



# COMMUNICABLE DISEASE UPDATE

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## Salmonella and Backyard Birds

Health experts at the Michigan Department of Health and Human Services (MDHHS) are warning people about the potential for baby poultry to carry Salmonella bacteria. Last year, at least 334 people from 47 states were sickened by Salmonella after having contact to baby poultry in backyard flocks, including 18 people from Michigan. Certain groups have a greater chance of illness from handling live poultry, including children under 5 years old, older adults, and people with a weakened immune system.

LCHD tested several box liners that chicks were shipped in, and received by a local feed store. Most of the samples tested positive for Salmonella Enteritidis. For more information visit: [www.cdc.gov/features/salmonellapoultry/index.html](http://www.cdc.gov/features/salmonellapoultry/index.html)

## Ticks and Lyme Disease

Spring is upon us, and with it, potential exposure to ticks. Livingston County is now designated as a county in which there is a known risk of Lyme acquisition, which is defined as at least two (2) confirmed local exposures and/or black-legged ticks with Lyme bacteria.

Ticks that are found attached to a person can be brought to LCHD for identification. The Michigan Department of Health and Human Services (MDHHS) will test black-legged ticks that have been attached to a person for *Borrelia burgdorferi* (the bacteria that causes Lyme Disease) if the tick arrives at MDHHS alive. LCHD is also conducting tick surveillance locally by “dragging” for ticks in specific high-risk areas.

Additional clinical and epidemiologic information on Lyme disease, including testing guidance, can be found on the MDHHS Emerging Diseases website: <https://bit.ly/2DuquEC>

For additional information on ticks, also see [www.livgov.com/health](http://www.livgov.com/health)

**Find more information on our website: [www.LCHD.org](http://www.LCHD.org)**

## UPDATED ZIKA TRAVEL GUIDANCE

CDC has updated Zika travel recommendations effective February 28, 2019, which include guidance for pregnant women and couples planning to become pregnant within the next three months. CDC collaborated with the World Health Organization (WHO) and the European Centre for Disease Prevention and Control (ECDC) to review all scientific data available on the spread of Zika for every country of the world. Based on current available data, the spread of Zika is no longer at the same high levels seen during the main outbreak period in the Americas during 2015 to 2017.

The new travel recommendations for pregnant women and couples trying to become pregnant in the next three months and traveling to areas reporting past or current Zika transmission are to consult with their healthcare providers and carefully consider the risks and possible consequences of travel to these areas at risk of contracting Zika. CDC continues to recommend that pregnant women avoid travel to any areas with any current Zika outbreaks.

To assist pregnant women and providers in identifying geographic areas of risk, CDC published and updated an interactive world map of areas with Zika virus. Zika and pregnancy related information (webpages and materials) have been revised and updated prevention messages are available for travelers. For more detailed info: [www.cdc.gov/zika](http://www.cdc.gov/zika)

**DID YOU KNOW?** MDHHS publishes weekly Influenza Surveillance Reports every Friday. For detailed information: <https://bit.ly/2ISj7Ko>

## Measles outbreaks and CDC testing recommendations

The Centers for Disease Control and Prevention (CDC) reports that as of April 11, 2019, there have been 555 confirmed cases of measles in 2019 from 20 different states. This includes an outbreak currently underway in nearby southeast Michigan counties (with a total of 43 confirmed measles cases to date), so the potential for spread to Livingston County is present given the highly infectious nature of this disease. These outbreaks are often linked to travelers who brought measles back from other countries where large measles outbreaks are occurring. The majority of these reported cases were in unvaccinated people. Measles can spread in communities where groups of people are unvaccinated. Clearly, the first line of defense against this serious disease is to immunize.

The CDC recommends that a throat or nasopharyngeal swab and a blood specimen be collected from all patients with clinical features compatible with measles. A serological test for measles specific IgM antibody is the preferred method of confirmation. These tests should be done as soon as possible upon the suspicion of measles, but may need to be repeated in some cases if the first test was done within three days of rash onset. In the first 72 hours of rash onset, up to 20% of IgM test results may be false negatives. When sending specimens for measles testing, please call your local health department to determine where to submit the specimens and how to ship them.

Additional information regarding these measles outbreaks and testing recommendations can be found at: [www.cdc.gov/measles](http://www.cdc.gov/measles), [www.michigan.gov/MeaslesOutbreak](http://www.michigan.gov/MeaslesOutbreak), or by calling the Livingston County Health Department at 517-546-9850.

## ARE MY PATIENTS PROTECTED AGAINST MEASLES?



### Are they up-to-date on their immunizations?

**Infants under 12 months:**

- Make sure close contacts are vaccinated.

**Preschool age children (1-3 years):**

- One dose of MMR.

**School age children (4+ years):**

- Two doses of MMR.

**Adults are considered immune with any one of the following:**

- Have a record of two doses of MMR.
- Born prior to 1957.
- Have evidence of prior measles illness or lab-confirmed immunity.

### Were they exposed to measles or do they travel internationally?

**Infants under 12 months:**

- MMR vaccine can be given starting at 6 months. Vaccine should be given within 72 hours of exposure.

**Preschool age children (1-3 years):**

- 2nd dose of MMR vaccine can be given if at least 28 days have passed since first dose. Vaccine should be given within 72 hours of exposure.

**School age children (4+ years):**

- Fully protected with two appropriately spaced doses. No action needed.
- If not vaccinated, vaccine should be given within 72 hours of exposure.

**Adults:**

- If considered immune, no action needed.
- If not immune, vaccine should be given within 72 hours of exposure.
- If born before 1957, vaccine can be given.

**Exposed high-risk individuals:**

- Immune globulin (Ig) can be effective for high-risk individuals (infants too young for vaccination, pregnant women, and those who are severely immune compromised) within 6 days of exposure.

*Call LCHD 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.*