

AT YOUR SERVICE

NEWS FROM THE VAN BUREN/CASS DISTRICT HEALTH DEPARTMENT

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Vaccine Safety

A recent award by the Vaccine Injury Compensation Program (VICP) in a child with underlying "Mitochondrial Dysfunction" has added potential confusion to the autism-vaccine debate. However, absolutely no statement was made that indicates vaccines are a cause of autism. The Compensation Board did not involve a "trial" and the reason for their ruling at this time is unknown. The parent organization Health Resources and Services Administration (HRSA) has "maintained and continues to maintain the position that vaccines do not cause autism, and has never concluded in any case that autism was caused by vaccination".

My former intern Julia McMillan, the current Director of the Johns Hopkins, Pediatric Residency Program and Editor-in-Chief of Contemporary Pediatrics, stated the following in her April 2008 Editorial:

"Our message to parents, acknowledging that they are continuing to be confronted with provocative and alarming but misleading allegations, must be straightforward and honest:

- Vaccines save lives and reduce illness better than any other health care measure available.
- The diseases vaccines prevent (meningitis, pneumonia, polio, measles, hepatitis, whooping cough, and more) have not disappeared, and continue to threaten unvaccinated children.
- Vaccines do not cause autism.

Perhaps this message is just too good for some people to believe!"

Please continue at every opportunity to support the safe and effective vaccination of children and adults!

Summer Safety Event June 20th

Join us for Kid's Safety Day, June 20th, 2008, 2pm-6pm, Bangor High School, Bangor, MI. A fun-filled day to help kids stay safe this summer. More info @ www.vbcassdhd.org.

Quarantine/Isolation/ and You: The Frontline Physician

The practices of quarantine and isolation have long been used to curtail the spread of communicable diseases. Although patients generally participate voluntarily, public health authorities can mandate isolation. However, restrictions upon patient autonomy and invasions of privacy should occur only when the public health risk has been assessed with valid scientific methods. Physicians should maintain expertise in the recognition of communicable diseases and assessment of their risks, and should collaborate with public health authorities to help ensure that public health interventions respect patient autonomy and privacy to the greatest extent possible. Ultimately, it remains the obligation of individual physicians to balance their public obligations with their professional roles as patient advocates and providers of medical care. Quarantine and isolation to protect the population's health potentially conflict with the individual rights of liberty and self-determination. The medical profession, in collaboration with public health colleagues, must take an active role in ensuring that those interventions are based on science and are applied according to certain ethical considerations.

Individual physicians should participate in the implementation of appropriate quarantine and isolation measures as part of their obligation to provide medical care during epidemics.

Physicians should:

- Encourage patients to voluntarily adhere to scientifically grounded quarantine and isolation measures by educating them about the nature of the threat to public health, the potential harm that it poses to the patient and others, and the personal and public benefits to be derived from quarantine or isolation. If the patient fails to comply voluntarily with such measures, the physician should support mandatory quarantine and isolation for the noncompliant patient.

- Comply with mandatory reporting requirements and inform patients of such reports.
- Minimize the risk of transmitting infectious diseases from physician to patient and ensure that they remain available to provide necessary medical services by using appropriate protective and preventive measures, seeking medical evaluation and treatment if they suspect themselves to be infected, and adhering to mandated public health measures.

Frontline physicians have an increased ethical obligation to avail themselves of safe and effective protective and preventive measures (i.e., influenza vaccine).

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Van Buren/Cass Disease Reports

Group	Disease	2007
Food borne	Campylobacter	15
	Cryptosporidiosis	0
	Giardiasis	3
	Salmonellosis	18
	Shigellosis	3
	Subtotal	39
Meningitis	Meningitis - Aseptic	10
	Meningitis - Bacterial Other	5
	Streptococcus pneumoniae, Inv	13
	Subtotal	28
Other	Encephalitis, Post Other	2
	Flu Like Disease	2007
	Histoplasmosis	3
	Influenza	11
	Kawasaki	1
	Legionellosis	0
	Psittacosis	0
	Streptococcal Dis, Inv, Grp A	18
	Trachoma	0
	Unusual Outbreak or Occurrence	0
	Subtotal	2042
Rabies	Rabies Animal	0
	Subtotal	0
STD	Chlamydia (Genital)	312
	Gonorrhea	67
	Subtotal	379
VPD	Chickenpox (Varicella)	68
	H. influenzae Disease - Inv.	0
	Mumps	0
	Pertussis	4
	Subtotal	72
Vectorborne	Dengue Fever	0
	Lyme Disease	2
	Malaria	0
	West Nile Virus	0
	Subtotal	2
Viral Hepatitis	Hepatitis A	0
	Hepatitis B, Acute	2
	Hepatitis B, Chronic	0
	Hepatitis C, Acute	4
	Hepatitis C, Chronic	70
	Subtotal	76

MDSS is a web-based communicable disease reporting mechanism. It is used by local health departments throughout Michigan to monitor present and historical communicable disease trends. One of the main features of MDSS is its ability to track disease cases, either individually or in aggregate, over various time periods.

Flu season this year was notably longer and more severe than it had been in past years. The number of chickenpox/varicella cases have also increased. Many school-aged children are not receiving the complete two dose immunization course.

STDs, most importantly Chlamydia and gonorrhea, continue to be important public health problems in Van Buren and Cass Counties.

Seasonality, plays an important role in when and how many disease cases are seen throughout the year. For example, the season for vectorborne disease has not arrived; it is difficult therefore to use present numbers to predict summer or fall months.

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