

COMMUNICABLE DISEASE NEWSLETTER

A Health Newsletter from the Barry-Eaton District Health Department

Barry-Eaton District Health Department Communicable Disease

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PERTUSSIS CASES INCREASING

According to the CDC pertussis, also known as whooping cough, cases have been increasing over the last few decades. Many times, pertussis goes unrecognized and unreported. Pertussis cases were lower over the past few years, but trends are returning to pre-pandemic patterns. It is possible that mitigation measures used during the pandemic lowered the transmission of pertussis.

In 2024, the number of reported pertussis cases in the United States is three times higher than the number reported by the same time in 2023. Within the Barry-Eaton jurisdiction, there have been 8 reported cases of pertussis from January through May 2024. During this same period in 2023, there were 0 reported cases. The 2024 case count represents an increase compared to the same period in any of the previous 5 years. The median age of pertussis cases has also been decreasing annually since 2021 within the Barry-Eaton jurisdiction. In 2021, the median age for pertussis cases was 25 years, while in 2024, it is 9 years, with ages ranging from 2 to 43 years.

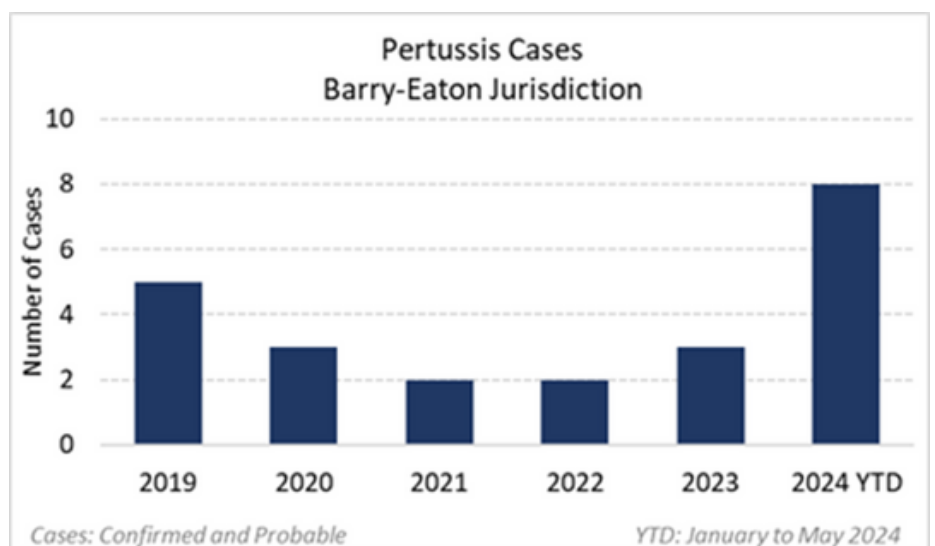
Given the concerning rise in pertussis cases, healthcare providers should:

- Maintain a high index of suspicion for pertussis, particularly in patients with prolonged cough.
- Emphasize the importance of [up-to-date pertussis vaccination](#) for all recommended age groups, including adolescents and adults.
- Report all suspected pertussis cases promptly to their local health department for surveillance and outbreak management.

By working together, we can help prevent the spread of pertussis and protect our communities.

Pertussis Resources:

- [Clinical Information on Pertussis](#)
- [Pertussis Chapter](#) - Epidemiology and Prevention of Vaccine Preventable Diseases (Pink Book)
- [Pertussis Chapter](#) - MDHHS Vaccine Preventable Disease Investigation Guidelines
- [Best Practices for Health Care Professionals on the Use of PCR Tests for Diagnosing Pertussis](#)



INFLUENZA A (H5N1) HAS BEEN SPREADING ACROSS DAIRY AND POULTRY FARMS THROUGHOUT THE COUNTRY, INCLUDING IN MICHIGAN

Earlier this year, a human case was identified in a Texas farmworker; and more recently, two human cases have been identified in Michigan farmworkers. Sporadic human cases are not unexpected, given the current knowledge regarding disease transmission of H5N1.

