



**ST. CLAIR COUNTY
HEALTH DEPARTMENT (SCCHD)
Preventive Health Services
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THE BLUE WATER

CURRENT

www.stclaircounty.org/offices/health

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Providing the **BLUE WATER** Area's medical community with **CURRENT** health information, prevention and news.

MCIR RATES FOR SOUTHEAST (SE) MICHIGAN

The following compares 19-35 month old populations in SE Michigan counties for 4 DTaP, 3 Polio, 1 MMR, 3 HIB, 3 Hepatitis B, 1 Varicella, 4 PCV7 (4-3-1-3-3-1-4)

County	Jan 08	June 08	Dec 08	March 09
Livingston	70%	72%	63%	59%
Macomb	72%	72%	61%	55%
Monroe	70%	72%	68%	65%
Oakland	63%	64%	58%	54%
St. Clair	65%	66%	59%	52%
Washtenaw	71%	72%	68%	65%
Wayne	65%	65%	61%	60%
City of Detroit	58%	59%	57%	55%

Providers can protect the health of their patients and improve immunization rates in St. Clair County by:

- Assessing every child at every visit, not just well child visits. No missed opportunities!
- Simultaneous administration of all vaccines a child is due to receive. Even well intentioned parents get busy and forget to return.
- Providing reminder calls to parents of upcoming appointments.
- Recalling children overdue for vaccine.
- Accelerating children behind schedule. Utilize the minimum interval chart.
- Using valid contraindications only.
- Vaccinating in the presence of mild illness. Clients don't always return for rechecks.
- Entering all administered doses into MCIR including historical data.



**TEEN HEALTH CENTER
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ON THE INSIDE...

QUARTERLY DISEASE REPORTS.....PAGE 2

MIHP PROGRAM.....PAGE 2

**FROM THE DOCTOR'S
CORNER.....PAGE 3**

**SYPHILIS AND GONORRHEA
UPDATE.....PAGE 4**

ST. CLAIR COUNTY COMMUNICABLE DISEASE QUARTERLY REPORT	JAN. 1, 2009 THROUGH MAR. 31, 2009
DISEASES REPORTED	NUMBER OF CASES
Campylobacter	1
E. Coli	0
Giardia	0
Salmonella	1
Shigellosis	0
Viral Meningitis	3
Bacterial Meningitis	0
Animal Bite	10
Flu Like Disease	3670
Legionellosis	1
Chlamydia	100
Gonorrhea	20
Chickenpox (Varicella)	15
Hepatitis B, Acute	0

**HAEMOPHILUS INFLUENZA TYPE B
REPORTED IN MINNESOTA
WHAT CAN YOUR PRACTICE DO?**

The entire country has been in a Hib vaccine shortage since December, 2007 which is expected to last into mid-2009. During this shortage your practice should be sure to ...

- Administer all “Primary Doses”. Two (2) doses of PedvaxHib or Comvax or three (3) doses of ActHIB or Pentacel vaccine administered before the first birthday.
- Administer a “Catch-up dose” for children 7-59 months of age who have not completed the primary series.
- Defer the “Booster Dose” (final dose at 12 – 15 months) in all healthy children. American Indian and Alaskan native should be fully immunized including the booster dose.
- Utilize MCIR to conduct a recall of children in your practice with an incomplete primary series.
- Contact the Health Department at (810) 987-8216 if you do not have enough vaccine to cover the primary series in your practice.
- Be on the alert and report any cases of invasive Hib disease to the Health Department.

For more information regarding the Hib vaccine shortage go to the Centers for Disease Control and Prevention (CDC) website at www.cdc.gov/vaccines.

MATERNAL INFANT HEALTH PROGRAM (MIHP)

The Maternal Infant Health Program (MIHP) is a preventative health service for “high risk pregnant women and infants” that is delivered by an agency specially certified by the Michigan Department of Community Health. The purpose of MIHP is to reduce infant mortality and morbidity. The goal is delivery of a healthy full-term infant. MIHP staff provides the following services to eligible women and infants:

- Psycho-social and nutritional assessment and education.
- Development of a “plan of care” specific to the needs of the client.
- Professional intervention services from a multi-disciplinary team consisting of a registered social worker, nutritionist, and nurse.
- Arranging transportation for healthcare, substance abuse treatment, support services, or pregnancy/infant related appointments.
- Linking families with community agencies.
- Coordination with medical care providers.
- Childbirth and/or parenting education.
- Educational referrals for lead screening and immunizations.

Social work, and nursing services include information, nutritional and health education, counseling, referral, and recipient advocacy services.

MIHP is certified by the Michigan Department of Community Health, and reimbursed through Michigan’s Medicaid program for eligible enrollees. Medicaid Qualified Health Plans reimburse for some related services for eligible enrollees i.e., substance abuse, and transportation.

In 2007-2008 the MIHP program enrolled 523 pregnant women and 341 infants.

Please feel free to call Joyce Lashbrook R.N., B.S.N., Coordinator MIHP, with questions, concerns, or referrals.

RIDDLE...
WHAT IS THE BEST WAY TO LOSE WEIGHT?



ANNETTE MERCATANTE M.D.

FROM THE DOCTOR'S CORNER...

