

# THE TUSCOLA TRACKER

Tuscola County Health Department

January, February, March 2010



## INFLUENZA UPDATE

In the U.S. flu activity is relatively low at this time, with most flu continuing to be caused by the 2009 H1N1 viruses, which are still similar to the virus in the 2009 H1N1 vaccine and are still susceptible to the antiviral drugs zanamivir and oseltamivir, with rare exception. In the past pandemics, flu activity has occurred in waves and it's possible that the United States could experience another wave of flu activity in the winter or spring of 2010, and we may see localized outbreaks.

As of March 1, 2010, MDCH reports that Tuscola County has reached 8217 or roughly 14.5% of our county population with the H1N1 vaccine. CDC encourages providers to continue to offer the H1N1 vaccine or refer them to the health department for vaccination, which can last as late as May. The health department does offer H1N1 vaccine Monday through Friday on a walk-in basis and by appointment, and we plan to continue these efforts through April 30<sup>th</sup>.

The Health Department is already putting plans in place to double the number of seasonal flu vaccinations next fall; this is in accordance with the CDC's ACIP recommendations for universal annual influenza vaccinations.

### **CDC's Advisory Committee on Immunization Practices (ACIP) Recommends Universal Annual Influenza Vaccination**

A panel of immunization experts voted today (February 24, 2010) to expand the recommendation for annual influenza vaccination to include all people aged 6 months and older. The expanded recommendation is to take effect in the 2010 – 2011 influenza season. The new recommendation seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population.

The Advisory Committee on Immunization Practices (ACIP), which advises the Centers for Disease Control and Prevention (CDC) on vaccine issues, voted on the new recommendation during its February 24, 2010 meeting in Atlanta. The vote took place against a backdrop of incremental increases in the numbers and groups of people recommended for influenza vaccination in years past, and lessons learned from the world's still ongoing first flu pandemic in 40 years. Prior to today's vote, ACIP recommendations for seasonal influenza vaccination – which focused on vaccination of higher risk persons, children 6 months through 18 years of age and close contacts of higher risk persons – already applied to about 85 percent of the U.S. population.

Discussion at the ACIP meeting focused on the value of protecting all people 19 to 49 years of age, who have been hard hit by the 2009 H1N1 pandemic virus, which is likely to continue circulating into next season and beyond. Another reason cited in favor of a universal recommendation for vaccination is

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## Influenza Update (Cont. from pg. 1)

that many people in currently recommended “higher risk” groups are unaware of their risk factor or that they are recommended for vaccination. The ACIP discussion also recognized the practicality and value of issuing a simple and clear message regarding the importance of influenza vaccination in the hopes that this would remove impediments to vaccination and expand coverage. Finally, new data collected over the course of the 2009 H1N1 pandemic indicates that some people who do not currently have a specific recommendation for vaccination may also be at higher risk of serious flu-related complications, including those people who are obese, post-partum women and people in certain racial/ethnic groups.

More influenza vaccine doses will be required to vaccinate all adults. However, based on current projections, more licensed types and brands of seasonal influenza vaccines will be available in the 2010-11 influenza season than has ever been available before. Historically, uptake of seasonal influenza vaccine has been less than half of the number of persons with a specific recommendation for vaccination.

Annual influenza vaccination is a safe and preventive health action that benefits all age groups. However, certain people have a higher risk for influenza complications, including people aged 65 years and older, children younger than 6 months of age, pregnant women, and people of any age with certain chronic medical conditions.

These people, their household and close contacts, and all health care personnel should continue to be a primary focus for vaccination efforts as providers and programs transition to routinely vaccinating all people 6 months of age and older.

The composition of the Northern Hemisphere’s 2010-2011 seasonal influenza was announced at the FDA’s Vaccines and Related Biological Products Advisory Committee (VRBPAC) meeting in Bethesda, MD. Next season’s vaccine will be trivalent (with three different vaccine viruses) and include an A/California/7/2009 (H1N1)-like virus, an A/Perth/16/2009 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus. The H1N1 virus recommended for inclusion in the 2010-2011 seasonal influenza vaccine is a pandemic 2009 H1N1 virus and is the same virus used in the 2009 H1N1 monovalent vaccine.

Recommendations of the ACIP become recommendations of CDC once they are accepted by the director of CDC and the Secretary of Health and Human Services and are published in the Morbidity and Mortality Weekly Report.



## Communicable Disease Reports

Disease	October, November, December 2008	October, November, December 2009
Campylobacter	0	2
Cryptosporidiosis	2	2
Listeriosis	0	0
Salmonellosis	1	2
Pneumonia, Invasive	0	2
E. Coli	0	0
Bacterial Meningitis	2	1
Influenza	0	32
Varicella	4	2
Pertussis	1	3
Hepatitis A	1	0
Hepatitis B, Chronic	1	1
Hepatitis C, Acute	0	0
Hepatitis C, Chronic	6	0
Hepatitis E	0	1

## School Reports

Bronchitis	5	Flu-like illness	821
Hand, Foot, & Mouth	1	Head Lice	85
Impetigo	1	Mono	1
H1N1	8	Pink Eye	66
Pneumonia	7	Scabies	4
Shingles	1	Strep	29
Varicella	6	Influenza A	3
Ringworm	1		

Please note: Diagnosis is not always made by a health care professional.

