

# AT YOUR SERVICE

NEWS FROM THE VAN BUREN/CASS DISTRICT HEALTH DEPARTMENT

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Dear Colleagues:

Our community faces the following challenges as we approach our influenza season:

1. A new virus that appears to have a "predilection for young people in congregate settings".
2. The possibility of Novel H1N1 causing severe illness and/or having a high attack rate.
3. An additional flu vaccine this year, with the likelihood of significant public anxiety and wariness.
4. The uncertainty of the potential extremes of either public apathy to the new vaccine or public demand for immediate immunization. This will likely depend on our experience with #2 above and the media.
5. The need to balance adverse morbidity/mortality events with Novel H1N1 with a responsible public health response. Schools may be at the epicenter of this challenge.
6. A potentially early onset to the influenza season.
7. A new paradigm where some target groups are a priority for one vaccine, and not the other vaccine. A clear example of this are seniors.

At this time it appears that private providers and hospital systems will have access to the vaccine and be very important in vaccine delivery. The current federal plan includes ordering through the health department. Vaccine and necessary supplies would be distributed by McKesson in 100 dose increments. There will be no charge for this vaccine. Recipients can only be billed an administration fee. Further information will be forthcoming as it is available.

The groups recommended by the CDC to have the Novel H1N1 influenza vaccine include:

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by "cocooning" them from the virus.
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce health care system capacity;
- **All people from 6 months through 24 years of age**
  - Children from 6 months through 18 years of age because we have seen many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increase the likelihood of disease spread, and
  - Young adults 19 through 24 years of age because we have seen many cases of novel H1N1 influenza in these healthy young adults and they often live, work and study in close proximity, and they are a frequently mobile population: and
- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

Most likely seasonal and Novel H1N1 Influenza viruses will sooner or later be upon us. Please find the enclosed guidelines for clinicians on influenza testing from the Michigan Department of Community Health.

Useful information can be found at [www.michigan.gov/flu](http://www.michigan.gov/flu); [www.flu.gov](http://www.flu.gov) and [www.vbcassdhd.org](http://www.vbcassdhd.org).

Please also see current epidemiological information of other communicable diseases affecting our county.

The health department will be working with you, schools and other community groups to meet the challenges.

Thanks, in advance, for your help.

Sincerely,

Frederick "Rick" Johansen, MD MPH

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**Van Buren-Cass Counties: Selected Reportable Diseases 2004-08**

**Enteric Diseases**

	# of Cases (Year End Totals)				
	2004	2005	2006	2007	2008
<b>Campylobacter</b>	12	9	10	15	11
<b>Cryptosporidiosis</b>	2	1	2	0	0
<b>Escherichia coli 0157:H7</b>	1	1	0	0	0
<b>Giardiasis</b>	11	12	4	2	8
<b>Salmonellosis</b>	15	8	12	19	8
<b>Shigellosis</b>	4	2	2	4	3

**Hepatitis**

	# of Cases (Year End Totals)				
	2004	2005	2006	2007	2008
<b>Hepatitis A</b>	0	2	0	0	2
<b>Hepatitis B, acute</b>	0	0	1	1	2
<b>Hepatitis B, chronic</b>	1	6	10	3	7
<b>Hepatitis C, acute</b>	1	2	0	1	1
<b>Hepatitis C, chronic</b>	50	69	65	69	63

**STDs**

	# of Cases (Year End Totals)				
	2004	2005	2006	2007	2008
<b>Chlamydia</b>	277	280	260	273	305
<b>Gonorrhea</b>	29	57	46	66	71

**Vaccine Preventable Diseases**

	# of Cases (Year End Totals)				
	2004	2005	2006	2007	2008
<b>Chickenpox</b>	63	48	80	62	10
<b>Pertussis</b>	4	1	13	4	3

**Vector Borne Diseases**

	# of Cases (Year End Totals)				
	2004	2005	2006	2007	2008
<b>Lyme Disease</b>	0	2	1	0	1
<b>Malaria</b>	0	1	0	0	0
<b>West Nile Virus</b>	0	1	0	1	0

**Other Diseases: Meningitis/Tuberculosis**

	# of Cases (Year End Totals)				
	2004	2005	2006	2007	2008
<b>Aseptic Meningitis</b>	14	10	6	10	13
<b>Bacterial Meningitis, Other</b>	0	0	2	13	5
<b>Meningococcal Disease</b>	1	0	1	0	0
<b>Tuberculosis</b>	4	0	3	1	4

## MDCH 2009–2010 Guidelines for Clinicians on Influenza Testing

Michigan Department of Community Health

August 14, 2009

**Intended audience:** Physicians, infection control providers, laboratorians, local health departments

**Purpose:** To communicate to clinicians the MDCH Bureau of Laboratories (BOL) 2009–2010 guidelines on pandemic (formerly known as swine or novel) influenza A H1N1 testing for targeted groups

