The same behaviors that put clients at risk for acquiring these STIs can put them at risk for getting HIV.

It is important to test clients for HIV if they have a history of STIs:

- 20 million new STIs, including 50,000 new HIV infections, occur every year. Those infected with genital herpes are three times more likely to get infected with HIV, if exposed.
- Data collected from several major U.S. cities indicate that of the gay, bisexual, or other men who have sex with men that are infected with syphilis, nearly 45% are also infected with HIV.

Please continue to ask patients about sexual health behaviors, educate about safe sex, and test for STIs.

References: http://www.cdc.gov/std/sam/

Increase in Urgent Care Center Visits for Sexually Transmitted Infections

Reprinted from: Pearson, W. S., Tao, G., Kroeger, K., & Peterman, T. A. (2017). Increase in Urgent Care Center Visits for Sexually Transmitted Infections, United States, 2010–2014. Emerging Infectious Diseases, 23(2), 367-369.

Urgent care centers have been identified as appropriate sources of care for nonemergency conditions that would otherwise be treated in a more costly emergency department setting. These centers are proliferating across the country because of public demand for convenient care and the need to contain healthcare costs. The Urgent Care Association of America estimates that more than 9,000 of these centers are currently operating in the United States and, on average, each center sees approximately 14,000 visits per year. Additionally, STI clinics are closing across the country because of decreased funding; therefore, urgent care centers might increasingly be a typical setting for STI diagnosis and treatment.

We found no literature describing the frequency of diagnosis and treatment of STIs in urgent care settings. Therefore, we set out to estimate the number of visits to urgent care centers for the testing and diagnosis of chlamydia and gonorrhea.

For these analyses, we used data from the MarketScan commercially insured medical claims database for 2010, 2012, and 2014. We only included claims for visits to urgent care centers and aggregated these claims to provide numbers of visits for each patient. We then searched the claims for Current Procedural Terminology codes and codes from the International Classification of Diseases, Ninth Revision, that indicated the testing or diagnosis of chlamydia, gonorrhea, or an “unspecified venereal disease.” We counted visits that involved a test or diagnosis for each of the indicated diseases for each year and stratified these results by percentage of female patients and the average age of the patients. We then used weights supplied in the dataset and calculated weighted numbers of visits. All analyses were conducted by using SAS 9.3.

Overall, we estimated an approximate 2.5-fold increase during 2010–2014 for all visits to urgent care centers. Among these visits, we observed increases in the numbers of visits that involved STI testing or the treatment of patients with diagnosed STIs. During 2010–2014, an approximate 1.5-fold increase occurred in visits that involved chlamydia testing and a 2-fold increase in visits involving gonorrhea testing. We observed even larger increases in visits that involved diagnosed STIs. During the same period, we observed a 6-fold increase in the numbers of visits that involved diagnosed chlamydia, a more than 3-fold increase in the numbers of visits that involved diagnosed gonorrhea, and a 6-fold increase in the numbers of visits that involved an unspecified diagnosed STI. Most visits that involved STI testing were made by female patients; the average age for all patients at these visits was 28.1 years. Most visits by a patient for diagnosed chlamydia were made by female patients; the average age for all patients at these visits was 27.8 years. The number of visits by patients for an unspecified diagnosed STI was nearly evenly split between male and female patients; the average age of all patients at these visit was 30.4 years. The visits for diagnosed gonorrhea were predominantly made by male patients; the average age of all patients at these visits was 29.9 years.

Visits to urgent care centers have increased over time, and our findings demonstrate that visits to urgent care centers for STI care in particular have dramatically increased. Previous work has highlighted differences in the use of antibiotics to treat chlamydia in emergency departments compared with physician offices suggesting that differences might also exist in the treatment of STIs in urgent care centers compared with other healthcare settings. Given the increases in STIs, increases in antimicrobial drug resistance, and increases in use of urgent care centers for STI care, further work is needed to determine how STIs are being managed in this venue to ensure quality care.

