

# THE TUSCOLA TRACKER

Tuscola County Health Department

April, May, June 2008

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## MDCH Continues to Be National Preparedness Leader

The Michigan Department of Community Health (MDCH) continues to be a national leader in public health emergency preparedness, according to the Public Health Emergency Preparedness report released by the Centers for Disease Control and Prevention (CDC).

Michigan scored top marks on the CDC report in the areas of detection and reporting of diseases, laboratory preparedness, and response capabilities. MDCH recently created the Drug Delivery and Resource Utilization Network (MEDDRUN) to bridge the gap between available medical resources through caches of medications pre-deployed around the state. In addition to receiving special recognition in the CDC report, MEDDRUN also received second place from the ASH Institute for Democratic Governance and Innovation at Harvard University's John F. Kennedy School of Government in a national competition for innovative homeland security based programs.

Since the reporting period (August 2005 to August 2006), MDCH has continued to make significant enhancements to state and local public health readiness programs that distribute medicines, promote effective and efficient coordination of response activities among response partners, and assure the provision of essential public health and health care services to the public in the event of a public health emergency.

In 2007, the CDC evaluated Michigan's readiness to deploy the Strategic National Stockpile (SNS), which is a large quantity of medicine and medical supplies to protect the American public if there is a public health emergency (terrorist attack, flu outbreak, earthquake) severe enough to cause local supplies to run out. The CDC awarded Michigan one of the highest marks in the nation with a score of 95 percent for their SNS preparedness initiatives.

MDCH and the Michigan Department of Education (MDE) jointly developed and launched the Pandemic Influenza Toolkit for Educators. This online resource provides materials for pre-school, elementary, middle, and high schools, information on what Michigan and other states are doing to prepare, links to partners, and links to information on avian influenza. The toolkit has earned a National Best Practice Award from the Center for Infectious Disease Research and Policy. The kit is free and available online at <http://mdch.train.org/panflu/education>.

MDCH and its public health emergency response partners train and regularly conduct exercises to test emergency response plans, procedures, and personnel. Response performance is evaluated and operational procedures are enhanced in a continuous effort to maintain the highest level of state readiness. Michigan is proud of the status of health preparedness and will continue to work to plan, train, and exercise programs statewide.

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## Local Health Officials: Using Science to Protect People

Applying proven, cost-effective methods, health professionals in local health departments prevent disease and avoid unnecessary medical expenditures. This fact sheet provides illustrative examples of how local public health protects the community. The examples are not exhaustive, nor does every local health department engage in each activity.

**They guard and protest against threats:** Investigating disease outbreaks spread through the city's water supply, hotels, homes and businesses. Inspecting restaurants for safety and cleanliness. Screening pregnant women and children for costly, treatable and preventable diseases. Responding swiftly to health threats from natural disasters and terrorist attacks. Managing protection against West Nile virus, SARS, pandemic flu and Lyme disease.

**They provide leadership:** Defending against emerging infections. Assuring that scarce flu vaccines reach people most at risk. Promoting health and disease prevention strategies. Advocating for better health through public policy. Empowering peo-

ple and providing necessary preventive care.

**They improve health and safety:** Responding first when outbreaks occur. Preventing substance abuse. Examining wild animals for disease. Working with Mosquito Abatement and animal control officers to control mosquitoes, rats and other disease-carrying threats. Checking seniors' blood pressure. Enforcing health and safety regulations. Providing life-saving vaccines to children.

**They share their knowledge:** Teaching people about nutrition and exercise. Cooperating with physicians, emergency personnel and hospitals. Training new professionals. Evaluating programs. Educating communities to help prevent diseases like HIV.

Our local health departments are as necessary as police, firefighters and medical personnel to respond to emergencies and protect community health and safety. They're an essential and cost-effective public investment.

## A Remedy for Residential Drug Disposal

Managing unused medications is a safety as well as an environmental concern. Traditionally, we were told to flush unwanted medications down the drain or toilet rather than keeping them around so they would not be misused by the patient for the wrong symptoms or by someone else who was not prescribed the medication and who might use the drugs recreationally. Although effective in removing the medication from potentially being misused, flushing creates a new and growing problem in the environment. Antibiotics and other medications in a septic system can destroy beneficial bacteria necessary for the system to operate. Wastewater treatment plants are not designed to remove or process many compounds found in medications that end up being discharged into our surface and ground water. A study by the United States Geological Survey done in 1999 showed that 80% of the streams sampled contained detectable levels of compounds found in common medications. National attention is growing to develop more appropriate methods of safely disposing of unwanted medications.

