



# COMMUNICABLE DISEASE

Linking Health Care Providers with Local Public Health

CD Link: May 2017

## NEW! Lyme Disease Toolkit for Health Care Providers

The Michigan Department of Health and Human Services (MDHHS) has made some recent changes to tick identification and testing; as well as the creation of a Healthcare Provider Lyme Disease Toolkit.

### Tick Identification and Testing

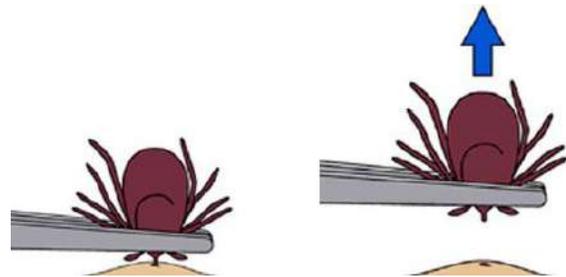
- Ticks found attached to a human host or engorged with human blood are to be sent to the Michigan Department of Health and Human Services (MDHHS) for both identification and testing.
- For Lyme disease testing of ticks found on humans:
  - The tick must be a blacklegged tick
  - The tick must be preserved (kept alive)

Ticks may be submitted either to the Barry-Eaton District Health Department for identification, packaging, and mailing to MDHHS, or sent directly to MDHHS when using a proper submittal kit.

- Ticks found on a non-human host will need to be reviewed by a veterinarian. If the tick is determined to be a blacklegged tick (a vector for Lyme disease), then the Michigan State University Veterinary Diagnostic Laboratory will test the tick for a fee.

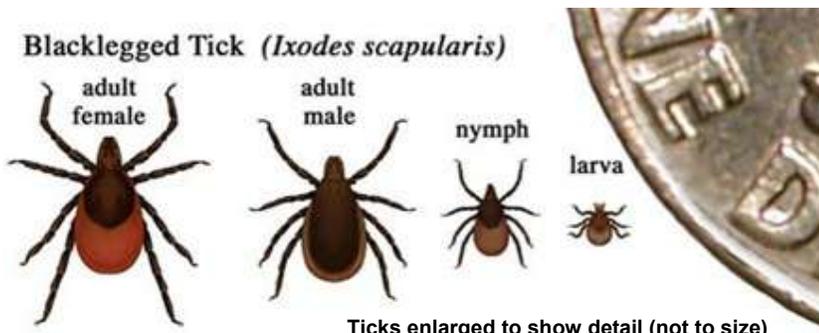
### How Should an Attached Tick be Removed?

1. If a tick is attached, use fine-tipped tweezers to grasp the tick at the surface of the skin.
2. Pull the tick straight up and out. Don't twist or jerk the tick—this can cause the mouth parts to break off and stay in the skin. If this happens, remove the mouth parts with tweezers if possible. If not, leave them alone and let the skin heal.
3. Clean the bite and hands with rubbing alcohol, an iodine scrub, or soap and water.



Source: [www.cdc.gov](http://www.cdc.gov)

To obtain a health care provider Lyme disease toolkit or to order MDHHS tick submittal kits, visit the MDHHS website: [www.michigan.gov/lyme](http://www.michigan.gov/lyme)



### In This Issue

- Drug-resistant *Shigella*
- Wear One Campaign
- Immunization Updates
- And much more!

# Shigella and Reduced Susceptibility to Ciprofloxacin

Our partners at the Centers for Disease Control and Prevention (CDC) have released a Health Advisory announcing new recommendations for diagnosing and managing *Shigella* strains with possible reduced susceptibility to ciprofloxacin.



Infections with emerging strains of *Shigella* may be harder to treat with ciprofloxacin, an antibiotic often used when treatment is needed, due to emerging quinolone resistance. Antimicrobial susceptibility tests may not accurately predict whether *Shigella* infections

with certain resistance genes can be treated effectively with ciprofloxacin. Using an antibiotic that isn't effective can contribute to the growing problem of multidrug-resistant *Shigella* and increase the chance of others getting sick from this highly contagious bacteria.

