



Livingston County

Department of Public Health

Communicable Disease Update

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MICHIGAN VECTORBORNE DISEASE UPDATES

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West Nile Virus: There have been a total of seven confirmed human cases identified this year, all reported in September, from Barry, Macomb, Monroe, Oakland (2), Ottawa and Isabella Counties. There have also been reports of two viremic blood donors from Oakland and Wayne Counties, 75 positive birds from multiple counties, one positive bat, and 11 positive mosquito pools from Bay, Kent, Oakland, Saginaw and Wayne Counties.

Rabies: A total of 28 animal specimens, 27 bats and 1 skunk, have tested positive for rabies so far this year in Michigan. This includes one positive bat from Livingston County. In 2014, there were a total of 43 positive animal specimens (39 bats and 4 skunks) reported throughout the year.

Lyme disease: 124 cases have been reported in Michigan so far this year, which is nearly the same number of cases reported at the same time last year (125 cases). Blacklegged ticks are the only ticks that can transmit Lyme disease in Michigan. Historically, they were only found in the Upper Peninsula, but populations of blacklegged ticks have emerged in the Western Lower Peninsula and are slowly expanding eastward. The Michigan Department of Health and Human Services (MDHHS) has developed a new Lyme Disease Toolkit, which provides information for Michigan healthcare providers regarding Lyme disease diagnosis, treatment, and prevention in Michigan, including a free webinar specifically targeted for healthcare providers. More information can be found at www.michigan.gov/emergingdiseases.

ACUTE FLACCID MYELITIS (AFM)

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The Centers for Disease Control and Prevention (CDC) has continued to receive sporadic reports of AFM since an increase in the number of reports seen last fall (August-October, 2014). The increase in AFM cases in 2014 coincided with a national outbreak of severe respiratory illness among children caused by enterovirus-D68 (EV-D68), however the etiology for the 2014 AFM cases could not be determined. During the 2014 outbreak, 120 children in 34 states developed AFM that met the CDC's outbreak definition. Findings strongly suggested that the AFM outbreak was caused by an infectious (viral) process involving the spinal cord that produces clinical illness similar to poliovirus. While EV-d68 was the virus most commonly identified in respiratory specimens, it still accounted for less than 20% of specimens. It is unclear if another increase in AFM will be seen this fall, coinciding with the enterovirus season. Therefore, the CDC is emphasizing the importance of continued vigilance by clinicians for the detection and reporting of AFM cases.

EBOLA VIRUS DISEASE

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As of September 18, 2015, Michigan has monitored a total of 366 travelers from Liberia, Guinea, Sierra Leone, and briefly Mali. There are currently 27 travelers being monitored throughout the state with travel history to Guinea or Sierra Leone (Liberia was declared Ebola-free on May 9, 2015 and traveler monitoring was discontinued on June 17). Since the outbreak was first reported in March 2014, there have been more than 28,100 cases and more than 11,200 deaths.

2015-2016 INFLUENZA SEASON HAS ARRIVED

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The CDC recommends annual flu vaccination for everyone 6 months and older. For healthy children aged 2-8 years, either LAIV or IIV is appropriate (no preference is expressed). Children aged 6 months through 8 years who have received two or more total doses of trivalent or quadrivalent flu vaccine before July 1, 2015 only need 1 dose for 2015-2016, otherwise two doses are needed for 2015-2016.

The composition of the trivalent vaccine includes: A/California/7/2009 (H1N1)-like virus, A/Switzerland/9715293/2013 (H3N2)-like virus, and B/Phuket/3073/2013-like (Yamagata lineage) virus. The quadrivalent influenza vaccines will also contain B/Brisbane/60/2008-like (Victoria lineage). It is recommended that you begin offering flu vaccine as soon as it arrives in your office.

We have already begun seeing low level flu activity this year. CDC is optimistic this season's vaccine will offer good protection against flu for the upcoming season. The 2014-15 flu season is a reminder of the unpredictability and severity of flu. In 2014, influenza related hospitalization for individuals age 65 years and older was the highest recorded since 2005, and 145 children died from flu. Even when vaccine effectiveness is reduced, flu vaccination can still offer benefit, and is still the first and best way to protect against influenza. If you are interested in becoming an influenza sentinel provider, contact MDCH at (517) 335-3385.

EXPEDITED PARTNER THERAPY FOR CHLAMYDIA AND GONORRHEA

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STD Program Coordinator

Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC) remain significant public health problems. The reported number of individuals in Livingston County with these infections increased from 2013 to 2014. Patients with these infections cannot be considered adequately treated until their partners have been treated. The Michigan Legislature passed Public Act 525 of 2014 (MCL 333.5110), which became effective January 14, 2015. This amendment to the Public Health Code authorized the use of Expedited Partner Therapy (EPT), which enables clinicians to provide patients who have uncomplicated CT or GC with medication or a prescription to deliver to their sex partner(s) without a medical evaluation or clinical assessment of those partners. EPT is a proven effective intervention that is recommended by the Centers for Disease Control and Prevention (CDC). The Michigan Department of Health and Human Services (MDHHS) recently released a final guidance document for Michigan medical providers on EPT. This document, and an information sheet for patients and their partners, can be found at www.michigan.gov/hivstd.

Call LCDPH at (517) 546-9850 to report or consult about a communicable disease. We are available 24/7. If it is after business hours, call 911 and they will contact the appropriate staff.