KENT COUNTY HEALTH DEPARTMENT

EPI FOCUS

Volume 7, Issue 1
Summer 2007

Spring/Summer

Inside this Issue

NEW GONORRHEA TREATMENT GUIDELINES

The Centers for Disease Control and Prevention (CDC) no longer recommend antibiotics known as fluoroquinolones (ciprofloxacin, ofloxacin, and levofloxacin) as treatment for gonorrhea in the United States. This limits the options available to treat one of the most common sexually transmitted diseases. The following regimens are part of the CDC's recommended treatment guidelines that were issued on April 13, 2007. Alternative regimens and the complete guidance document can be found at www.cdc.gov/STD/treatment/.

Uncomplicated Gonococcal Infections of the Cervix, Urethra, Rectum or Pharynx
For adult & adolescent patients, regardless of travel history or sexual behavior.

Ceftriaxone 125 mg IM in a single dose
PLUS
Treatment for Chlamydia if Chlamydial infection is not ruled out

Oral Alternatives: Although not technically recommended, the CDC recommendations state that some evidence indicates the following might be oral alternatives:

Cefpodoxime 400mg and
Cefuroxime axetil 1 g

The oral alternatives listed above are NOT RECOMMENDED FOR PID.

Pelvic Inflammatory Disease (PID)

Ceftriaxone 250 mg IM in a single dose
PLUS
Doxycycline 100 mg orally twice a day for 14 days
WITH OR WITHOUT
Metronidazole 500 mg orally twice a day for 14 days

Oral Cefpodoxime regimens are NOT RECOMMENDED for PID.

Please remember that gonorrhea is a reportable communicable disease. Mail or fax reports to:

Kent County Health Department
Personal Health Services
700 Fuller Ave Grand Rapids MI 49503
Fax (616) 632-7185

For questions, call Denise Bryan,
Personal Health Services Supervisor,
at (616) 632-7171.

MINOR CHANGES IN WEST NILE VIRUS TESTING

Due to state budget restraints, the Michigan Department of Community Health Bureau of Laboratories (MDCH BOL) will focus on detection of **neuro-invasive illness** caused by arboviruses.

- As always, **spinal fluid** is the **preferred** specimen.
- Confirmatory testing on serum from non-hospitalized patients **will not** be available through MDCH.

(continued on page 2)

Quick Facts:

- Peak levels of corvid deaths usually precede the onset of the first annual human WNV cases by two weeks.

- The American Robin may be the most common reservoir for WNV.

- Most human WNV infections are mild, with symptoms including fever, headache, and body aches, occasionally with skin rash and swollen lymph glands.

West Nile Virus Testing cont'd from page 1

- Testing of serum from hospitalized patients will be available with **prior approval** from MDCH.

- Routine serum testing for WNV and other arboviruses is available through many commercial laboratories. A **complete arboviral panel** must be ordered to distinguish between WNV and St. Louis Encephalitis Virus.

If you have questions regarding WNV testing or need to report a case of WNV infection, please call:

Kent County Health Department's Communicable Disease and Epidemiology Unit at (616) 632-7228.

Norovirus

In 2006, Michigan experienced a four-fold increase in Norovirus outbreaks from 2005. In Kent County, the majority of confirmed or suspected Norovirus outbreaks were experienced in nursing homes or other healthcare related facilities. Although health care facilities appear to be the hardest hit (typically with person to person spread), Norovirus is thought to be a leading cause of food-borne related illnesses.

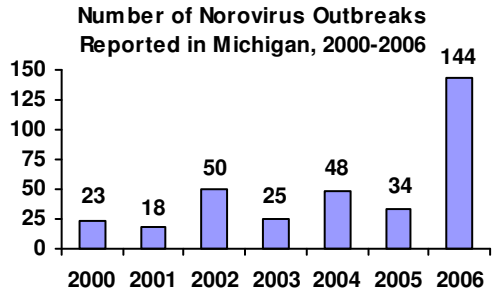
Possibilities for this upswing could be attributed to a variety of factors, such as:

- More media attention to the illness – resulting in more reporting to the local health department by individuals and facilities.

- Increased efforts by local health departments to inform the Michigan Department of Community Health (MDCH) of outbreaks.

- Increased testing by MDCH itself, and the fact that the regional laboratory at Kent County Health Department (KCHD) gained the ability to test for Norovirus in 2006.

NOTE: Only outbreak-associated samples are tested. The decision to test is made by the Michigan Department of Community Health.



Source: Brenda Brennan, Mich. Dept. of Community Health

Facts about Norovirus

Incubation period	12-48 hours (median 30 hours)
Duration	12-60 hours
Transmission (Fecal-Oral)	•Eating food or drinking liquids contaminated with Norovirus •Touching surfaces or objects contaminated with Norovirus, and then placing hand in mouth •Swallowing vomitus or diarrhea particles suspended in the air after vomiting or flushing
Survival on surfaces	•40° F, > 60 days •68° F (room temp), 21-28 days •98.6° F, less than 1 day
Disinfection*	•Bleach: It is imperative to use the correct bleach concentration for the surface you are cleaning (see Michigan Guidelines*) and leave on surfaces 10-20 minutes. •Quaternary ammonium compounds or ethanol are NOT effective
Reportable	Suspected Norovirus or other GI illness outbreaks should be reported to the KCHD Communicable Disease Unit at 632-7228.

***Local Health Department Guidelines for Environmental Cleaning and Disinfection of Norovirus: www.michigan.gov/documents/GEC_165404_7.pdf**

Chickenpox Surveillance Summary

Since the 1995 licensure of the varicella vaccine, the annual incidence of chickenpox decreased by 80% over 10 years in Michigan. This reduction led to changing the varicella surveillance system to mandatory case-based reporting (CBR) in September 2005 so that the vaccine's impact on disease occurrence and severity could be monitored.