CDC recommends that doctors take these steps when treating patients with shigellosis:

- Test for antibiotic resistance in all shigellosis cases to determine which antibiotics the bacteria may be susceptible to
- Do not use antibiotics unless necessary for *Shigella* infections
- Avoid using ciprofloxacin when the minimum inhibitory concentration (MIC) is  $\geq 0.12$  ug/ml, even if the laboratory report identifies the isolate as susceptible

For more information and additional recommendations for clinicians, laboratories, and public health officials, please read the full CDC Health Advisory: <https://emergency.cdc.gov/han/han00401.asp>.

## VACCINE-PREVENTABLE DISEASES

### Yellow Fever Vaccine Access

Sanofi Pasteur, the manufacturer of the only yellow fever vaccine licensed in the United States (YF-Vax), has announced that YF-Vax will be unavailable from mid-2017 through mid-2018, as they transition to a new production facility. To provide access to yellow fever vaccine for US travelers, Sanofi Pasteur has coordinated with the US Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and other stakeholders on a contingency plan. They have been granted approval by FDA to distribute Stamaril yellow fever vaccine in the United States during the YF-Vax shortage. Also produced by Sanofi Pasteur, Stamaril is licensed and marketed in more than 70 countries outside the United States. Stamaril has been used in other countries for decades and is comparable in safety and efficacy to YF-Vax.

Stamaril will be distributed through an Expanded Access Investigational New Drug (IND) protocol at designated clinical sites, located across the country. In order to meet the requirements of the IND program, Sanofi Pasteur can provide Stamaril to only a limited number of clinics, which were selected on

the basis of quantity of yellow fever vaccine administered. Once YF-Vax is no longer available, health care providers and consumers can visit the CDC yellow fever vaccination clinic search page (<http://wwwnc.cdc.gov/travel/yellow-fever-vaccination-clinics/search>) to find a clinic offering Stamaril.



Yellow Fever vaccine providers seeking more information may contact Sanofi Pasteur at 1-800-VACCINE (1-800-822-2463).

# Michigan Measles Cases Related to Travel

A case of measles was confirmed in late March 2017 in southeast Michigan. The case was related to exposure during international travel and underscores the importance of ensuring immunity to measles in all persons. There were potential exposures to the case in an Emergency Department in southeast Michigan, so there is a possibility of spread from that and other unknown possible exposures. Public health follow-up of known potential exposures is in process.

A second case of measles was then confirmed in Michigan in early April 2017. The case is in an adult and is secondary to a previously confirmed child case, with exposure having occurred to the child on an aircraft flight in latter March. This underscores the highly infectious nature of measles and the elevated risk for measles exposure during both domestic and international travel. It further emphasizes the importance of routine measles vaccination for all individuals to prevent the disease and outbreaks.

In addition to vaccination of children, adults should be vaccinated against measles if they are uncertain of their measles immunity status. Most adults born before 1957 are likely to have immunity but even individuals in these cohorts can be susceptible. Protection against measles and other vaccine-preventable diseases is especially important for any international travel.

Measles is a rare occurrence in the U.S. Indigenous ongoing transmission of the measles virus has been eliminated since 2000 but cases are imported from other parts of the world where the disease remains endemic. Measles can spread readily in insufficiently vaccinated communities.

Patients with a fever and generalized macular-papular (red, raised) rash that may represent measles should not be seated in waiting rooms and should be appropriately and immediately isolated to avoid exposing others in clinical and other settings.

## Measles symptoms:

- **Fever**
- **Conjunctivitis**
- **Coryza**
- **Cough**
- **Generalized red, raised macular-papular rash**

Michigan health care providers are advised to be vigilant for the possibility of measles in patients presenting with these symptoms.

Cases and suspected cases should be immediately reported to the Barry-Eaton District Health Department at (269) 798-4152 or (517) 541-2641.

Additional Michigan guidance (Key Facts about Measles) is available at <http://bit.ly/2qCPuBh>.

*Adapted from Michigan Department of Health and Human Services press releases, available at <http://bit.ly/2pxSVuB> and <http://bit.ly/2qsWTpt>.*

## West Michigan Mumps

In April 2017, a health department in west Michigan reported the diagnosis of mumps in an patient who participated in a college sporting event. It was determined that the athlete attended the event during their contagious period.

This case is a reminder to health care providers to be aware of the possibility of mumps in patients with appropriate symptoms. Providers should assess the vaccination status of their patients to identify those who have not received the Measles, Mumps and Rubella (MMR) vaccine.