- Increasing numbers of impacted animals create more opportunities for human exposure.
- Human cases can range in severity, but it is important to identify even mildly symptomatic cases, to better understand disease transmission dynamics.
- The cases identified thus far have occurred in individuals with exposure to infected animals.

The first case in Michigan, occurred after a splash of infected milk to the eye, resulting in conjunctivitis. The second case occurred after direct contact with an infected cow in the absence of PPE, resulting in respiratory symptoms.

Recommendations for Clinicians:

1. **Ask your patients with influenza-like illness about exposures** to wild birds, poultry, dairy cows, or other potential interactions with sick animals.
2. **Individuals with compatible signs/symptoms plus risk factors should be tested for influenza A (H5N1)** – send samples to the Michigan Department of Health and Human Services (MDHHS) Bureau of Laboratories (BOL). Click for [guidance on collecting and submitting specimens to BOL](#).
3. **Have a low clinical threshold for starting antiviral medications***, such as oseltamivir, in patients with clinical symptoms and risk factors – even while testing is pending.
4. If you work with a high proportion of individuals working on poultry or dairy farms, please remind them about the **importance of wearing personal protective equipment (PPE)** to protect themselves from contaminated materials.
5. **Remind patients of the risks of drinking raw or unpasteurized milk**, which includes potential exposures to influenza A (H5N1), as well as pathogens like Campylobacter, Cryptosporidium, E. coli, Salmonella, or Listeria monocytogenes.

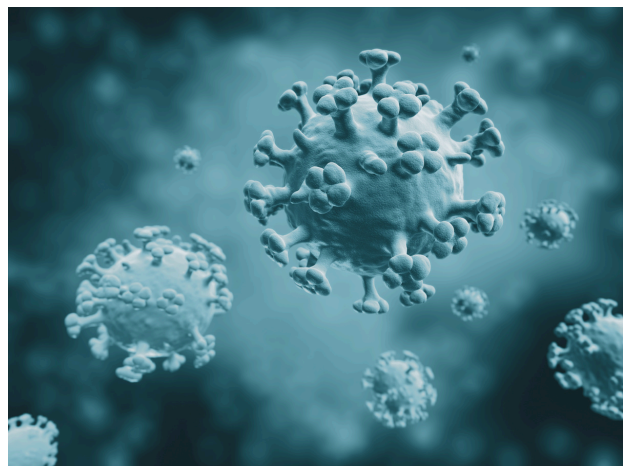
**If treatment is not clinically indicated, please don't let that deter you from testing. Case ascertainment is important at this time.*

To view the Public Health Bulletin for Health Care in its entirety: [Influenza A \(H5N1\) Update – June 2024 Public Health Bulletin for Health Care](#).

For additional information, visit: [Agriculture & Rural Development Avian Influenza \(Bird Flu\) webpage](#).

If you have any questions, please contact MDHHS:

- Monday - Friday, 8am - 5pm, at (517) 335-8165;
- After hours or on holidays at (517) 335-9030.



REPORTING ANIMAL BITES AND EXPOSURES TO BATS

As we move into the summer months, animal bites and exposure to bats typically increase. BEDHD would like to remind providers that per the public health code, any person who has knowledge of an animal bite where rabies is suspected must report the bite to the local health department where the bite occurred, and the health department where the biting animal and/or person who was bitten reside if different, within 24 hours of the incident. The report must include all of the following information:

- Animal species inflicting the bite
- Animal owner’s name, address, and telephone number
- Vaccination status of animal
- Date and location of biting incident
- Name, address, and telephone number of the person bitten
- Site of the bite on the body
- Name of the reporter of the bite



BEDHD’s Animal Bite Reporting Form can be found on our website:

