Michigan Department of Community Health
MDCH
John Engler, Governor
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EPI Insight
Bureau of Epidemiology
Winter 2001

Bureau of Epidemiology Partners With Poison Control Centers

Jim Collins and Dave Wade

The Bureau of Epidemiology is pleased to announce a new level of collaboration with Michigan's Poison Control Centers (PCCs). We hope to solidify ties between these nonprofit institutions and the Michigan Department of Community Health (MDCH) with the development of protocols and mechanisms for the sharing of information. The wealth of data that is gathered by these centers in combination with the epidemiological expertise available in the bureau appears to be a perfect opportunity for scientific inquiry.

The PCCs began in the mid-1950s on a small scale and initially provided ad hoc consultative services that dealt primarily with the unintentional ingestion of chemicals by children. Now these centers are full-service organizations, which are highly structured and data-base-dependent. PCCs were established with the mission, "to reduce death and permanent injury due to poisoning, by any cause, through the provision of rapid and accurate information and education on poisons made by man or found in nature." Michigan has two PCCs, which are composed of a network of trained experts who provide statewide, toll-free hotline information and advice about treating poisonings 24 hours a day, every day, free of charge. Children's Hospital of Michigan in Detroit and DeVos Children's Hospital in Grand Rapids house Michigan's two PCCs. Between these centers, more than 90,000 calls are logged annually.

A nationwide toll-free telephone number for poison control inquiries is now available (800-222-1222). When people call this number, a computer checks their area code and first three digits of their phone number and connects the caller to their nearest PCC. When calls are received at the PCC, trained staff uses a computer program designed specifically for tracking PCC calls. Valuable information is gathered from every caller, including the nature of the complaint, caller demographics, symptom presentation, and case follow-up.

Unfortunately, until recently there have been only limited analyses performed on these extensive data sets.

Bureau staff initially viewed PCC data as an opportunity to increase syndromic surveillance for potential biological or chemical attacks. A closer examination of the available data sets, however, demonstrated great potential for their use in additional areas as well, e.g., injury, pesticide exposure, and occupational surveillance. One of the most valuable aspects of the PCCs is that they have a mechanism to consistently capture a set number of variables on a broad range of cases. There are a number of other

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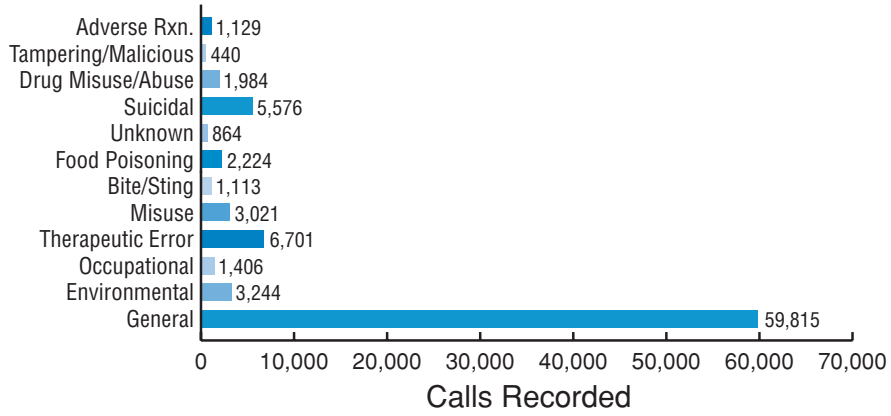
Michigan Poison Control Centers Reason for Exposure – Human Patients 1999 (Jan-Dec)



Total Number of Human Exposure Calls(1999): 87,604

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DCH-0709 (Rev. 3/02)