NOTE: Information in this fact sheet does not apply to

medications generated as waste from Michigan businesses, hospitals, clinics, medical offices, etc. These facilities should see the *Universal Waste* guidance at [www.deq.state.mi.us/documents/deq-ead-tas-univwaste.pdf](http://www.deq.state.mi.us/documents/deq-ead-tas-univwaste.pdf).

### What should citizens do with unwanted medications?

Take your medications per the instructions of your doctor or pharmacist. If you do end up with unused medication:

- **Check with your pharmacy to see if they have a drug take-back program.** Some pharmacies are beginning to accept medications back from the public as a community service. Controlled substances (which are often prescription pain killers) can only be accepted under special collection arrangements due to federal Drug Enforcement Agency regulations. Your pharmacy can help identify controlled substances, or see

(continued)

## Drug Disposal (continued from page 2)

the controlled substances schedules and “drugs and chemicals of concern” at [www.dea/diversion.usdoj.gov](http://www.dea/diversion.usdoj.gov).

- **Find out if there is a special collection for unused and expired drugs in your area** by contacting your local household hazardous waste collection or recycling coordinator. A list of local contacts is at [www.michigan.gov/deq/reswastecontacts](http://www.michigan.gov/deq/reswastecontacts). Controlled substances can only be accepted under special collection arrangements due to federal regulations. Keep medications secure from misuse when storing for an upcoming collection. Commonly collected products include:

Prescription and over-the-counter medication including cold medicines

Medication samples

Vitamins

Medicated ointments and lotions

Inhalers

Veterinary medications

- **For sharps disposal**, see the *The Point is..Needles Hurt* brochure and the list of needle and other sharps collection programs at [www.michigan.gov/deq/medwaste](http://www.michigan.gov/deq/medwaste).
- **Dispose of unwanted medicines in the trash if a collection program is not available—DO NOT FLUSH DRUGS DOWN SINK DRAINS OR TOILET.**

Chemotherapy drugs may require special handling. Work with your healthcare provider for proper disposal options for this type of medication.

Keep other pharmaceuticals in their original container since the labels may contain safety information, the container is chemically compatible, and the caps are typically water tight and child-proof.

Scratch out, cover with tape, or use permanent marker to make personal information unreadable.

To reduce the opportunity for misuse, prepare the drugs for disposal:

**For solid medications, such as pills or capsules:** add a small amount of water to at least partially dissolve them. Seal the container with duct or other opaque tape.

**For liquid medications:** add enough table salt, flour, charcoal, or nontoxic powdered

spice, such as turmeric or mustard to make a pungent, unsightly mixture that discourages anyone from eating it. Seal the container with duct or other opaque tape to prevent leaks and breakage.

**For blister packs:** wrap the blister packages containing pills in multiple layers of duct or other opaque tape.

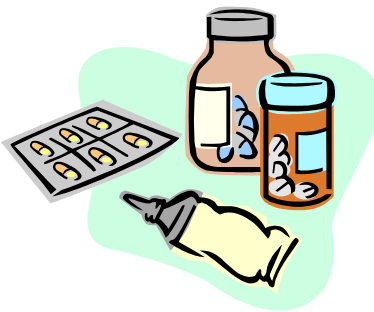
**Unused ampules, vials, and IV bags** should not be opened (other than to scratch out the patient’s name). Wrap the item with duct or other opaque tape to minimize breakage, and then place in an opaque plastic container (such as an empty yogurt or margarine tub).

Double bag the contained drugs in a closable plastic bag, or put in another container with the lid taped closed, and put it in the trash. This helps prevent immediate identification that the package contains drugs and helps contain any leaks if the container breaks during the disposal process, e.g., when plastic garbage bags tear, the trash can tips over, etc. Avoid putting drugs into any material or food that might be attractive to pets or wildlife.

### Interested in finding out more information about drug use and disposal issues?

- USGS Toxic Substances Hydrology Program: [http://toxics.usgs.gov/highlights/pharmaceuticals\\_method.html](http://toxics.usgs.gov/highlights/pharmaceuticals_method.html).
- EPA Pharmaceuticals and Personal Care Products as Pollutants: [www.epa.gov/ppcp](http://www.epa.gov/ppcp)
- Washtenaw County 4 minute video [Safe Disposal of Medications](#)
- Michigan Antibiotic Resistance Reduction: [www.mi-marr.org](http://www.mi-marr.org)
- List of pharmaceuticals and other products that contain mercury: [www.deq.state.mi.us/documents/deq-ead-p2-mercury-mercusetree.pdf](http://www.deq.state.mi.us/documents/deq-ead-p2-mercury-mercusetree.pdf)