This article summarizes key data collected from the 651 cases of chickenpox reported to the Kent County Health Department from September 1, 2005 to December 31, 2006. For each case, age, gender, race, ethnicity, disease severity and vaccination history are collected. Disease severity is based on a physician or parent report and the scale is presented in Table 1.

Table 1. Disease Severity Scale

< 50:	lesions are easily counted in 30 seconds
50-249:	individual's hand can be placed between lesions without touching a lesion
250-499:	individual's hand cannot be placed between lesions without touching a lesion
≥ 500:	lesions are clumped so closely that you can hardly see normal skin

Eighty-five percent (85%) of the cases were vaccinated; 81% had been vaccinated by age one. There were no significant differences in age, gender, race, or ethnicity between vaccinated and unvaccinated cases.

The mean ages of vaccinated (7.1 years) and unvaccinated (8.0 years) cases were not significantly different (Figure 2). This may be the result of herd immunity. The average age at infection has increased in the 10 years since vaccine licensure: 41% of the cases in this analysis were < six years old, compared to 73% as reported in 1995 in the U.S.[1]. Reasonable hypotheses to explain this change include: waning immunity and a decline in the disease reservoir in preschools and daycare centers.

Figure 2

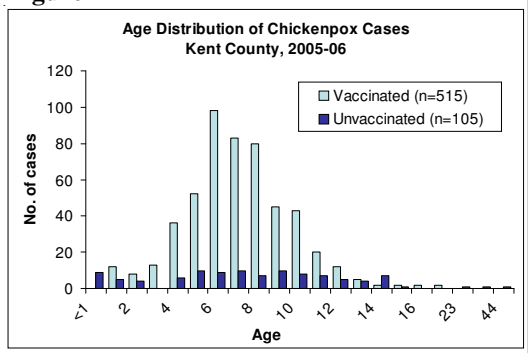
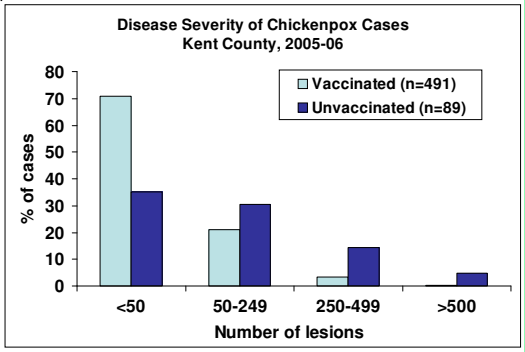


Figure 3 presents a comparison of disease severity between vaccinated and unvaccinated cases. Statistical analysis showed that disease severity was significantly less in vaccinated cases compared to unvaccinated (p<.0001).

Figure 3



Like other vaccine-preventable illnesses, continued analysis of varicella surveillance data is imperative to assess changes in the demographics and clinical outcome of disease. Surveillance like this has been essential in making the decision to recommend a second vaccination. We thank the health care providers and educational institutions for their continued reporting of chickenpox cases to the Kent County Health Department.

1. Chaves SS, et al. Loss of Vacine-Induced Immunity to Varicella over Time. **N.Engl J Med** 2007;356:1121-9.

Quick Facts:

Varicella Vaccination 2007 Provisional Recommendations:

- Two doses for children <13 years: first dose at 12-15 months & second dose at 4-6 years.
- A second dose catch-up is recommended for children, adolescents, and adults who previously had received one dose.

Breakthrough Infection:

- Significantly milder, with fewer lesions (generally < 50), many of which are maculopapular rather than vesicular.
- Most do not have fever.

HEALTH DEPARTMENT
Caring today for a healthy tomorrow

CD/EPI Unit
700 Fuller Avenue, NE
Grand Rapids, MI 49503

Phone: 616.632-7228
Fax: 616.632-7085

We're on the Web!
www.accessKent.com/health

ATTENTION PHYSICIANS
A Letter from the KCHD Medical Director
Dispensing Anti-Virals/Vaccine during an Influenza Pandemic

Considerable effort has been directed to planning for the possibility of an influenza pandemic. On the federal level, the Department of Health and Human Services (HHS) has identified priority groups that will be considered for the early administration of anti-viral and/or vaccination treatment as they become available. Health care workers and the highest risk patients are designated to receive these treatments on a priority basis.

In our planning for pandemic flu, it has become evident that any distribution of government sponsored anti-viral or vaccine therapy will likely come via the local health department. Solely using centralized dispensing sites staffed by the health department to distribute anti-viral medications and/or influenza vaccine will not be sufficient. Thus, the Kent County Health Department is implementing a plan in which hospitals, large medical groups, and private practice physicians can serve as a dispensing site for their health care employees and high risk patients. To successfully carry out this plan, KCHD is assembling a database of all licensed physicians in Kent County so that we may account for all possible locations in our distribution plan.

In the next few months, you will receive a letter and a brief survey from KCHD asking you to identify the number and types of health care workers at your facility. Additionally some basic aggregate patient information will be requested, such as the estimated number of patients with co-morbidities such as diabetes and heart disease. If you are a hospital-based physician, employed or contracted by a hospital, or a member of a large medical group (e.g. MMPC, Advantage Health, etc), you may not receive the survey as the information will be obtained directly from your organization.

It is imperative that you or your designee complete the survey. Your presence in our data base may directly affect your ability to obtain these therapies for yourself, your co-workers, and your patients.

Thank you in advance for your prompt attention to this important matter.

If you would like to be added to our mailing list, please contact the Kent County Health Deparment CD/EPI Unit at: 616.632.7228