The article is available online at http://bit.ly/2iYKu6l.

How to Report an STI:

Barry-Eaton District Health Department
Communicable Diseases/STI
Phone: (269) 798-4152 or (517) 541-2641
FAX: (517) 541-2666
http://www.barryeatonhealth.org

BEDHD STI Report Form available at:
http://bit.ly/29hhRfZ under “Communicable Diseases” and by clicking on “Chlamydia and Gonorrhea Report Form”

2017 Immunization Schedules Released

The 2017 recommended immunization schedules have been released. The schedules are revised and approved annually by the Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention. The immunization schedule for children and adolescents birth through 18 years and the adult immunization schedule have had several updates and changes.

Key highlights for the childhood and adolescent schedule are:

1. Figure 3 is new to the schedule. It is a schedule based on medical indication ("Vaccines that might be indicated for children and adolescents aged 18 years or younger based on medical indications").
2. The DTaP footnote was revised to include recommendations following a fourth dose of DTaP being inadvertently administered early. The Tdap footnote was updated to reflect the preference to vaccinate earlier in the gestational weeks 27-36 for pregnant adolescents.
3. The HepB footnote was revised to reflect that birth dose HepB should be administered within 24 hours of birth.
4. Under the Hib footnote, Comvax was removed and Hiberix was added.
5. A blue bar was added to the schedule for HPV for children aged 9–10 years because this age group may be vaccinated. HPV was updated to include the 2-dose schedule, and 2vHPV was removed from the schedule.
6. LAIV has been removed and should not be used during the 2016-2017 influenza season.
7. There is a new column on the schedule for adolescents aged 16 years to highlight the need for a dose of meningococcal conjugate vaccine at 16 years. HIV was added as a risk condition for children, and 2-dose Trumenba (meningococcal B vaccine) was added.
8. References to pneumococcal conjugate vaccine (PCV7) have been removed.

The 2017 Childhood and Adolescent Schedule is available online at http://bit.ly/2mcL8yu.

Key highlights for the adult schedule are:

1. LAIV has been removed and should not be used during the 2016–2017 influenza season. The schedule was also updated to reflect the new egg allergy recommendations.
2. Risk groups are listed for adults who should receive HepB vaccine.
3. HPV was updated to include the 2-dose schedule.
4. Meningococcal conjugate has several updates please be sure to read the footnotes.

The 2017 Adult Schedule is available online at http://bit.ly/2kJAkJL.

These are just some key highlights regarding the 2017 immunization schedules. Please read through the MMWRs for the Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger and the Recommended Immunization Schedule for Adults Aged 19 Years or Older. Remember to always review the footnotes. The immunization schedules can be found at: https://www.cdc.gov/vaccines/schedules/index.html.

New Vaccine Information Statements (VIS) Now Available Online:

HPV Gardisil-9 VIS 12-2-16
http://bit.ly/2cKBMYF

Important VIS Facts
http://bit.ly/1L8aLUA

Select Reportable Disease Cases in Barry and Eaton Counties

Year to date (YTD) counts for 2016 are as of January 31, 2017. The communicable disease numbers represent the number of confirmed and probable cases reported to BEDHD. BEDHD no longer reports animal bite exposures unless they result in a recommendation for rabies prophylaxis.

FOR A COMPLETE LIST OF REPORTABLE DISEASES: http://1.usa.gov/1KNhMMt

Foodborne or Waterborne Diseases

	2014	2015	2016	2017 (YTD)	Nov-16	Dec-16	Jan-17
Campylobacteriosis	34	42	32	4	2	3	4
Cryptosporidiosis	8	9	24	1	2	2	1
Giardiasis	7	9	7	0	2	0	0
Listeriosis	0	0	0	0	0	0	0
Salmonellosis	27	10	27	1	1	0	1
Shiga toxin-producing *E. coli*	5	2	3	0	0	0	0
Shigellosis	10	7	11	0	0	0	0