### **1. Case Investigation Influenza Testing at MDCH BOL**

Due to capacity limitations, MDCH BOL will not be conducting influenza testing (RT-PCR) for every suspect pandemic H1N1 case within Michigan. Similar to traditional influenza seasons, influenza testing at BOL during 2009–2010 will focus on outbreak investigations and public health-directed case investigations (see next paragraph). Testing of these groups provides information on the severity of circulating influenza viruses and vaccine efficacy. Test results are expected to take 1–2 days once the specimen is received at BOL. Clinicians should note that test results should not be the only criteria used for determination of clinical therapy. Due to unavoidable lag time involved in transport and processing, results will not be available in the time frame needed to make therapeutic decisions.

**Case investigation influenza testing at MDCH BOL will be limited to the following groups:**

- Hospitalized patients with severe influenza-like illness (i.e., ICU patients)
- Patients with an influenza-like illness of an unusual presentation (e.g., encephalopathy, cardiac complications)
- Pregnant women with severe influenza-like illness
- Outbreaks or clusters of influenza-like illness in congregate settings (e.g., schools, camps, long-term care facilities, daycares, etc), as requested by local or state public health
- Influenza-related deaths of individuals of any age

*Note: Sentinel Network Providers will receive separate instructions on specimens to be submitted.*

### **2. Pre-Approval Process for Specimen Testing**

Depending on the volume of specimens received at BOL for influenza testing, **a pre-approval process may be instituted. Please visit [www.michigan.gov/flu](http://www.michigan.gov/flu) for the current status of any approval processes in effect.** Regardless of the approval process status, an MDCH BOL test request form must accompany each specimen. Test request forms and specimen collection guidance can be found online at [www.michigan.gov/mdchlab](http://www.michigan.gov/mdchlab) by clicking on “Test Request Forms” and “Microbiology/Virology DCH-0583” for test request forms and “Specimen Submission” for specimen collection guidance. Notification of an approval process requirement

will occur via the MIHAN, MI FluFocus listserv and on [www.michigan.gov/flu](http://www.michigan.gov/flu). Further details can be found on the accompanying testing algorithm.

Clinicians needing diagnostic testing are encouraged to use private or hospital labs offering influenza testing. The BOL is working with several Michigan clinical laboratories interested in developing pandemic flu specific PCR assays to assure their assays are sufficiently sensitive and specific to be useful in diagnostic testing.

### **3. Role of Rapid Flu Testing**

FDA-approved rapid diagnostic tests for influenza are increasingly available to clinicians. The results obtained from such tests should be used with caution. A recent report issued by the CDC (MMWR 58(30):826–829, 2009) confirms earlier reports that these devices have a wide range of test sensitivities (40–83%) for detecting either the seasonal or novel influenza A subtypes when compared with PCR or viral culture. Therefore, a negative test result by itself does not rule out influenza infection. A positive rapid test result coupled with appropriate clinical signs and symptoms and knowledge of currently circulating influenza strains may be useful for making clinical diagnosis.

### **4. Influenza Surveillance Testing**

Since this influenza pandemic began in April 2009, the virus has spread throughout all areas of the state of Michigan, as demonstrated by influenza surveillance methods. Therefore, the focus of MDCH surveillance for this virus has shifted from individual case confirmations to surveillance for overall influenza activity. MDCH has preexisting sentinel healthcare provider and laboratory networks that provide both epidemiologic and laboratory data on influenza virus circulation in Michigan.