Source: Environmental Science and Services and Waste and Hazardous Materials Divisions



## HEALTH DEPARTMENT INFORMATION

<b>School Reports</b>				<b>Immunization Update:</b>	
<b>April, May, June, 2008</b>					
Bronchitis	1	Chickenpox	5	During January, February, and March, 2008, 695 children received 1891 vaccinations at the health department.	
Fifth Disease	2	Flu	459		
Head Lice	70	Impetigo	1		
MRSA	1	Pink Eye	39		
Pneumonia	1	Ringworm	2		
Scabies	2	Strep throat	72		
Please note: Diagnosis is not always made by a health care professional.					
<b>www.tchd.us</b> for the latest information on our programs, hours, clinic schedules, etc.					

## TUSCOLA COUNTY HEALTH DEPARTMENT

1309 Cleaver Road, Suite B  
Caro, MI 48723

**Phone: 989-673-8114**  
**Fax: 989-673-7490**

The Tuscola Tracker is a quarterly newsletter providing local health department reports and information about communicable diseases and community health issues. Our resources include publications by the Centers for Disease Control and Prevention (CDC), such as the Morbidity and Mortality Weekly Report (MMWR) and other sources. If you'd like more information, or have questions regarding the above topics or other public health issues, please contact Ann Hepler at 989-673-8114, ext. 117.

# **Pandemic Planning Update VII**

**February 29, 2008**

## **Michigan Department of Community Health**

**Janet Olszewski**  
Director and Health Officer

**Jean Chabut**  
Deputy Director  
Public Health



# A Message from Michigan Department of Community Health

Dr. Corrine Miller, State Epidemiologist

Dr. Eden Wells  
Pandemic Influenza Coordinator

Dr. James Averill  
Deputy Pandemic Influenza Coordinator

The World Health Organization pandemic influenza alert phase remains at a 3: *No or very limited human-to-human transmission*. There are no new clusters of human cases. The threat from avian influenza A (H5N1) of becoming a pandemic influenza is possible as the virus continues to circulate internationally in poultry, wild birds and humans.

<b>Inter – pandemic phase</b> New virus in animals, no human cases	Low risk of human cases	1
	Higher risk of human cases	2
<b>Pandemic Alert</b> New virus causes human cases	No or very limited human-to-human transmission	3
	Evidence of increased human-to-human transmission	4
	Evidence of significant human-to-human transmission	5
<b>Pandemic</b>	Efficient and sustained human-to-human transmission	6

[http://www.who.int/csr/disease/avian\\_influenza/phase/en/index.html](http://www.who.int/csr/disease/avian_influenza/phase/en/index.html)

In the past three months, Indonesia, Vietnam, China and Egypt continued to report human cases of H5N1 avian influenza. In addition, Myanmar and Pakistan reported their first human cases of H5N1. Uncertainty remains regarding whether highly pathogenic avian influenza A (H5N1) strain will mutate into the next pandemic strain. It is also unknown when a pandemic may occur. Research continues on the virus, development of a vaccine and expediting the manufacturing of influenza vaccines.

On January 22, the World Health Organization announced an Influenza Virus Tracking System that makes available information on A(H5N1) influenza specimens and viruses shared through the Global Influenza Surveillance Network. The tracking system is available at [http://www.who.int/fluvirus\\_tracker](http://www.who.int/fluvirus_tracker).

# Monitoring and Surveillance

## Global Status

Since our last update (October 31, 2007), there have been an additional 24 human cases and 20 fatalities. As of January 31, 2008, there are 357 confirmed human cases of avian influenza H5N1 in 14 countries, with 224 deaths in 12 countries since 2003.

In December 2007, a cluster of suspected H5N1 human cases was investigated in Pakistan by WHO; this cluster was associated with culling activities surrounding an H5N1 outbreak in poultry. Only one positive case was identified, but an instance of very limited human-to-human transmission could not be completely ruled out. However, WHO concluded that there was no sustained human-to-human transmission, and that the virus did not have any mutations that would confer increased transmissibility.

Poultry outbreaks of highly pathogenic avian influenza H5N1 continue to occur with recent outbreaks in Bangladesh, Benin, China, Germany, India, Iran, Israel, Myanmar, Pakistan, Poland, Romania, Russia, Saudi Arabia, Thailand, Turkey, Ukraine, United Kingdom, and Vietnam. For up-to-date reports feel free to visit the World Organization for Animal Health ([OIE](#)) website on avian influenza.

Despite recent spikes in H5N1 avian influenza activity in humans and birds, there have been fewer bird outbreaks in fewer countries in 2007 than in 2006, according to a preliminary report from the United Nations Food and Agriculture Organization (FAO).

