

COMMUNICABLE DISEASE NEWSLETTER

A Health Newsletter from the Barry-Eaton District Health Department

Barry-Eaton District Health Department Communicable Disease

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MEASLES CASES CONTINUE TO INCREASE

Michigan Health Alert Network Message, March 3, 2024: The Centers for Disease Control and Prevention (CDC) has issued an official Health Advisory regarding the potential for measles cases. **MDHHS in collaboration with local health departments has confirmed 3 cases of measles in Michigan.** As we continue to see cases trend upward we want to remind clinicians and public health officials to be on alert for any suspected cases of [measles](#).

Key Points for Healthcare Providers:

- Measles cases are on the rise globally and within the United States.
- It is essential to obtain complete travel history from any patient presenting with symptoms consistent with measles (high fever, cough, coryza, rash).
- Providers should use the Michigan Care Improvement Registry (MCIR) and obtain MMR vaccination status for all patients. If the patient does not have a complete MCIR record ask the patient about MMR vaccination status. Documentation of evidence of immunity will be needed in cases of exclusion/precautions if found to meet contact criteria to a confirmed case.
- To reduce exposure in the healthcare setting, [proper precautions](#) should be taken.
- [Appropriate specimen collection](#) is key to rapid laboratory confirmation.
- Never miss an opportunity to offer vaccine. Ensure that all patients without other evidence of immunity, especially those planning international travel, are up to date on [MMR vaccine](#) and [other recommended vaccines](#) before their international travel.

EATON COUNTY SUBSTANCE USE COMMUNITY NEEDS ASSESSMENT 2024

Attention healthcare professionals in Eaton County! Eaton County and BEDHD are partnering with Michigan State University to conduct a survey on substance use in Eaton County and the experience of healthcare workers when working with people who use substances. The survey will help to identify resources available and barriers when seeking care. Your input is crucial in shaping interventions and support systems for our community.

Click [here](#) or scan the QR code below to access the survey.



To read and review the entire Health Alert Network (HAN) message, click [here](#). This HAN contains valuable information on measles case investigation, specimen collection, and control in healthcare settings, as well as many other CDC links for international travelers and healthcare providers.

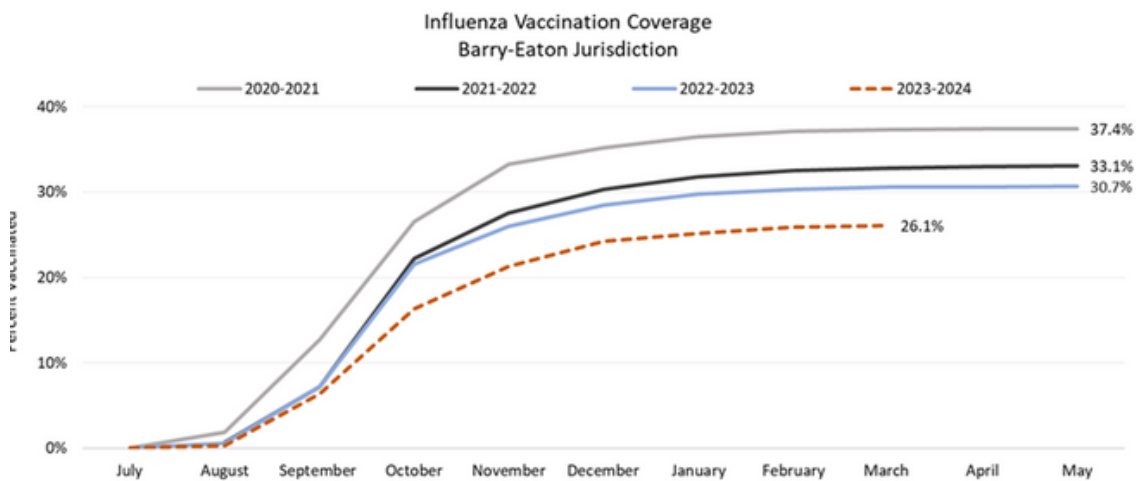
MDHHS REPORTS FIRST INFLUENZA-ASSOCIATED PEDIATRIC DEATH IN MICHIGAN THIS SEASON

ALL MICHIGAN RESIDENTS AGES SIX MONTHS AND OLDER URGED TO GET THE FLU VACCINE

Michigan Health Alert Network Message, March 8, 2024: The Michigan Department of Health and Human Services (MDHHS) has confirmed the first influenza-associated pediatric death in Michigan for the 2023-2024 flu season. The reported death involves a child who contracted Influenza A(H1N1). Nationally, there have been at least 103 [influenza-associated pediatric deaths](#) reported this flu season.

The Centers for Disease Control and Prevention (CDC) estimates that [since October](#) there have been at least 28-51 million flu illnesses, 13-24 million flu medical visits, 310,000-640,000 flu hospitalizations and 20,000-57,000 deaths nationally. Michigan is currently seeing an increase in influenza cases. Additional information is available in the [Michigan Flu Focus report](#).