Increasing Antimicrobial Resistance in Michigan, 1995-2000

Dawn Sievert Corning

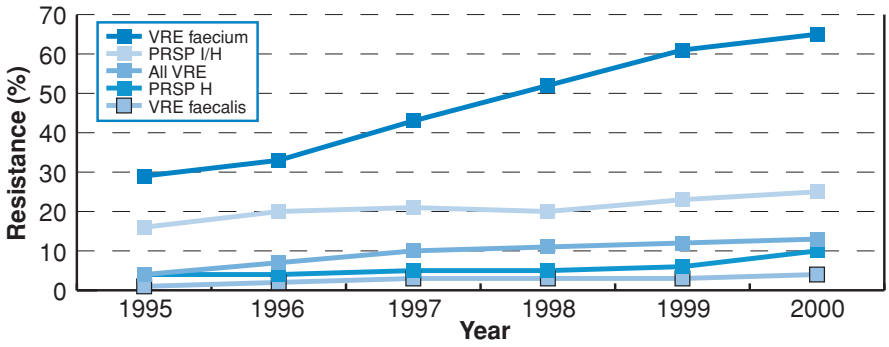
The Michigan Department of Community Health has been conducting hospital-laboratory-based surveillance for penicillin-resistant *Streptococcus pneumoniae* (PRSP) and vancomycin-resistant *Enterococcus* (VRE), faecium and faecalis, since the third quarter of 1995. The goal of this surveillance system is to provide representative estimates of the prevalence of these resistant organisms in Michigan.

Thirty-three hospital laboratories, which represent the 12 Community Health Assessment and Improvement Regions of Michigan, participate in this sentinel surveillance system. At the end of every quarter each laboratory reports the total number of patients with sterile site and respiratory tract *S. pneumoniae* isolates and the number of these that are penicillin resistant. Each laboratory also reports the total number of patients with sterile site *Enterococcus* isolates and the number of these that are vancomycin resistant. Twenty of the 33 participating laboratories speciate for *E. faecium* and *E. faecalis* and submit these totals separately. The laboratories are also asked to submit the first 10 resistant isolates of each of the monitored organisms that they receive from different patients in a quarter, for repeat testing at the MDCH laboratory.

Analysis of data submitted from the third quarter of 1995 through the second quarter of 2000, for all of the regions combined, shows a significant linear increase in the prevalence of resistance for each of the organisms monitored in this surveillance system ($p<0.0001$) [See graph]. When each organism was evaluated within regions, the proportion of resistant isolates increased significantly ($p<0.05$) in some but not in all 12 regions. The proportion of intermediate/high penicillin-resistant *S. pneumoniae* (PRSP I/H) isolates increased significantly ($p<0.0002$) in eight regions, ranging from 25-38 percent in 2000. High penicillin-resistant *S. pneumoniae* (PRSP H) also increased significantly ($p<0.009$) in eight regions, with a range of 8.6-20 percent in 2000. For non-speciated *Enterococcus* (all VRE), vancomycin resistance increased in all but one of the regions ($p<0.05$), ranging from 7.4-18 percent in 2000. The proportion of vancomycin-resistant *Enterococcus faecium* (VRE faecium) increased significantly ($p<0.009$) in seven regions, ranging from 33.3-74 percent in 2000, whereas the proportion of vancomycin-resistant *Enterococcus faecalis* (VRE faecalis) increased significantly ($p<0.04$) in only two regions, with a range of 1.6-4.7 percent in 2000.

These results highlight the growing threat of resistance to antimicrobial therapy in Michigan and the need for education and regulation with regard to the misuse and overuse of antibiotics.

Significant PRSP and VRE Trends in Michigan from 1995-2000



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advantages to using PCC data for surveillance, including:

- Direct telephone access to both the general public and health care professionals
- No dependence on meeting workers' compensation criteria
- No general insurance link
- Structured and consistent data collection
- Coding of exposure site with workplace
- Coding of exposure type with occupational illness
- Case fatalities studied in detail
- Thorough follow-up data on all referrals.

Working closely with PCC staff, we have reached some level of agreement on data sharing. The bureau will be leasing a software package that will provide for more direct access to PCC data.