Vaccine Preventable Diseases

	2014	2015	2016	2017 (YTD)	Nov-16	Dec-16	Jan-17
Chickenpox	26	10	15	1	1	2	1
Diphtheria	0	0	0	0	0	0	0
H. influenza disease	3	4	5	1	0	0	1
Measles	0	0	0	0	0	0	0
Mumps	0	0	1	0	0	0	0
Pertussis	21	15	5	0	0	0	0
S. pneumonia, invasive	14	14	21	5	2	0	5

Select Reportable Disease Cases in Barry and Eaton Counties, Continued

Meningitis and Meningococcal Disease

	2014	2015	2016	2017 (YTD)	Nov-16	Dec-16	Jan-17
Aseptic Meningitis (Viral)	11	21	11	2	2	0	2
Bacterial/Other Meningitis	5	0	5	0	0	0	0
Meningococcal Disease	0	0	0	0	0	0	0

Vectorborne Disease

	2014	2015	2016	2017 (YTD)	Nov-16	Dec-16	Jan-17
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	2	2	1	1	0	0	1
Malaria	0	0	2	0	0	0	0
West Nile Virus	0	1	0	0	0	0	0

Other Communicable Diseases

	2014	2015	2016	2017 (YTD)	Nov-16	Dec-16	Jan-17
Guillain-Barre Syndrome	0	0	1	1	0	0	1
Histoplasmosis	10	9	6	3	0	2	3
Legionellosis	2	4	0	1	0	0	1
Leptospirosis	0	0	1	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0
Group A Strep, invasive	6	4	4	0	1	0	0
Tuberculosis	0	1	0	0	0	0	0

Viral Hepatitis (Acute and Chronic cases)

	2014	2015	2016	2017 (YTD)	Nov-16	Dec-16	Jan-17
Hepatitis A	1	2	0	0	0	0	0
Hepatitis B (Acute)	0	1	0	0	0	0	0
Hepatitis B (Chronic)	12	10	9	3	1	0	3
Hepatitis C (Acute)	2	2	3	0	0	0	0
Hepatitis C (Chronic)	81	87	107	6	9	10	6
Hepatitis C (Unknown)	0	0	0	1	0	0	1

Sexually Transmitted Infections

	2014	2015	2016	2017 (YTD)	Nov-16	Dec-16	Jan-17
Chlamydia	572	579	644	45	50	67	45
Gonorrhea	78	99	145	10	10	18	10
Syphilis (Congenital)	0	0	0	0	0	0	0
Syphilis (Early Latent)	1	3	1	0	0	0	0
Syphilis (Late Latent)	2	0	2	0	0	0	0
Syphilis (Late with Manifestations)	0	0	0	0	0	0	0
Syphilis (Latent of Unknown Duration)	0	0	0	0	0	0	0
Syphilis (Primary)	0	0	1	0	1	0	0
Syphilis (Secondary)	1	0	0	0	0	0	0

BEDHD Agency Spotlight: Community Dental Resources

Do Your Patients Need a Local Dental Home?

BEDHD partners with the My Community Dental Center (MCDC) in Charlotte to offer dental care to adults and children on Medicaid, Healthy Michigan Plan, MIChild, Healthy Kids Dental, and low-income uninsured patients. There are no geographic residency restrictions, so patients from Barry County, Eaton County, and other counties are welcome! Services are offered at a reduced rate to those who qualify! Medicaid co-pays may apply. Patients may call (877) 313-6232 or visit www.mydental.org for more information or to register as a patient.

Another option in Hastings is the Barry Community Health Center – Dental, run by Cherry Health, which sees patients of all ages and most insurances including Medicaid, Healthy Michigan, uninsured, and other insurances. A reduced sliding fee payment scale is available for all services for those without insurance. Please call (269) 945-4220 for more information.

Barry-Eaton District Health Department
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