CHLAMYDIA INFECTION

Undetected Chlamydia infections are very common and very serious. In Michigan, 65% of all reported Chlamydia infections are among 15-19 year old patients. About 75-85% of women and at least 40% of infected men have no symptoms. It is estimated that 53% of all cases go undiagnosed. If untreated, 20-40% of women with Chlamydia will develop PID of whom 60% may also be asymptomatic. Worse still, Chlamydia PID frequently results in infertility due to tubal scarring, chronic pelvic pain and ectopic pregnancy.

A new generation of nucleic acid amplification tests (NAATs) makes it possible to screen men and women for Chlamydia infection using a convenient and non-invasive urine specimen. These tests are now available through nearly all clinical laboratories and are covered by most major health care insurers. The Teen Health Center also offers the NAAT which is over 90% specific and sensitive. This reduces the false negatives, especially in the asymptomatic clients.

We urge you to consider routine testing for Chlamydia infection as recommended by the CDC in these patient populations:

- 1) All sexually active women under 25 years of age, at least annually.
- 2) Women with a new sex partner, more than one sex partner, or a history of recent sexually transmitted disease, regardless of age.

3) Women recently infected with Chlamydia, 3-4 months after treatment.

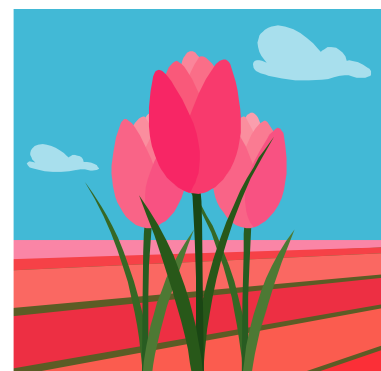
4) All pregnant women, regardless of their intention to proceed or terminate the pregnancy.

5) Universal screening for sexually active males including a rescreen at 3 months.

A recent study demonstrated that screening young at-risk women led to a 56% decrease in PID when compared with a control group of women who received routine care. We need your help to achieve similar success in our community! Implementing a screening strategy in your clinic may be as simple as collecting specimens for Chlamydia testing at the time of routine Pap testing in all females 25 years or younger by placing Chlamydia swabs or urine test kits next to Pap test collection material. For more information see <http://www.cdc.gov/nchstp/dstd/HEDIS.htm>

The final challenges are counseling the patient and treating all sex partners, so that re-infection does not occur. It is important that the patient understands the likelihood that she will be re-infected unless all sex partners are free of Chlamydia infection. For an in-depth discussion of counseling, or other information of STD prevention, the American Social Health Association (ASHA) publishes a series of brochures on women's health, counseling and preventing STDs. These materials may be accessed at www.ashasd.org

Dr. Annette Mercatante is Medical Director of the St. Clair County Health Department.



**RIDDLE ANSWER:
LEARN TO PLAY THE PIANO AND YOU CAN
POUND AWAY ALL YOU WANT**

SYPHILIS AND GONORRHEA UPDATE

The Michigan Health Alert Network (MIHAN) recently issued an alert regarding syphilis in Kent County/Grand Rapids area. Kent County Health Department (KCHD) has identified a cluster of three new cases of infectious syphilis that are also all co-infected with HIV. These males have self identified as Men-Who-Have-Sex-With-Men (MSM). Over thirty at-risk sexual partners have been identified to date, and over half of these partners are HIV-infected. Due to the anonymous nature of these sexual encounters, notification, testing, and treatment of these partners may be very difficult.

Please consider the above information when evaluating patients in your facility. Serologic screening of adults who present with a rash or lesion of unknown origin is an important tool in differential diagnosis. Knowledge of a patient's high risk sexual behaviors can also provide direction for testing and counseling. Screening blood tests may identify an early case of syphilis or HIV, resulting in timely appropriate treatment and the reduction of transmission in our community. Please contact St. Clair County Health Department at (810) 987-5300 if you have any questions or wish additional information.

Gonorrhea treatment update: Cefixime tablets (brand name Suprax) returned to availability in April 2008 as an oral treatment for uncomplicated gonorrhea of the cervix, urethra or rectum. Additional facts regarding gonorrhea, syphilis and other sexually transmitted infections and their treatments can be found at the Centers for Disease Control and Prevention (CDC) website at

<http://www.cdc.gov/std/treatment/>
http://www.cdc.gov/std/healthcomm/fact_sheets.htm

Reportable infections: When submitting gonorrhea or chlamydia diagnosis and treatment information to the local health department, try to include the patient's self-identified race and ethnicity. Please recognize that patients can decline to provide this information. Michigan Department of Community Health has initiated an awareness building campaign called "You Decide", which highlights the importance of this information in identifying disparities in disease burden and service delivery. Additional details and information packets regarding the collection and reporting of race and ethnicity data can be obtained by contacting St. Clair County Health Department or ordering free information packets online at

http://www.surveymonkey.com/s.aspx?sm=dxXFxdtwROTNVEDZpcgG4w_3d_3d

St. Clair County Health Department (SCCHD) can provide you and your staff with presentations relative to diagnosis and treatment of sexually transmitted infections (STI). Information provided is based upon the Centers for Disease Control and Prevention (CDC) STD Treatment Guidelines. Presentations can include topics such as STD 101 and HIV Prevention. Please contact Denise Hagan, R.N., Clinic Services Coordinator at (810) 987-5300, ext. 154 if you would like to schedule a presentation or request information.

TRAVELING? DID YOU REMEMBER TRAVEL VACCINES??

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