## Adolescent and Adult Immunizations

You protected them as babies with immunizations. You protected them as toddlers with immunizations. You prepared them for kindergarten with booster immunizations. Getting immunized is a life-long, life-protecting job.

If your child is between 11 and 19 years of age, they need to be evaluated for vaccine protection.

Sixth graders and older teens are recommended to have the following vaccines:

- 1 dose of meningococcal vaccine (MCV4)
- 3 doses of human papillomavirus vaccine (HPV)
- 1 dose of tetanus, diphtheria, pertussis vaccine (Tdap)
- 3 doses of hepatitis B vaccine (hep B)
- 2 doses of hepatitis A vaccine (hep A)
- 2 doses of measles, mumps, rubella vaccine (MMR)
- 2 doses of chicken pox vaccine (var)
- At least 3 doses of polio vaccine (IPV or OPV)
- Flu vaccine every year in the fall or winter months



The following vaccines are provided free for those individuals 19 and up who are uninsured and qualify for the AARA (American Recovery Reinvestment Act). An administration fee of \$12 may be applied per vaccination, but it is charged on a sliding scale according to income. No one is ever denied immunizations based on their inability to pay.

- Tdap—persons 19-64 years old
- Td—persons 19 and up
- MMR—persons 19 and up
- Hep B—high risk individuals; foreign born from countries where disease is endemic
- HPV—females 19-26 years old
- Varicella—persons age 19 and up
- Zoster (Shingles vaccine) - adults age 60 and up

Pneumococcal vaccine is available for persons age 2-64 with chronic health conditions or ages 19-64 who smoke. Pneumonia vaccine is recommended for all adults 65 years of age and older. Call now to ensure your appointment time - 989-673-8114, ext. 110 or 102.

A parent or legal guardian must be present with the child. Legal guardians must bring proof of guardianship. For more vaccine specific information, please visit our website at [www.tchd.us](http://www.tchd.us).

## MARCH 2010 Travel Notice— Mumps

CDC, in collaboration with public health officials in numerous states in the Northeast, continues to investigate a multi-state mumps outbreak.

**Who is affected:** The Hasidic (Jewish) populations from New York and New Jersey are primarily affected. This outbreak is also occurring in the same population in Israel.

**Why mumps transmission is a concern at this time:** The onset of Passover (March 30th through April 5th) may offer further opportunities for mumps transmission as people from the Hasidic community travel for this major religious observance.

**Recommendations for Providers:** Healthcare providers with patients in any Hasidic community should ensure that these patients, including both children and adults, are up to date with measles-mumps-rubella (MMR) vaccine. The second dose of MMR vaccine for children may be administered as early as 28 days following the first dose.

Healthcare providers may consider offering a second dose of MMR vaccine to adults who have received one dose.

Healthcare providers with contact within the Hasidic community should ensure that they themselves and ALL staff are immune to mumps in accordance with ACIP recommendations <http://www.cdc.gov/vaccines/recs/provisional/downloads/mmr-evidence-immunity-Aug2009-508.pdf> or receive two doses of MMR vaccine.

Persons with suspected mumps should be isolated for 5 days after onset of parotitis and, if they visit a health-care setting, droplet precautions should be initiated immediately.

Any suspected mumps case should be reported to the health department in the area where the patient resides.

**Resources (fact sheets on mumps and the outbreak) for Patients:** <http://www.cdc.gov/mumps/about/downloads/mumps-factsheet.pdf> and <http://www.cdc.gov/mumps/outbreaks/outbreak-patient-qa.html>

### Further information about this outbreak for Providers:

#### MMWR

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5905a1.htm>

-providers-qa.html **Fact Sheet for Providers**

<http://www.cdc.gov/mumps/outbreaks/outbreak>

#### ACIP Recommendations

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00053391.htm>

<http://www.cdc.gov/vaccines/recs/provisional/downloads/mmr-evidence-immunity-Aug2009-508.pdf>

#### MMR Vaccine Information Statement

English: <http://www.cdc.gov/vaccines/pubs/vis/default.htm#mmr>

## HEALTH DEPARTMENT INFORMATION



The Tuscola County Health Department conducts immunization clinics on Monday afternoons, Tuesdays, and Thursdays by appointment. We also offer evening appointments the first and second Tuesday of each month.

We serve all ages, infant through adult. You may schedule an appointment by calling 989-673-8114, ext. 110 or 102.

### Immunization Update:

During October, November, and December, 2009, 735 children received 1336 vaccinations at the health department.

Visit our  
Website

[www.tchd.us](http://www.tchd.us)

for the latest information on our programs, hours, clinic schedules, etc.

## TUSCOLA COUNTY HEALTH DEPARTMENT

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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 Hepfer at 989-673-8114, ext. 117.