It's not too late to get the flu vaccination this season. Currently, for the 2023-2024 flu season, only 25.1% of Michigan residents have been vaccinated against flu. [According to data from the Michigan Care Improvement Registry](#) (click "Seasonal Coverage"), flu vaccine coverage among children ages six months through 17 years is slightly lower for the 2023-2024 flu season (19.2%) compared to the same time in the 2022-2023 flu season (20.9%).



VACCINATION RATES DECLINE OVER TWO SEASONS

Influenza vaccination coverage in Barry and Eaton counties has exhibited a concerning downward trend since the 2020-2021 influenza season. As of March 9, 2024, vaccination coverage stands at 23.7% in Barry County and 29.7% in Eaton County. This is a large decrease compared to vaccination rates observed around the same time in 2021 (35.7% in Barry County and 37.8% in Eaton County).

Age-Specific Coverage Patterns

The current influenza season highlights a disparity in vaccination coverage across different age groups. Residents aged 65 and older demonstrate the highest vaccination rates, with coverage reaching 69% in Eaton County and 53.5% in Barry County. Conversely, vaccination coverage is the lowest among adolescents aged 13 through 17 years, at only 9.7% and 9.4% for Eaton and Barry counties, respectively.

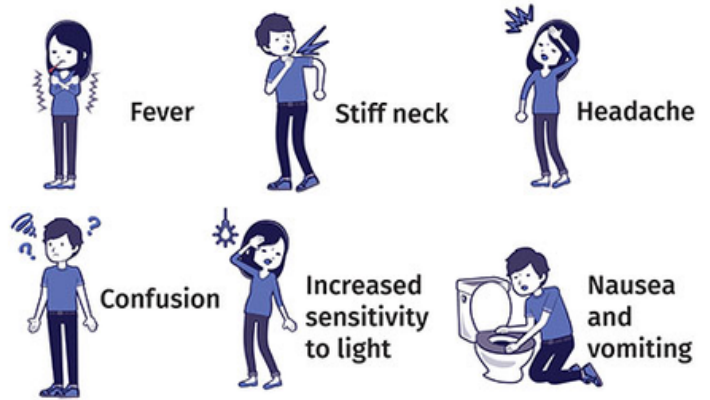
Public Health Importance of Vaccination

Vaccination remains a vital public health intervention in preventing the spread of influenza and mitigating the severity of seasonal outbreaks. With ongoing influenza activity, providers should continue to encourage residents to get vaccinated for the 2023-2024 influenza season.

INCREASE IN MENINGOCOCCAL DISEASE CASES IN SOUTHEAST MICHIGAN

An increase in meningococcal disease has been noted in Southeast Michigan. Since late November 2023, a total of four cases of meningococcal disease serogroup Y have been reported from the City of Detroit and Wayne County. This is higher than the 0-1 meningococcal cases expected for this time period. All four of the cases were hospitalized, but no deaths were reported. The case ages range from early 30's to late 60's, two of the cases are male, and all four are among black individuals. Currently there are no known links between the cases.

Meningococcal meningitis is the most common presentation of meningococcal disease and is caused by an invasive infection of the bacteria *Neisseria meningitidis*. It is a rare, serious disease characterized by the swelling of the membranes around the spinal cord and brain. **Symptoms** may include sudden onset of fever, headache, stiff neck, photophobia, vomiting, rash, or confusion. In addition to meningitis, individuals with meningococcal disease may also present with bacteremia or pneumonia. Meningococcal disease is a medical emergency which requires that treatment



Meningococcal Meningitis Symptoms

be started as soon as possible. Meningococcal disease cases should be immediately reported by healthcare providers to the local health department as soon as suspected. Healthcare providers can **diagnose and treat** meningococcal disease with a number of effective antibiotics. *Neisseria meningitidis* bacterial culture isolates or clinical specimens from sterile sites should be submitted to the Michigan Department of Health and Human Services (MDHHS) Bureau of Laboratories for serotyping.

It is also recommended that individuals who have been in close contact with a person who has meningococcal disease receive antibiotic treatment (prophylaxis) to prevent illness. Prophylaxis should be administered as soon as possible and no later than 14 days post-exposure. Healthcare providers should coordinate with the local health department to determine close contacts for prophylaxis. The vast majority of individuals who come into contact with the *N. meningitidis* bacteria will not develop meningococcal disease.

MPOX CASES IN MICHIGAN

At the end of February, the Genesee County Health Department reported three new cases of Mpox. Public health officials have been in contact with the individuals and their healthcare providers. Small clusters have continued to occur throughout the United States, and we encourage providers to discuss the Mpox vaccine with patients who are eligible. Currently, the CDC does not recommend routine immunization against Mpox for the general public but does provide a broad set of **Mpox Vaccine Recommendations**. CDC estimates that approximately only one in four people across the United States that are eligible to receive the vaccine have received both doses. There is no cost for individuals to receive the Mpox vaccine.

Testing for Mpox is available through the **MDHHS Bureau of Laboratories**. While diagnostic testing has become more widely available, and clinicians no longer need to seek public health approval for testing, we encourage providers to continue to report suspected Mpox cases to their local health department. For more information on Mpox, please review the **MDHHS Investigation of Suspect Cases of Monkeypox**.