

AT YOUR SERVICE

News from the Van Buren/Cass District Health Department

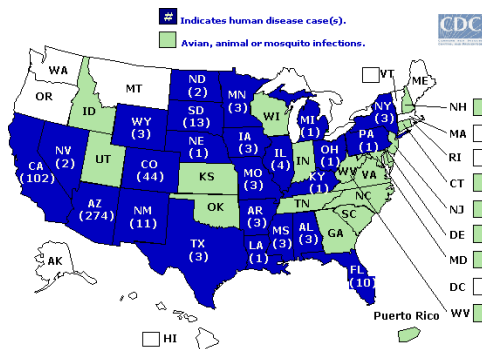
Volume 6, Issue 1

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West Nile Virus

Michigan has had one confirmed case of West Nile Virus (WNV) so far this year. Arizona leads the nation with 274 cases, over half of the 495 cases seen in the United States. Van Buren, Cass and Berrien counties have all submitted birds which tested positive for WNV. Be suspicious if fever, headache, and the presence of at least one of the following: stiff neck, altered mental status, or other signs of brain dysfunction. In Michigan West Nile virus may occur May to October. CSF IGM ELISA is preferred although serological tests are available. MDCH has compiled a helpful flow sheet to summarize laboratory testing of humans suspected of having West Nile Virus. A copy is included at the end of this newsletter.

West Nile Virus – Human Cases in 2004 (data through 8/10/04)



No Link Between Vaccines and Autism

The National Vaccine Advisory Committee reported in July that there is NO evidence that the MMR (Measles-Mumps-Rubella vaccine) or thimerol-containing vaccines cause autism. Also, the most often cited study linking MMR and Autism in 1998 was retracted by Lancet.

Think Pertussis

When faced with a child or adult with severe cough as a predominant symptom: Think Pertussis. Kalamazoo county recently had several cases at various ages. Although not linked together as a cluster, those cases serve as a reminder to maintain a level of suspicion for Pertussis. Nasopharyngeal swab for pertussis is a good diagnostic tool. Overall, the incidence of Pertussis in Michigan last year was well below the national average.

Communicable Diseases: Which to Report?

Legionella? Chlamydia? Lyme Disease? Ever get confused about which diseases are required to be reported to the health department, and wonder how to report them? Your local health department plays a crucial role in the data collection activities for disease trending, and we would like to help you make that process as easy and timely as possible.

MDCH provides the [Health Care Professional's Guide to the Michigan Communicable Disease Rules](#). Give us a call, fax or e-mail so that we can get it to you. When you want personal help with disease reporting, a public health nurse is available daily to help you. See "How to reach us." Data submitted to the state for communicable diseases is available to us. If you would like to see either the local or aggregate data for any particular disease, let us know and we will try to get it to you. A copy of the communicable disease statistics for Van Buren and Cass Counties is included at the end of this newsletter so you can see how we are doing.

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Adult Immunizations

Remember to take all opportunities to immunize adults! Recommended schedule summary appears on the reverse side. Detailed information is available at www.cdc.gov/nip/recs/adult_schedule.htm.



Vaccinations for Adults

You're **NEVER** too old to get shots!

Many adults don't know they are supposed to get immunized against diseases. They think vaccinations are for kids. There are millions of adults in this country who need influenza, pneumococcal, tetanus, diphtheria, hepatitis B, and other vaccines. Are you one of them?

Getting immunized is a lifelong, life-protecting job. Make sure you and your health professional keep your vaccinations up to date! Don't leave your doctor's office without making sure that you've had all the vaccinations you need.

