



Livingston County

Department of Public Health

Communicable Disease Update

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PERTUSSIS

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In Michigan, there has been a steady increase in pertussis over the past decade and levels remain high. As of December 3, 2014, approximately 1,130 cases of pertussis were reported in Michigan, compared to 898 for the same time period in 2013. This year, 61 cases of pertussis have been reported in Livingston County, compared to 40 cases for the same time period last year. While pertussis is most severe in infants, adults and adolescents can be infected as well, typically with a milder form of pertussis, and they can still easily spread infection to others. In Livingston County, 46% of the cases this year were greater than 13 years old and 13% of cases were 35 years or older. While the best way to prevent pertussis is to vaccinate, the vaccine is not perfect and has waning immunity. Natural disease confers immunity but is also not permanent. Therefore, pertussis should be considered in anyone with persistent coughs, regardless of vaccination status or disease history.

ADMINISTRATIVE RULE CHANGES

Michele Bunyak, RN
Immunizations Program Coordinator

Philosophical waivers are the largest percentage of immunization waivers signed in the state of Michigan. Because of the risk associated with increased immunization waivers, the Michigan Department of Community Health proposed some changes to the Public Health Code, and they were passed by a joint committee last week. The new rules will address how philosophical and religious immunization waivers are accepted. The proposed changes will require that the individual signing the waiver must receive education on the benefits of vaccination and the risks to the individual and the community caused by not receiving the vaccines. Nonmedical waivers will need to be certified by the local health department. More information will be provided once the new rules take effect.

MEASLES

Linda Weiman, RN, BSN
Public Health Nurse Supervisor

Six cases of measles have been confirmed in northwest Michigan. All six cases lacked a vaccination history against measles and recently had traveled to the Philippines where they were exposed. These are the first measles cases in Michigan in 2014. Many healthcare providers (HCP) in the U.S. have never seen a patient with measles and may not recognize the signs and symptoms. HCP should consider measles in the initial differential diagnosis of patients who present with febrile rash illness and clinically compatible measles symptoms (cough, coryza, or conjunctivitis), recently traveled

internationally or were exposed to someone who recently traveled, or have not been vaccinated against measles. If you suspect measles in a patient, do the following immediately:

1. Promptly isolate patients to avoid disease transmission; measles is highly communicable.
2. Immediately report the suspect measles case to the Livingston County Department of Public Health.
3. Obtain specimens for testing from patients with suspected measles, including viral specimens – recommended specimens are serum and throat swab (place swab in viral transport media).

INFLUENZA

Donald Lawrenchuk, MD, MPH
Medical Director

Since September 28, 2014, the Livingston County Department of Public Health has received reports of 2,980 cases of flu-like illness from our weekly school and daycare reporting and 105 confirmed cases of influenza from laboratories and physician reporting as of December 17, 2014. Many of these cases have required hospitalization. This compares to only three confirmed cases of influenza in Livingston County during the same time period last year. The majority of reported cases to date have been influenza A (H3). According to the Centers for Disease Control and Prevention (CDC), 48% of the influenza A (H3N2) viruses collected and analyzed in the United States from October 1 through November 22, 2014 were antigenically “like” the 2014-2015 influenza A (H3N2) vaccine component, but 52% were antigenically different (i.e. drifted). In past seasons where the predominant circulating influenza viruses have antigenically drifted, decreased vaccine effectiveness has been observed. However, vaccination has been found to provide some protection against drifted viruses. In addition, vaccination will offer protection against circulating influenza strains that have not undergone significant antigenic drift (such as influenza A (H1N1) and B viruses).

Because of the detection of these drifted influenza A (H3N2) viruses, the CDC is emphasizing the importance of antiviral medications when indicated for treatment and prevention of influenza as an adjunct to vaccination. The two prescription antiviral medications recommended for treatment or prevention of influenza are Oseltamivir (Tamiflu) and Zanamivir (Relenza). Early antiviral treatment can shorten the duration of fever and illness symptoms, reduce the risk of complications from influenza, and reduce the risk of death among hospitalized patients. When indicated, antiviral treatment should be started as soon as possible after illness onset, ideally within 48 hours of symptom onset.

BECOME A MICHIGAN INFLUENZA SENTINEL PROVIDER

Michele Bunyak, RN
Immunizations Program Coordinator

Medical providers of any specialty (e.g. family medicine, internal medicine, pediatrics, infectious disease) in nearly any setting (e.g. private practice, public health clinic, urgent care center, emergency department, university student health center) who are likely to see patients with influenza-like illness can be sentinel providers. The benefits of being a sentinel physician include free laboratory testing (respiratory virus culture) for approximately eleven specimens per site per year; weekly feedback on submitted data; summaries of regional, state, and national influenza data; and more. For more information about becoming a sentinel provider please contact MDCH at (517) 335-3385.

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.