

AT YOUR SERVICE

NEWS FROM THE VAN BUREN/CASS DISTRICT HEALTH DEPARTMENT

Volume 19, Issue 2

November 2017

Vaccine Preventable Disease Quiz

1. The number one month when flu peaks in Michigan.
2. In the last 40 years how many times have we had epidemic flu prior to Christmas?
3. Flu vaccine reduces risk of death in vulnerable children by more than ___%.
4. The risk of death from flu is decreased in healthy children by ___% if they receive the flu vaccine.
5. The quadrivalent flu vaccine B strain is Phuket. How do you carefully pronounce this often hesitantly and confusingly spoken word?
6. At what age may flu shots begin?
7. How long is it generally recommended to observe a patient following vaccine administration?
8. This year the H₁N₁ strain was switched from California to ___?
9. The number of men with HPV-Related cancer of the oropharynx in men has surpassed the number of cervical cancer in women (T or F)?
10. Risk Factors for Men developing oral HPV?
11. The two pneumococcal vaccines should not be administered at the same visit. If both indicated give which first?

On The Horizon

1. MicroPatch Immunizations such as flu with a Band-Aid. In clinical trials, the Microneedle Patch (MNP) performed well. A MNP has been developed that does not require refrigeration or sharps disposal, could be mailed to patients for self-administration and may appeal to individuals who hate shots. The patch was tested through a Phase I clinical trial, and results were recently published in the *Lancet* in a study titled, "The safety, immunogenicity, and acceptability of inactivated influenza vaccine delivered by microneedle patch (TIV-MNP 2015): a randomized, partly blinded, placebo-controlled, phase 1 trial."
2. Microparticles Time release beads of vaccine, obviating the need of boosters at 2 and 4 months, etc! A long way off!
1. February (more often than January and March combined)
2. 8
3. 50
4. 65%
5. Pocket
6. The H is thankfully silent in Thailand. However a nearby island is: Phi Phi; pronounced of course: Pee Pee
6. 6 months
7. 15 minutes
8. Michigan
9. True!
10. Oral sex with men
11. Cigarette and Marijuana use
11. PCV13 First; then PPSV23 (interval based on age and risk factor)

Clinical Lyme

Lyme Disease has been reportable in Michigan since 1988. A > 5cm erythema migrans rash and a Plausible tick exposure is sufficient for a clinical diagnosis; early initiation of treatment is appropriate. Please call the Health Department with this reportable disease.

Thank you for your cooperation!

How to Reach Us:

Van Buren County main office

Hartford: Phone: (269) 621-3143
Fax: (269) 621-2725

Cass County main office

Dowagiac: Phone: (269) 782-0064
Fax Nrsg (269) 782-012
Fax EH (269) 782-00020

Medical Director:

(269) 621-3143 ext 1318

Health Officer:

(269) 621-3143, ext 1337

Public Health Nursing:

(269) 621-3143, ext 1392

Health Promotions:

(269) 621-3143, ext 1314

Environmental Health:

(269) 621-3143 ext 1315

Emergency Management:

(269) 621-3143 ext 1382

Answers

HEPATITIS A INFECTION VIGILANCE

Currently Southeastern Michigan is experiencing a very significant outbreak of Hepatitis A infection. Since August 2016 there have been more than 450 diagnosed cases. We are not in the affected area at this time. There is currently a national Hepatitis A vaccine shortage.

Focused efforts for vaccinating high risk individuals in the outbreak affected areas include:

- * Men who have sex with men (MSM)
- * Persons with a history of substance abuse
- * Persons currently homeless or in transient living
- * Correctional facility inmates
- * Persons with underlying liver disease
- * Healthcare workers
- * Food handlers

What can you do:

1. Be vigilant in diagnosing Hepatitis A. Maintain a high index of suspicion in high risk individuals with fever, nausea, vomiting, abdominal pain, jaundice, dark urine, diarrhea and pale stools.
2. Order liver function tests and acute viral hepatology panel when appropriate.
3. Report suspected cases promptly to the Health Department within 12 hours of case identification.
4. Promote Hepatitis A vaccination in the high risk groups. Refer to local health department IMMS Program if high risk individual is uninsured or underinsured for utilization of adult vaccine program for those that qualify.
5. Due to a temporary shortage in Hepatitis A vaccine for adults, postpone routine administration of the second dose of Adult Hepatitis A vaccine unless individuals require the second dose to address high risk conditions, including travel to a Hepatitis and endemic country.
6. Pediatric Hepatitis A vaccine should be administered routinely since there are no limitations on the availability of this vaccine to persons 18 years and younger.
7. For latest information go to www.mi.gov/hepatitisAoutbreak