Influenza "flu shot"	The "flu shot" is recommended every fall for people age 50 or older; women who will be in their 2nd or 3rd trimester of pregnancy during flu season; residents of long-term care facilities; people younger than 50 who have medical problems such as heart or lung disease (including asthma), diabetes, kidney disease, or an immune system weakened by disease or medication; and those who work with or live with any of these individuals.		
Pneumococcal "pneumococcal shot"	The "pneumococcal shot" is recommended one time at age 65 (or older if it was not given at 65). This shot is also recommended for people younger than 65 who have certain chronic illnesses. Some individuals with particular health risks will need a one-time revaccination dose 5 years later. Consult your doctor.		
Tetanus, diphtheria (Td) often referred to as "tetanus shot"	If you haven't had at least 3 basic tetanus-diphtheria shots in your lifetime, you need to complete the series listed below:		And then all adults need a booster dose every 10 years.
Hepatitis A (Hep A) for those at risk*†	dose # 1 now	dose #2 1 month later	dose #3 6 months after dose #2
Hepatitis B (Hep B) for those at risk*†	dose # 1 now	dose #2 1 month later	dose #3 is usually given 5 months after dose #2
Measles, mumps, rubella (MMR)	One dose is recommended for those born in 1957 or later if that person has not been previously vaccinated. (A second dose of MMR may be required in some work or school settings, or recommended for international travel.) People born before 1957 are usually considered immune.		
Varicella (Var)	This vaccine is recommended for those who have never had chickenpox.		
Meningococcal for those at risk*	If you are a young adult going to college, ask your doctor about your risk of meningococcal disease and your need for vaccination.		

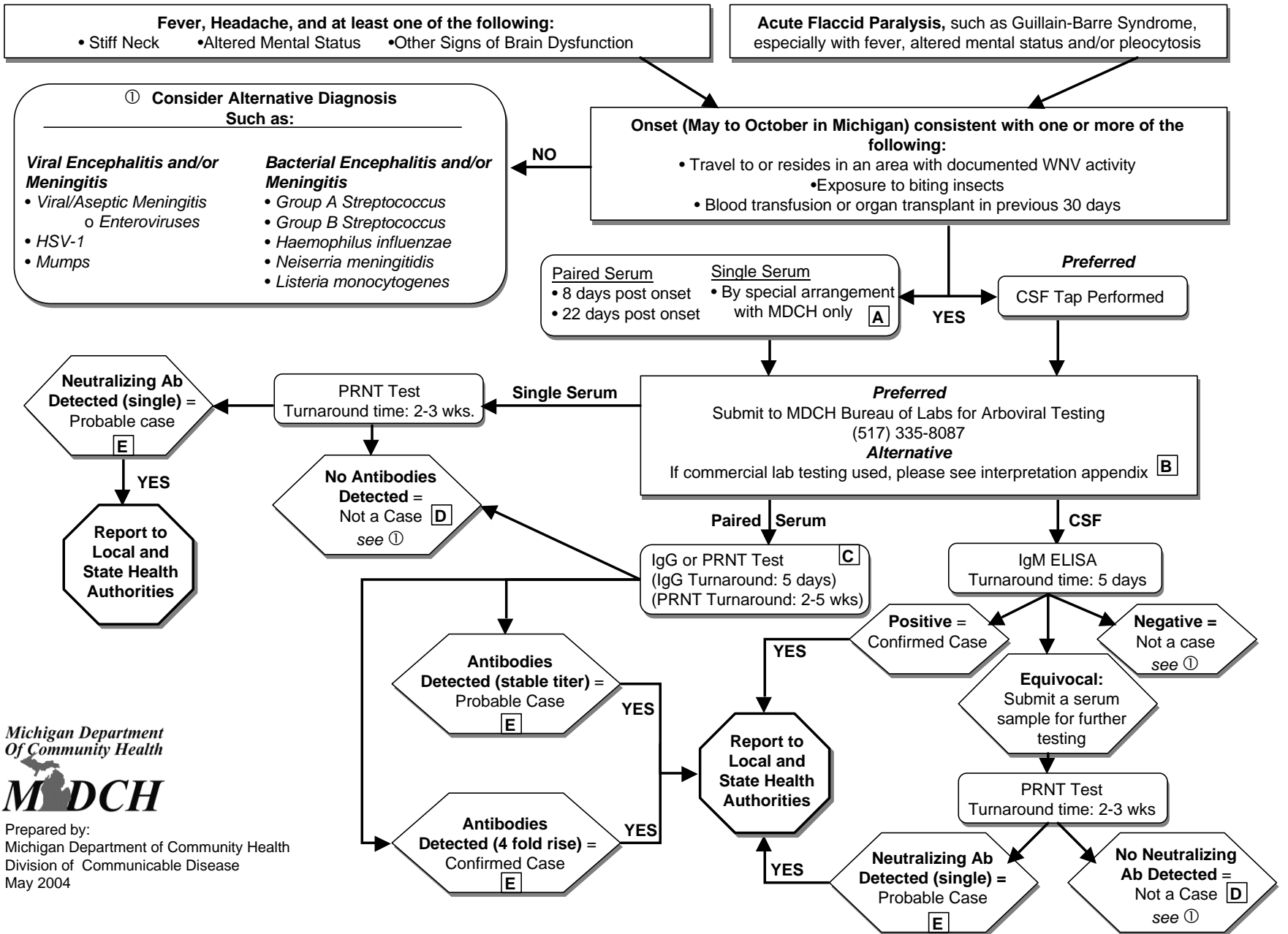
* Consult your health professional to determine your level of risk for infection and your need for this vaccine.