Although the PCCs perform an important and necessary function, financial pressures on health care providers have resulted in the closure of many centers or the curtailment or consolidation of services in many others. To address this concern, several initiatives are ongoing at the state and federal level. For example, in February 2000, the President signed into law Senate Bill 632, which created the Poison Control Center Enforcement and Awareness Act. This act mandated the establishment of the national toll-free number noted above, a nationwide media campaign, and the establishment of a grant program to provide economic stability to PCCs. Currently, state funding through MDCH provides approximately one third of the operating expenses for the two Michigan PCCs. In addition, MDCH participated with the PCCs in a strategic planning process, which dealt with issues of financing, organizational structure, and system efficiencies. One outcome of this planning process was the procurement of federal funding to connect the two centers with a T1 electronic connection. MDCH is currently working with the centers to develop the technology necessary to house a server containing their shared information. In this design, MDCH would be able to provide server maintenance and back-up capabilities while facilitating data access for key bureau staff.

In the spirit of cooperation, it is hoped that analysis of these data will provide sentinel public health information for interventions as well as information that will help the PCCs to better serve their respective populations.

Pertussis in Michigan, 2001

Joel Blostein

As of November 9, 2001, MDCH had received reports of 125 cases of pertussis (also known as whooping cough) from local health departments, representing a 37percent increase over the number of cases reported in the same period of 2000 (see figure).

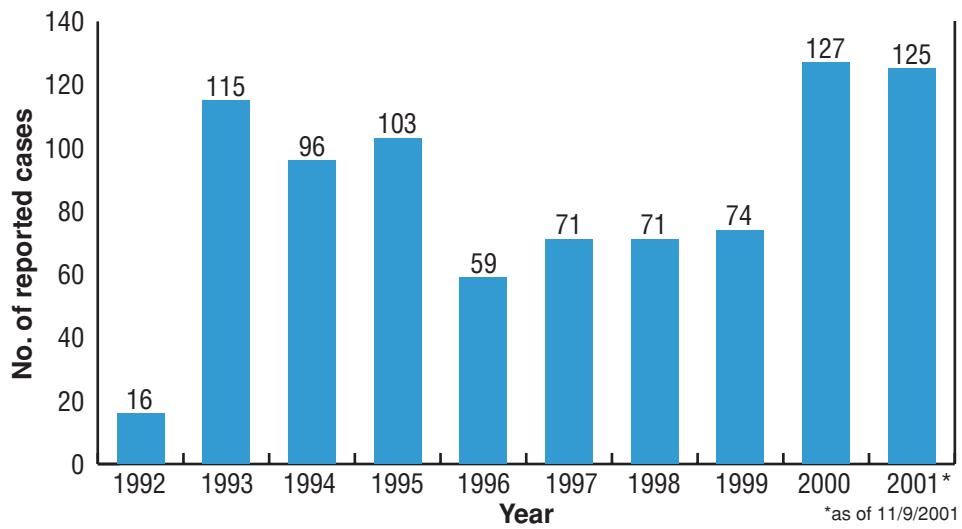
Sixty (48 percent) of the reported cases year-to-date were associated with two outbreaks among Amish communities in Clare and Wexford counties, groups which have generally declined immunizations based on religious beliefs. There were 65 non-Amish cases. These were reported from 25 counties, including some cases from each of the eight reporting regions in the state, and ranged in age from two weeks to 58 years. As in previous years, the majority (54 percent) of cases reported to date in 2001 were among infants under one year of age.

While some immunity may be conferred with the initial vaccine doses in the series, optimal protection from vaccine is achieved only after three or more doses have been administered (estimated efficacy 80 - 90%). An analysis of the 2001 cases (through November 9) indicated many of these cases had not received the recommended number of doses appropriate for their age.

Among the 46 non-Amish cases under age seven years for whom an immunization history was available, 29 (63 percent) had received an age-appropriate number of pertussis vaccine doses. Among the 14 cases between the ages of seven months (an age by which three doses are recommended) and seven years, none had received the age-appropriate number of pertussis vaccine doses, and only one had received three or more vaccine doses. Among all 65 non-Amish cases (all ages), only five (8 percent) had a history of receiving four or more doses of pertussis vaccine.

Severity of pertussis and frequency of complications vary inversely with age, with highest rates of complications such as pneumonia and hospitalization seen most often in children under one year.