### **5. Reporting of Cases**

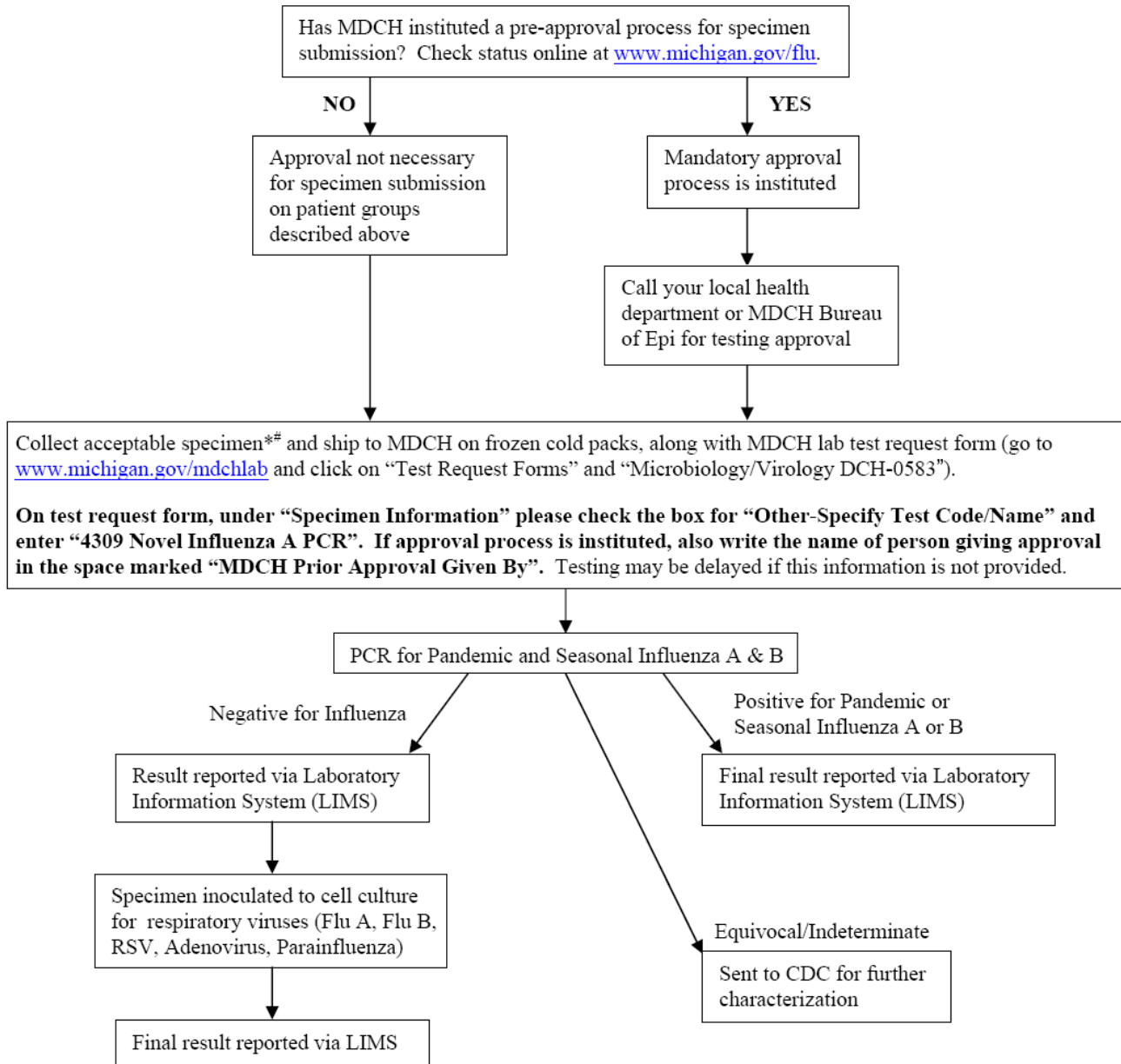
At this time, aggregate counts of influenza, influenza outbreaks in congregate settings, and individual case reports for severely ill persons or fatal cases of influenza (as listed in Section 1 above) are reportable to your local health department. **Influenza reporting may change in the future depending on the epidemiology of the virus; please refer to your local health department for current influenza reporting requirements.** Local health directories can be found online at <http://www.malph.org/page.cfm/18/>.

Any questions regarding this guidance or influenza activity can be directed to the MDCH Division of Communicable Disease at 517-335-8165. Laboratory-specific questions can be directed to Dr. Anthony Muyombwe at the MDCH Bureau of Laboratories at 517-335-8067.

## Influenza Testing Algorithm for Cases and Outbreaks – Fall 2009 Michigan Department of Community Health

Questions regarding case and outbreak influenza testing should be directed to the MDCH Bureau of Epidemiology at 517-335-8165 during normal business hours or 517-335-9030 after hours.

MDCH influenza testing will only be conducted for public health case investigations (**ICU hospitalizations, severely ill pregnant women, patients with unusual and severe presentations, and deaths**) and for **congregate setting outbreak/cluster investigations**. See “MDCH 2009-2010 Guidelines for Clinicians on Influenza Testing,” available on the MIHAN and at [www.michigan.gov/flu](http://www.michigan.gov/flu), for more information and for reporting requirements.



\* Acceptable specimens: NP swab in viral transport medium (VTM) or saline (PBS); Nasal swab in VTM or PBS; Dual NP/OP swabs in VTM or PBS; Nasal aspirates; Viral isolates. **DO NOT SUBMIT MULTIPLE SAMPLES ON THE SAME PATIENT.**  
# Swabs used in influenza rapid diagnostic tests **cannot** be reused for MDCH testing. Consider collecting two swabs so that one may be reserved for MDCH confirmatory testing if needed. Alternatively, an aliquot of the original specimen may be submitted.

Rev. 8/14/2009. Please visit the MDCH websites at [www.michigan.gov/flu](http://www.michigan.gov/flu) and [www.michigan.gov/mdchlab](http://www.michigan.gov/mdchlab) and the MIHAN for updates.