<https://barryeatonhealth.org/providers-communicable-diseases-and-reporting/>

In addition, healthcare providers and facilities are required to report to local health departments any initiation of rabies post-exposure prophylaxis (RPEP) to an individual exposed or potentially exposed to rabies, whether through a bite or other type of exposure (e.g., a person wakes to a bat in the room where they were sleeping, bat found in the room with a child, or adult who cannot account for their time in the room with the bat). In addition to the patient information, the report must also contain the following:

- Date, location, and description of the exposure incident
- Animal species involved in the exposure (e.g., bat, dog)
- Disposition of the exposing animal (e.g., alive, dead, escaped, available for observation, sent for rabies diagnostic testing)
- Treatments initiated (e.g., wound treatment, tetanus immunization, rabies immune globulin administration, rabies vaccine administration) and each subsequent rabies vaccine dose administered in the series.

****The initiation of RPEP is a medical urgency, not an emergency. Before initiating treatment, healthcare providers should consider the rabies risk for each situation, including whether the exposing animal might be available for observation or testing. Prompt reporting of animal bites and potential rabies exposures to local authorities aids the investigation into animals that have potentially exposed people to rabies. In many cases, treatment of the exposed person can wait for the outcome of the animal investigation, in which either the 10 day quarantine is completed or the animal tests negative for rabies; therefore the exposed person does not need to complete the rabies vaccine series.**

COMMUNICABLE DISEASE RESOURCE

2024: Health Care Professional's Guide to Disease Reporting in Michigan
A summary of the Michigan Communicable Disease Rules
MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES
Version 2024.2

2024 Health Care Professional's Guide to Disease Reporting in Michigan (The Brick Book).

LYME DISEASE TRAINING MODULES FOR PROVIDERS



The CDC is offering a four-part series that will enable front-line healthcare providers to recognize, diagnose, and treat Lyme disease. The free online curriculum serves as a valuable resource for primary care clinicians, public health professionals, pharmacists, and health educators who encounter patients with Lyme disease. Free Continuing Education credits are available.

- Module 1: Introduction to tickborne diseases and disease prevention
- Module 2: Lyme disease clinical overview
- Module 3: Lyme disease testing and diagnosis
- Module 4: Lyme disease treatment and management

For more information and to register for each session visit: [Lyme Disease Continuing Education](#)

Michigan Tickborne and Lyme Disease Resources:

- [2024 Michigan Lyme Disease Risk Map](#)
- [One Page Lyme Disease Tip Sheet for Healthcare Providers](#)
- [Tickborne Diseases in Michigan: A Reference for Healthcare Providers](#)

CDC'S DOXY PEP CLINICAL GUIDELINES FOR BACTERIAL STI PREVENTION

CDC published [clinical guidelines on counseling patients regarding doxycycline post-exposure prophylaxis \(or doxy PEP\) for bacterial sexually transmitted infection \(STI\) prevention](#). Doxy PEP has proven to reduce the risk of getting a bacterial STI for gay, bisexual, and other men who have sex with men and transgender women at increased risk for these infections (specifically, syphilis, chlamydia, gonorrhea). MDHHS highly encourages the adoption of doxy PEP to combat alarming increases in bacterial STIs in Michigan.

CDC recommends healthcare providers discuss doxy PEP with all gay, bisexual, and other men who have sex with men and transgender women with a history of at least one bacterial STI (syphilis, chlamydia, gonorrhea) in the last 12 months. If offering doxy PEP, healthcare providers should write a prescription for self-administration of 200 mg of doxycycline within 72 hours of sex.

Please expect future guidance from MDHHS on clinical considerations and best practices, these can be found at www.michigan.gov/hivsti.

THE 2024 HIV & STI CONFERENCE

The 2024 HIV and STI Conference will be held August 13 and 14, 2024 in Kalamazoo. For more information and to register, [please click here](#).

Additionally, nominations are being accepted for 2024 HIV/STI Conference awards. These peer-nominated awards will be presented during the conference. [Please click here](#) to nominate someone for an award. All nominations are due by July 1, 2024.