Reported Pertussis Cases, Michigan 1992-2001*



Pertussis frequently goes undiagnosed or unrecognized in adolescents and adults because the disease tends to be milder in these age groups and because adults seek medical treatment less often.

Although pertussis vaccination may not be completely protective against pertussis infection in all recipients, studies indicate it does offer a high degree of protection against severe and complicated cases of disease in instances where a vaccinated person subsequently contracts pertussis. The recommended schedule for childhood immunization consists of a total of five doses. Acellular pertussis vaccine (DTaP) should be used for all doses of the pertussis schedule. Doses are recommended at two, four, six, and 15-18 months of age, with a fifth (booster) dose indicated prior to school entry if the fourth dose was given prior to the fourth birthday. Pertussis vaccine is not currently licensed for use in persons aged seven years or older.

The continued occurrence of pertussis cases in infants as young as a few weeks of age, along with the findings of public health case investigations, suggest that undiagnosed adults and older children in the home are the likely source of infection for these young infants. Vaccine-induced immunity persists for at least three years and may then begin to wane with time. Therefore it is not unexpected to find cases occurring among previously immunized persons, especially if a decade or more has elapsed since the last dose of pertussis vaccine. Waning immunity may explain infection for some of the cases with an immunization history of four or more doses.

Communicable Disease Program Listserv

The Epidemiology and Laboratory Capacity (ELC) Program has created the new Communicable Disease Program Listserv in order to help facilitate communication among local health department communicable disease programs, as well as between these local programs and MDCH. The purpose of listserv is to provide a means for timely exchange of information relevant to communicable disease program nurses across the state. If you would like more information about the Communicable Disease Program Listserv, please contact Mark Schmidt, M.P.H., at schmidtma@michigan.gov or Sonja Hrabowy, M.P.H., at hrabowys@michigan.gov.

Risk Factors for Cardiovascular Disease in Michigan

Joanne G. Hogan and Ann P. Rafferty

In 1999, 40 percent (35,893) of all deaths were directly attributable to cardiovascular diseases (CVD), which together represent the single leading cause of death in Michigan. Modifiable risk factors and treatments for CVD-associated conditions, such as hypertension, high cholesterol, and diabetes, are well documented. Treatments for hypertension and related medical conditions have led to a significant decline in death rates due to CVD. However, the decline in death rates for heart disease and stroke has slowed since the mid-1990s, and African-Americans continue to experience higher death rates than whites for all ages less than 85 years old.

The term CVD describes diseases of the heart and blood vessels. The most common CVD are coronary heart disease (57 percent), which most often leads to a heart attack, and diseases of the blood vessels, which may result in stroke (17 percent). Congestive heart failure, hypertension/end stage renal disease, and cardiomyopathy are responsible for another 14 percent of CVD deaths.

Many CVD-related deaths may be prevented by controlling underlying risk factors and early identification and treatment. MDCH monitors modifiable risk factors using the Behavioral Risk Factor Survey (BRFS) which is designed to provide population-level estimates of health behavior characteristics, attitudes, knowledge, and awareness. According to the results of the 1999 Michigan BRFS, 91.3 percent of Michigan adults were estimated to have at least one potentially modifiable risk factor for CVD (among high blood pressure, smoking, physical inactivity, overweight, diabetes and high cholesterol). Over 60 percent have two or more risk factors. In 1999, Michigan ranked among the top 10 states for overweight and high cholesterol.

Questions were added to the 1999 Michigan BRFS to estimate the level of knowledge regarding risk factors for stroke.