† If you need both hepatitis A and B vaccines, a combination product is available which is given on a 3-dose schedule. Consult your health professional.

Do you travel outside the United States? If so, you may need additional vaccines, as well as hepatitis A. The Centers for Disease Control and Prevention (CDC) operates an international traveler's immunization hot line. Call (877) 394-8747 or visit CDC's website at www.cdc.gov/travel to obtain information about required and/or recommended shots for your destination. You may also consult a travel clinic or your physician.

Influenza vaccination. Medical indications: chronic disorders of the cardiovascular or pulmonary systems including asthma; chronic metabolic diseases including diabetes mellitus, renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus (HIV) requiring medical follow-up or hospitalization during the preceding year; women who will be in the second or third trimester of pregnancy during the influenza season. Occupational indications: health-care workers (HCWs). Other indications: residents of nursing homes and other long-term-care facilities; persons likely to transmit influenza to persons at high risk (e.g., in-home caregivers to persons with medical indications; household contacts and out-of-home caregivers for children aged <23 months, or children with asthma or other indicator conditions for influenza vaccination; household members and caregivers for elderly and adults with high-risk conditions); and any one who wishes to be vaccinated. For healthy persons aged 5-49 years without high-risk conditions, either the inactivated vaccine or the intranasally administered influenza vaccine (FluMist[™]) may be administered (2,3).

PROTOCOL FOR TESTING, CONFIRMATION, AND REPORTING OF WEST NILE VIRUS IN HUMANS



APPENDIX

A

- Patient presents with neurologic symptoms consistent with WNV **AND** CSF tap failed or not performed
- Death of Patient

B

- Commercially tested specimens must be confirmed at MDCH Bureau of Laboratories.
 - Commercial testing is often new and may not be standardized or meet CDC case definition.
 - Commercial testing may not be specific for WNV amongst other flaviviruses.
 - Presence of IgM antibodies in a single serum sample will not confirm a recent infection, because IgM antibodies can persist in serum for up to 500 days post-onset.

C

- For paired specimens initial testing is performed by IgG ELISA on convalescent specimen.
 - Antibodies Present – IgG ELISA is performed on acute specimen
 - Turnaround time for the paired specimens is 10 days
- If cross reaction between the different arboviruses is present, then PRNT is required.
 - PRNT testing turnaround is 2-5 weeks

D

- “Interpretation of Results”
 - No serologic Evidence of Infection with the Arbovirus listed

E

- Single or Stable Titer “Interpretation of Results”
 - Because there is not a four-fold increase in neutralizing antibody titer, results can not be used to distinguish between a current and past infection with the Arbovirus listed.
 - If patient has clinically compatible illness, report to public health as a “**probable case.**”
- Four Fold or Greater Rise in Antibody Titer “Interpretation of Results”
 - Results indicate a four-fold or greater rise in detectable neutralizing antibody titer which is consistent with a current or recent infection with the Arbovirus listed.
 - Report to public health as a “**confirmed case.**”