If you have suspected cases, questions, or concerns with patients regarding mumps, please contact the Barry-Eaton District Health Department Communicable Disease Division at (269) 798-4152 or (517) 541-2641.

## Mumps symptoms:

- **Fever**
- **Headache**
- **Myalgia**
- **Lethargy**
- **Anorexia**
- **Parotitis (swollen salivary glands)**

## SEXUALLY TRANSMITTED INFECTIONS

### Wear One Campaign Implemented in Barry County

Many people aren't aware that in Barry County the rate of chlamydia (a common sexually transmitted disease) has increased more than 250% since 2005, and more than 500% since 2001.

The Barry-Eaton District Health Department is taking action through implantation of a condom distribution program- the **Wear One Campaign**. Wear One is a Health Department and business partnership that has been successfully welcomed in Ottawa and Allegan counties. The Health Department supplies condoms for distribution at no cost, and the community business partner serves as the point of distribution i.e. restaurants, nail salons, tattoo parlors, etc.



The purpose of this program is to increase awareness, availability, and acceptance of condom use in our communities. The Centers for Disease Control and Prevention (CDC) endorses condom distribution programs like Wear One as a proven way to increase condom use, prevent HIV and sexually transmitted infections, and save communities money in health care costs.

Wear One packs consist not only of condoms, but educational information on STD's and services the Health Department offers such as testing, treatment, and education. The program was implemented in Barry County in February 2017 and has been positively received in the community.

#### 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"

## RABIES

### Patient Presenting with an Animal Bite?

#### *Make sure to evaluate for rabies exposure*

As people start to go outside more with the warmer weather, potential interactions with wild animals and outdoor domestic animals increase. The potential for exposure to rabies from animal bites or scratches should always be considered.

**Animal bites to humans are reportable.** Please contact the Barry-Eaton District Health Department Communicable Disease Division at (269) 798-4152 or (517) 541-2641 immediately regarding any patients with animal bites for additional guidance. Information to collect includes:

- Details about how the bite occurred (was it provoked, how was the animal acting, etc.)
- Animal species involved
  - If domestic animal, rabies vaccination status
- Anatomical site of the bite
- Any patient history of prior rabies vaccination

The Michigan Rabies Assessment flowchart for people who may have been exposed to rabies was updated in April 2016 and is online at: <http://bit.ly/2p6qd0m>.

# IMMUNIZATIONS

## Become an Influenza Sentinel!

Join the Influenza-like Illness Surveillance Network (ILINet), a collaborative effort between health care providers and local, state, and national health departments! Medical providers of any specialty who are likely to see patients with influenza-like illness (ILI) can be sentinels.

As an Influenza Sentinel Provider, you will collect and report weekly the total number of patients seen in your clinic and the number of patients with ILI within five age categories. In return, you receive:

- Free respiratory virus laboratory testing at the Michigan Department of Health and Human Services for approximately 11 specimens per year
- A weekly feedback report
- Summaries of influenza data
- Free online subscription to Emerging Infectious Diseases
- Free registration to an MDHHS Regional Immunization Conference (for regular reporters)

For more information or to join, please contact Jalyn Ingalls, MA Influenza Epidemiologist/Coordinator at [IngallsJ@michigan.gov](mailto:IngallsJ@michigan.gov).

## In the Journals: Progress on an Ebola Vaccine

*Paul A. Offit, MD, Director, Vaccine Education Center at Children's Hospital of Philadelphia*

Adapted from information originally published as part of the Vaccine Education Center at Children's Hospital of Philadelphia's Parents PACK newsletter, February 2017 issue.

The West African Ebola virus outbreak between 2013 and 2016 was the worst in history, resulting in more than 28,000 cases and 11,000 deaths. Fortunately, researchers at the National Institutes of Health (NIH) had been working for many years to make a vaccine to prevent it.