As of Dec 10, 30 countries had reported H5N1 cases in birds, compared with 54 in 2006, the FAO reported. This year five countries have reported their first outbreaks: Bangladesh, Benin, Ghana, Saudi Arabia, and Togo. Except for sporadic outbreaks in wild birds, most of the H5N1 cases occurred in domestic poultry, such as chickens, turkeys, geese, ducks, and quail.

The H5N1 outbreaks seemed to follow a seasonal pattern, in line with evidence that cooler temperatures are more favorable to influenza viruses. The FAO said outbreak numbers in 2007 were high between January and April, declined until September, and then started rising again in November and December.

The report is located at <http://www.fao.org/docs/eims/upload//237149/ah693e.pdf>

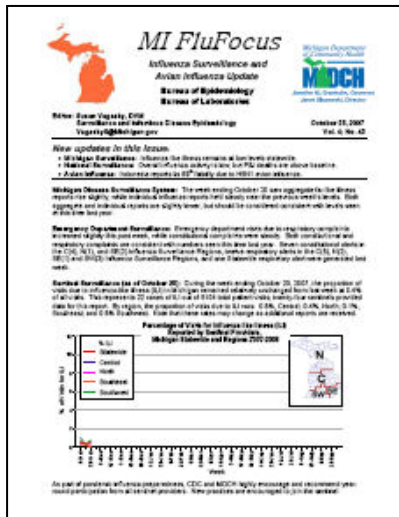
## National Status

Wild bird surveillance for the highly pathogenic avian influenza H5N1 is ongoing. Testing for the 2007 season began in April and will conclude in March 2008. As

of January 31, approximately 82,000 samples have been collected with no highly pathogenic avian influenza H5N1 cases identified. You can monitor results of the ongoing surveillance at <http://wildlifedisease.nh.gov/ai/>

Monitoring for cases of H5N1 in humans and domestic poultry are conducted by CDC and USDA/poultry industry respectively.

## Michigan Status



As part of the National Avian Influenza Surveillance effort, wild bird testing in Michigan is ongoing, with approximately 1900 samples tested this season. As part of the National Poultry Improvement Plan, commercial flocks in Michigan continue to test birds for avian influenza prior to shipment.

Human influenza surveillance is being conducted year-round by MDCH. Several tools are used to monitor influenza: Sentinel Physicians, Sentinel Laboratories, Syndromic reports and individual reports into the Michigan Disease Surveillance System (MDSS). Weekly reports on influenza are reported in MI-FluFocus and can be found at [www.michigan.gov/flu](http://www.michigan.gov/flu)

## MDCH Preparedness Activities November 2007 to January 2008 Collaboration and Planning

- MDCH, in collaboration with college and university representatives from around the state, coordinated a **College and University Pandemic Planning Webinar**, which took place on November 28. The webinar is available for viewing at <http://www.mphi.org/webcasts.aspx>
- The Michigan Pandemic Influenza Coordinating Committee (PICC), consisting of representatives from state agencies, is working on a coordinated response to a potential pandemic influenza outbreak. The group has developed the **PICC Annual Report 2006-2007** that was presented by the MDCH Director, Janet Olszewski to the Governor and cabinet members on February 5, 2008. This report contains a list of challenges and recommendations that have been identified by the subcommittees and working groups regarding pandemic influenza preparedness issues at the State level. A copy of this report has been forwarded to every Local Health Officer in the state. The PICC and its sub-committees will continue to meet in 2007-2008.

- The PICC Steering Group asked each state agency to submit **Emergency Action Guidelines** (EAGs) for pandemic influenza. These EAGs are dependent on the World Health Organization (WHO) pandemic influenza alert phases, and outline the agency's operational activities for each WHO Phase. The EAGs will be incorporated into the Michigan Emergency Management Plan in 2008.
- MDCH continues to participate in **Regional State Partners teleconference calls** to pandemic coordinators from surrounding states and Ontario, Canada. These quarterly meetings allow for sharing of planning and preparedness ideas across state and/or international borders.
- MDCH is developing four 10 to 20 minute **video vignettes** on influenza that will be available on the [michigan.gov/flu](http://michigan.gov/flu) website in late March. The four videos cover; Influenza 101, Seasonal Influenza, Avian Influenza, and Pandemic Influenza.
- MDCH, MI-OSHA and Office of the State Employer are developing guidance for **pandemic influenza protection in the state workplace**. The group has been working on this for the past year and hopes to have a product for use by state employees and their human resource departments in early 2008.