



# Livingston County Department of Public Health Communicable Disease Update

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## INFLUENZA ACTIVITY TO PEAK IN FEBRUARY

The flu vaccine is the first and best way to protect against influenza. The CDC predicts the peak of flu activity this flu season will take place in February. There is potential that the upcoming flu season may vary widely in terms of intensity, duration and the strains of influenza that will prominently affect citizens. Livingston County has seen sporadic flu activity in the region. As long as flu viruses are spreading and causing illness, vaccination can provide protection and should continue. Remember your recommendations make a difference to your patients.

Michigan's 2015-16 flu season has begun slowly. Flu activity has been sporadic since October 2015 but as of January 16, 2016, the weekly estimated flu activity in Michigan increased to localized activity, primarily due to increases in flu reporting in Southeast Michigan. Sentinel physician data shows that the overall percentage of statewide flu-like illness visits is 1.2%, which is below the regional baseline (1.9%). At this time, 61 influenza isolates have been characterized by the MDHHS Bureau of Laboratories for the 2015-2016 season (starting September 29, 2015). Out of the 61 specimens, 41 were Influenza A/H1N1pdm, 16 were Influenza A/H3, 2 were Influenza A/indeterminate, and 2 were Influenza B (two respiratory outbreaks in congregate settings have been reported to MDHHS during the 2015-16 season (as of January 2)). For more information, please go to Michigan Flu Website at: [www.michigan.gov/flu](http://www.michigan.gov/flu).

Medical providers of any specialty in nearly any setting who are likely to see patients with influenza-like illness can be sentinel providers. For more information about becoming a sentinel provider please contact MDCH at (517) 335-3385.

## ZIKA VIRUS IS CAUSED BY MOSQUITOS

ATTENTION OB/GYNs: Zika virus is a mosquito-borne flavivirus, and to date has been identified in 22 countries or territories in South and Central America, Mexico, and the Caribbean, including Puerto Rico. Local transmission has not been documented in the continental United States. However, Zika virus infections have been reported in travelers returning to the U.S.

Clinical disease is usually mild and includes sudden onset of fever, maculopapular rash, arthralgia, or conjunctivitis that lasts for a few days to a week. However, during the current outbreak, Zika virus infections have been confirmed in several infants with microcephaly and in fetal losses in women infected during pregnancy. **Healthcare providers should ask all pregnant women about recent travel.** For current information, visit CDC'S Zika virus website at <http://www.cdc.gov/zika>.

## MICHIGAN NOROVIRUS UPDATE

Norovirus, while transmitted year-round, is more common during the winter months. It is the leading cause of gastroenteritis and foodborne illness in the United States, and Michigan is no exception. In 2015, there were a total of 163 outbreaks reported throughout the State of Michigan. The majority of outbreaks (97 or 60%) occurred in healthcare settings, which includes long-term care facilities. There were also 26 outbreaks (16%) reported in schools, 11 outbreaks (7%) reported in restaurants, 10 outbreaks (6%) reported in events (such as weddings, funerals, and church potlucks), and 26 (16%) reported in other settings.

A new strain of norovirus, GII.17b Kawasaki, was detected in Michigan twice last year: once in Saginaw County in November 2015 and once in Livingston County in December 2015. The detection in Livingston County was associated with a catering event. This novel norovirus strain first emerged during the winter season 2014/15 in Asian countries and has since been detected in a limited number of cases on other continents. During years when there is a new strain of the virus circulating, there can be 50% more norovirus illness.

As of January 22, 2016, there have been 12 norovirus and norovirus-like outbreaks reported to the Michigan Department of Health and Human Services (MDHHS) for 2016. The majority of the outbreaks (8 or 67%) have occurred in healthcare settings. For additional information please visit the MDHHS communicable disease website at [www.michigan.gov/CDInfo](http://www.michigan.gov/CDInfo).

## MICHIGAN EBOLA TRAVELER MONITORING SUMMARY

On October 22, 2014, the CDC announced that public health authorities would begin monitoring individuals arriving in the United States with recent history of travel to West African Countries affected by the Ebola outbreak. At that time, Michigan local public health began monitoring travelers who had been in Guinea, Liberia, Sierra Leone or Mali within 21 days of entering the United States. On December 29, 2015, active and direct active traveler monitoring of individuals with recent history of travel to Guinea, the last county from which travelers were being monitored, was discontinued. A total of 414 travelers were referred to Michigan's traveler monitoring program and cleared. No traveler in Michigan was lost to follow-up, no traveler became a Person Under Investigation (PUI), and no traveler was tested for Ebola.

As of January 17, 2016, a total of 28,683 cases and 11,316 deaths due to the outbreak in West Africa were reported by the World Health Organization (WHO). At the end of December 2015, Guinea, Liberia and Sierra Leone all succeeded in interrupting human-to-human transmission of Ebola, leading to the WHO announcement on January 14, 2016 that the Ebola outbreak had ended in all three countries. However, one day later on January 15, 2016, the WHO confirmed that a new case of Ebola was detected in Sierra Leone. The WHO cautions that the three countries remain at high risk of additional small outbreaks of Ebola. To date, eleven such flare-ups have been identified that were not part of the original outbreak and are likely the result of the virus persisting in survivors even after recovery.

## STI ACTION TEAM MEMBERS NEEDED

Reduction in the incidence of sexually transmitted infections has been identified as a strategic health issue in Livingston County and we are looking for team members to join us as we plan and implement actions toward that goal. Becoming a team member may involve a limited number of meetings (2-4/year) to share your ideas and expertise. If interested, please contact Kris Moyer at LCDPH at (517) 552-6828 or [kmoyer@livgov.com](mailto:kmoyer@livgov.com).

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.