In the January 26, 2017, issue of the *New England Journal of Medicine*, investigators at the Walter Reed Army Institute of Research and NIH Clinical Center published the results of a phase 1 study of this Ebola vaccine (Regules JA, Beigel JH, Paolino KM, et. al. A Recombinant Vesicular Stomatitis Ebola Vaccine. *N Engl J Med* 2017 Jan 26;376(4):330-41). To read more about the study: <http://bit.ly/2pxmAE8>

## Influenza Update: 2016-2017 Season

**Please continue to encourage all patients to receive an influenza vaccine through June 30, 2017.**

On March 31, the Michigan Department of Health and Human Services reported the first two pediatric influenza deaths for the 2016-2017 influenza season. The reported deaths involve one child from northern Michigan and one child from western Michigan. As of April 22, an additional 3 pediatric influenza deaths have been reported, bringing the Michigan total for the 2016-2017 season to 5.

Nationally, as of April 22, there have been 83 pediatric deaths reported to date.

It is not too late to get vaccinated against the flu this season! Influenza claims the lives of children every year across the United States, which is why it is important to continue to vaccinate against the flu. The 2016-2017 flu vaccine is a good match to the flu viruses that are circulating nationally and in Michigan.

## From the Immunization Action Coalition:

### The Vaccine Handbook: A Practical Guide for Clinicians Sixth Edition

Visit the Apple iTunes App Store and download the **FREE** mobile app today!



## Summer Months Mean Foodborne Illness

Foodborne diseases include those caused by *Campylobacter*, Shiga toxin-producing *E. coli*, *Salmonella*, *Shigella*, *Cryptosporidium*, and *Giardia*.

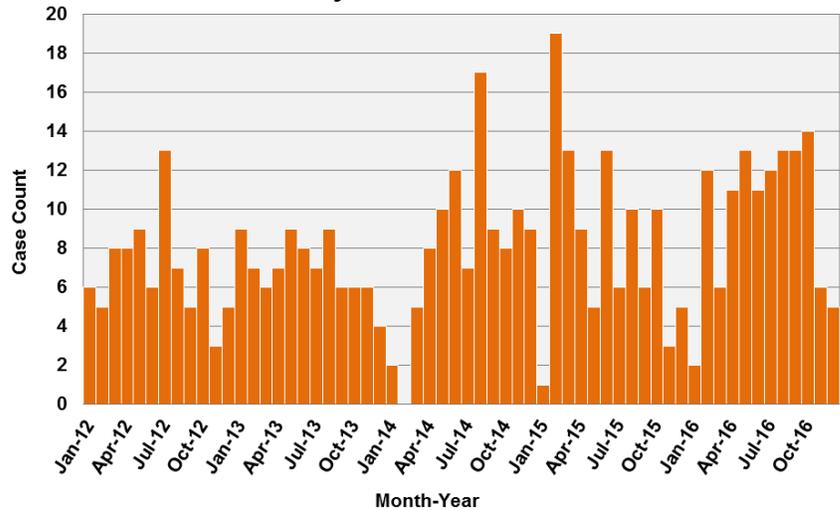
In Barry and Eaton counties, an increase in foodborne illnesses is seen each summer, although cases do occur throughout the year as well.

A potential reason for the summer increases could be food that is served at increased temperatures (i.e. picnics and potlucks). Many of these pathogens can also be acquired through zoonotic or waterborne

exposures, so more interactions with animals that may transmit these pathogens, and increased exposure to contaminated water through swimming or other recreational activities, could be additional reasons.

Health care providers are encouraged to ask patients presenting with gastrointestinal complaints about risk factors for these diseases and order appropriate laboratory testing. Disease-specific facts sheets are available on the health department website at <http://bit.ly/29hhRfZ> (scroll to the bottom of the page).

Reported Foodborne Illness Cases by Month, 2012-2016, Barry and Eaton Counties



## Select Reportable Disease Cases in Barry and Eaton Counties

Year to date (YTD) counts for 2017 are as of April 30, 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)	Feb-17	Mar-17	Apr-17
Campylobacteriosis	34	42	32	10	2	1	3
Cryptosporidiosis	8	9	24	5	1	2	1
Giardiasis	7	9	7	1	0	0	1
Listeriosis	0	0	0	0	0	0	0
Salmonellosis	27	10	27	12	5	3	4
Shiga toxin-producing <i>E. coli</i>	5	2	3	0	0	0	0
Shigellosis	10	7	11	1	1	0	0

