

AT YOUR SERVICE

NEWS FROM VAN BUREN/CASS DISTRICT HEALTH DEPARTMENT

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Smoke Free One Year Later

On May 1, 2010 the State of Michigan was the 38th state to go Smoke Free. County residents are now able to enjoy smoke free worksites, public places, bars and restaurants. Implementation of the law was a very smooth transition due in part to the efforts of the Van Buren/Cass County: Smoke Free Coordinator, Substance Abuse Task Force and Tobacco-Use Subcommittees and Food Inspection Services of the Environmental Health Division. This was accomplished by providing numerous community education opportunities through flyers, questionnaires, public forms and media posts on our website; www.vbcassdhd.org.

Local Smoke-Free Study

Thirteen Michigan counties studied non-smoking bar employees. Conducted four to six weeks before and six to ten weeks after the smoke-free law, the study shows how the level of secondhand smoke exposure decreased significantly among bar employees after the law went into effect. Serum cotinine and urine chemicals that indicate secondhand smoke exposure were dramatically decreased (serum cotinine 35.2 nanograms per liter to 0.0 nanograms per liter). Bar employees also reported improvement in general health status and respiratory health, including wheezing, allergy symptoms, and coughing, after the law took effect. The law is clearly doing as intended: Decreasing Second Hand Smoke!

Asthma Reduction

Smoke-free laws are clearly shown to reduce hospital admissions for asthma. See the excellent review:

Mackay D, et al. *N. Engl J Med.* 2010;363(12):1139-1145 (November 2010)

Clinical Breast Exams

Title X Family Planning Guidelines at the Health Department recently changed to:

- For average-risk asymptomatic women, clinical breast exams (CBE) can be initiated starting at age 21 and performed at least every three years through age 39. The exam should include client education in breast self awareness for the purpose of gaining familiarity with her breast composition.
- Asymptomatic women aged 40 and over must receive a CBE annually including information about screening mammography recommendations.

New Sports Physical Form

The Michigan High School Athletic Association adopted a new pre-participation form which is now available from the MHSAA web site at www.mhsaa.com, or from individual schools. The key change is an updated history (long overdue) with highlights including cardiovascular history of the patient and their family, and orthopedic history. With the recent highly publicized tragic sudden death of a Southwest Michigan basketball player, the cardiovascular history update is certainly timely and necessary. Unfortunately, the traditional April 15 date for participation has not changed, which puts families and providers in the awkward position of potentially requiring two physicals in the same calendar year (which insurance companies generally will not pay for). Work continues on moving this date to January 1st or annual from the date of the physical.

Car Seats

The American Academy of Pediatrics this April revised its car seat policy. Parents should keep their toddlers in rear-facing car seats until age 2, or until they reach the maximum height and weight for their seat. In addition, children need to ride in a belt-positioning booster seat until they have reached 4 feet 9 inches tall and are between 8 and 12 years of age.

Late Mother's Day News

Was Mom right and our university medical center professors wrong? Vapor rub really works. See article: Paul IM, et al. *Pediatrics* 2010; 126 (4) - 721—726

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Moms and Tdap

Women should ideally receive Tdap vaccine before becoming pregnant. Pregnant women who were not vaccinated previously with Tdap should receive Tdap in the immediate post-partum period before discharge from the hospital or birthing center. Although pregnancy is not a contraindication for receiving Tdap vaccine, health care providers should weigh the risks and benefits before choosing to administer Tdap vaccine to a pregnant woman including the possibility of increased risk of contracting pertussis during a community outbreak. Tdap can now be administered regardless of the interval since the last Td vaccine was given.

Tdap vaccine is not just for mothers. Tdap is for all family members and caregivers of the infant, including fathers, grandparents, siblings, babysitters, and health care personnel. Protect vulnerable infants by vaccinating the women in your care, and ensure your office has a policy for vaccinating health care personnel against serious diseases such as pertussis.

Tdap Yet?

Sadly, State Medical Director, Dr. Greg Holzman (a good personal friend and excellent advocate for partnership of public health and clinical practice) is leaving Michigan after 5 years to take a post with the Centers for Disease Control and Prevention (CDC). One of the issues he championed was pertussis immunization by Health Care Providers (HCP). The following information on pertussis was recently included in a correspondence to hospital CEO's.

Pertussis (whooping cough) can be a life-threatening infection in infants, and unfortunately, Michigan had seen a significant rise in pertussis cases in recent years. This increase was first observed in Michigan during the second half of 2008 and continued

throughout 2009 (902 cases) and 2010 (1,564 cases). The Michigan Department of Community Health urges you to make sure your employees without medical contraindications are vaccinated against pertussis.

- HCP of all ages should receive a single dose of Tdap vaccine as soon as is feasible if they have not previously received it, regardless of the time since the last tetanus-diphtheria (Td) vaccine dose.
- After receiving Tdap, HCP should receive routine booster shots against tetanus and diphtheria as recommended by existing guidelines.
- Hospitals and outpatient clinics should provide Tdap for HCP and take steps to maximize coverage through education, convenient access, and decreasing financial barriers.

Additional reasons to examine your organization's pertussis vaccination policy include:

- Vaccination is the most effective way to prevent Pertussis and its complications.
- Secondary attack rates for Pertussis are around 70-80% among susceptible household contacts, such as unimmunized or incompletely immunized infants.
- Unvaccinated HCP are at greater risk of acquiring pertussis than the general adult population, and can spread the disease to other HCP and patients.
- Transmission of pertussis in health care facilities can be disruptive and costly. Prevention is cost-beneficial. Despite these facts, in 2008 it was estimated that only 16% of HCP were vaccinated with Tdap.