July-04

VanBuren-Cass District Health Department

Cass County

Date: August 18, 2004

Presented to: Appointed Members, Board of Health

By: Suzanne Bailey, RN, BSN, Director of Nursing

Disease or Condition	2004 Cass County												Year To Date		Yearly Totals			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2004	2003	2003	2002	2001	2000
Amebiasis													0	0	0	0	0	1
Animal Bites		1	1	3	1	2	1						9	3	3	4	7	4
Brucellosis													0	0	0	0	0	0
Camphylobacter	1												1	3	3	1	3	3
Chickenpox	1	10	5	3	1	1							21	15	44	15	22	37
Coccidioidomycosis													0	0	0	0	0	0
Cryptococcosis													0	0	0	0	1	1
Cryptosporidiosis				1			1						2	0	0	0	0	0
Encephalitis Primary													0	0	0	0	0	0
Escherichia coli 0157:H7													0	1	1	0	0	3
Giardiasis				1									1	3	3	5	2	4
Gullain-Barre Syndrome													0	0	0	0	0	0
Haemophilus infleunzae													0	0	0	3	1	0
Hepatitis A													0	0	0	0	0	0
Hepatitis B	2	1	1										4	3	4	0	0	0
Hepatitis C acute			1			1							2	1	2	0	1	0
Hepatitis C chronic	5	1	1		1	3	1						12	11	18	12	2	0
Hepatitis non A non B													0	0	1	0	0	0
Histoplasmosis													0	1	1	0	1	0
Influenza	187	166	183	104	67	6							713	1189	2130	1537	1580	2524
Kawasaki													0	0	0	1	0	0
Lyme Disease			1				1						2	0	0	0	0	0
Malaria													0	0	0	0	0	0
Meningitis (Aseptic)					1								1	1	3	8	10	1
Meningitis (Bacterial)													0	1	1	0	1	0
Meningococcal Disease													0	0	0	0	1	0
Mumps													0	0	0	0	0	0
Pertussis													0	0	0	0	1	1
Rabies Animal													0	2	2	0	0	0
Rocky Mt. Spot													0	0	0	0	0	1
Rubella													0	0	0	0	0	0
Rubeola													0	0	0	0	0	0
Salmonellosis		1	1										2	4	7	1	5	3
Shigellosis													0	0	0	1	1	0
Staphylococcus Aureus Inf.							1						1	0	1	0	0	0
Streptococcal Dis, Inv, Grp A		1		1									2	3	4	0	0	0
Tetanus													0	0	0	0	0	0
Toxic Shock Syndrome													0	0	0	0	0	0
Tuberculosis													0	0	0	0	0	0
Yersinia													0	0	0	0	0	0

July-04

VanBuren-Cass District Health Department

VanBuren County

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Disease or Condition	2004 VanBuren County												Year To Date		Yearly Totals			
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2004	2003	2003	2002	2001	2000
Amebiasis													0	1	3	2	1	0
Animal Bites	8		11	11	27	11	28						96	73	85	120	166	102
Brucellosis													0	0	0	0	1	0
Camphylobacter	1		2			2	5						10	8	14	10	11	6
Chickenpox		2	2	29	12								45	13	24	48	151	60
Cryptococcosis													0	0	0	0	1	0
Cryptosporidiosis													0	0	0	0	1	7
Encephalitis Primary													0	0	0	0	0	0
Escherichia coli 0157:H7							1						1	0	2	0	1	3
Giardiasis	1					1	2						4	2	5	9	9	9
Gullain-Barre Syndrome													0	3	0	0	0	0
Haemophilus infleunzae													0	0	0	0	0	0
Hepatitis A													0	0	0	4	1	1
Hepatitis B		1	1		1								3	0	0	5	1	2
Hepatitis C acute													0	0	1	0	5	3
Hepatitis C chronic	4	4	7	2	1	3	5						26	30	51	51	31	0
Hepatitis non A non B													0	0	0	0	0	0
Histoplasmosis													0	1	1	2	1	0
Influenza	781	424	379	345	352	77							2358	2169	3314	3432	1128	1786
Kawasaki													0	0	0	0	0	0
Listeriasis						1							1	1	0	0	0	0
Lyme Disease													0	0	1	0	0	2
Malaria													0	0	0	0	0	0
Meningitis (Aseptic)		1		2	2	1	4						10	0	3	8	23	4
Meningitis (Bacterial)													0	0	0	2	2	3
Meningococcal Disease	1												1	0	0	0	0	1
Mumps													0	0	0	0	0	0
Pertussis						2							2	0	0	0	0	0
Rabies Animal													0	0	0	0	0	1
Rocky Mt. Spot													0	0	1	0	1	0
Rubella													0	0	0	0	0	0
Rubeola													0	5	0	0	0	0
Salmonellosis							2						2	1	10	12	8	7
Shigellosis					1	2							3	4	1	8	8	1
Staphylococcus Aureus Inf.		1											1	3	6	0	2	0
Streptococcal Dis, Inv, Grp A													0	0	3	0	1	1
Tetanus													0	0	0	0	0	0
Toxic Shock Syndrome													0	0	0	0	1	1
Tuberculosis	1		1		1		1						4	0	2	2	2	1
Yersinia													0	0	0	0	0	1