### Vaccine Preventable Diseases

	2014	2015	2016	2017 (YTD)	Feb-17	Mar-17	Apr-17
Chickenpox	26	10	15	2	1	0	0
Diphtheria	0	0	0	0	0	0	0
<i>H. influenza</i> disease	3	4	5	3	1	1	0
Measles	0	0	0	0	0	0	0
Mumps	0	0	1	0	0	0	0
Pertussis	21	15	5	1	1	0	0
<i>S. pneumonia</i> , invasive	14	14	21	14	4	2	4

## Select Reportable Disease Cases in Barry and Eaton Counties, Continued

### Meningitis and Meningococcal Disease

	2014	2015	2016	2017 (YTD)	Feb-17	Mar-17	Apr-17
Aseptic Meningitis (Viral)	11	21	11	2	0	1	1
Bacterial/Other Meningitis	5	0	5	1	1	0	0
Meningococcal Disease	0	0	0	0	0	0	0

### Vectorborne Disease

	2014	2015	2016	2017 (YTD)	Feb-17	Mar-17	Apr-17
Eastern Equine Encephalitis	0	0	0	0	0	0	0
Lyme Disease	2	2	1	9	0	1	6
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)	Feb-17	Mar-17	Apr-17
Guillain-Barre Syndrome	0	0	1	1	0	0	0
Histoplasmosis	10	9	6	2	0	2	0
Legionellosis	2	4	0	1	0	0	0
Leptospirosis	0	0	1	0	0	0	0
Rabies (Human)	0	0	0	0	0	0	0
Group A Strep, invasive	6	4	4	2	0	2	0
Tuberculosis	0	1	0	0	0	0	0

### Viral Hepatitis (Acute and Chronic cases)

	2014	2015	2016	2017 (YTD)	Feb-17	Mar-17	Apr-17
Hepatitis A	1	2	0	3	0	0	3
Hepatitis B (Acute)	0	1	0	0	0	0	0
Hepatitis B (Chronic)	12	10	9	12	5	1	3
Hepatitis C (Acute)	2	2	3	0	0	0	0
Hepatitis C (Chronic)	81	87	107	19	7	2	4
Hepatitis C (Unknown)	0	0	0	41	11	15	14

### Sexually Transmitted Infections

	2014	2015	2016	2017 (YTD)	Feb-17	Mar-17	Apr-17
Chlamydia	572	579	644	181	37	58	40
Gonorrhea	78	99	145	34	7	9	8
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	1	1	0	0
Syphilis (Late with Manifestations)	0	0	0	0	0	0	0
Syphilis (Latent of Unknown Duration)	0	0	0	1	0	0	1
Syphilis (Primary)	0	0	1	0	0	0	0
Syphilis (Secondary)	1	0	0	0	0	0	0

## BEDHD Agency Spotlight: Childhood Lead

According to the Centers for Disease Control and Prevention (CDC), at least 4 million households have children that are exposed to high lead levels. Approximately half a million U.S. children ages 1-5 have blood lead levels above 5 micrograms per deciliter ( $\mu\text{g}/\text{dL}$ ), the level at which CDC recommends public health action. There is no safe blood lead level in children. Lead exposure can affect nearly every body system and often occurs with no obvious symptoms, so it frequently goes unrecognized. You can help by being aware and recommending lead testing for patients who are at risk.



Did you know...

- Lead is a serious health threat for children under age 6
- Children absorb 50% more lead than adults
- A child with a blood lead level  $\geq 5$  mcg/dL is considered to be lead exposed
- Lead can cause neurological symptoms and lead to poor behavioral outcomes
- Common complaints of lead exposure are stomach upset, fatigue, or hyperactivity
- A lead-exposed child is five times more likely to drop out of high school
- Most children get lead poisoning from paint in homes built before 1978
- The most common household sources of lead are the window sills and troughs
- Peeling paint on garages and porches is a main source of lead contamination in soil
- Michigan law requires all Medicaid-covered children be tested for blood lead at 12 & 24 months of age

For more information, educational materials for providers, and programs for exposed children, call BEDHD at (517) 541-2610 or (269) 945-9516 ext. 2610 or visit the MDHHS Childhood Lead Poisoning Prevention Program at [www.miclppp.org](http://www.miclppp.org).

**Barry-Eaton District Health Department**  
1033 Health Care Drive  
Charlotte, MI 48813

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