Table 1. Most Frequently Mentioned Stroke Risk Factors - Michigan, 1999

Risk Factor	Prevalence*
High Blood Pressure	32.3.%
Smoking	29.2%
Physical Inactivity	25.9%
Diet	24.5%
High Cholesterol	18.4%
Overweight	18.1%

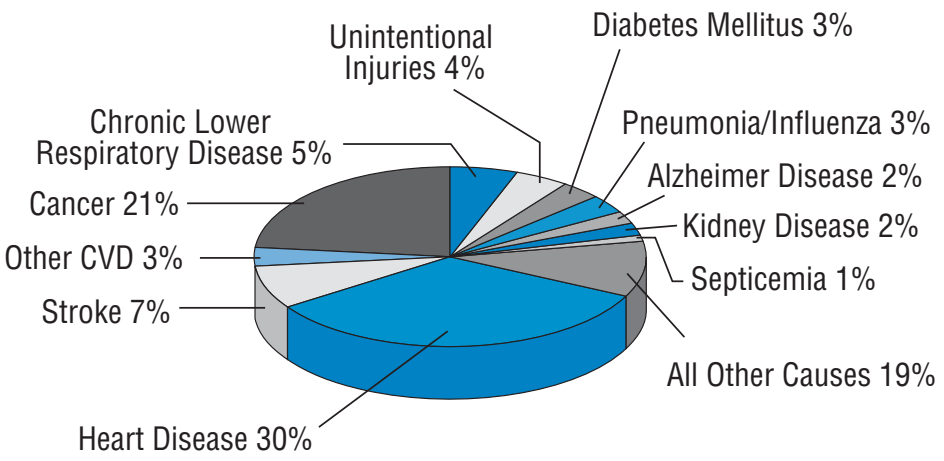
**Among three response opportunities.*

Most of the risk factors for stroke also contribute to coronary heart disease. Eighty percent of respondents could identify at least one stroke risk factor, and 28 percent were able to identify three. The most frequently mentioned risk factors were high blood pressure, smoking, physical inactivity, and diet (Table 1). High cholesterol and overweight were the next most frequent, reported by approximately one-fifth of respondents.

The knowledge of risk factors varied among demographic groups and was poorest among those groups at the highest risk for stroke. Poorer knowledge was identified among the elderly (75 years and older), the young (18-24 years old), men, African-Americans, and persons with less education. Except for the young, all of these groups are at higher risk for stroke.

The Epidemiology Services Division, in conjunction with the Division of Chronic Disease and Injury Control, is developing a women's health report which will emphasize CVD. The division is also involved in planning the second annual Michigan conference on stroke, to be held in 2002.

Figure 1. Cause of Death in Michigan, 1999



Fluoroquinolone-Resistant Neisseria Gonorrhoeae in Michigan

Dara Ganoczy

In September 2001, the Michigan Department of Community Health (MDCH) received a report of a fluoroquinolone-resistant *Neisseria gonorrhoeae* specimen from an Oakland County hospital. The specimen was taken from a 36-year-old female Macomb County resident who had recently spent three weeks in the Philippines with her husband. Her husband admitted to sexual contact with two commercial sex workers in Manila; both husband and wife denied having other partners in the United States since their return.

On August 24, one week after her return from the Philippines, the index case was admitted to the hospital with abdominal pain and received ciprofloxacin, metronidazole, and doxycycline. (The primary therapies recommended for gonorrhea are ciprofloxacin and ofloxacin [fluoroquinolones] and ceftriaxone and cefixime [cephalosporins]). The patient's symptoms did not resolve completely, and on September 17, a repeat culture was done. Her husband was also tested at this time. Both of these cultures were positive for gonorrhea. On September 18, the index case received ceftriaxone and doxycycline from her private physician; on October 4, she tested negative for gonorrhea. Her husband was treated with ceftriaxone and azithromycin; on September 21, a test of cure was done for him, and no growth was identified.

Cultures from both cases were submitted to the state laboratory for resistance testing. The specimens were resistant to ofloxacin, had intermediate resistance to tetracycline and penicillin, and were susceptible to ceftriaxone and cefixime. The index patient's specimen was also sent to the CDC for antibiotic resistance testing. The CDC confirmed that the specimen was resistant to ciprofloxacin and ofloxacin.

Fluoroquinolone-resistant *N. gonorrhoeae* is endemic in many Asian and Pacific countries and also occurs in Hawaii. In 1986 the CDC established the Gonococcal Isolate Surveillance Project (GISP) in 26 cities in the U.S. to monitor trends in antimicrobial resistance, as a basis for recommending therapies. Of the GISP isolates tested in 1999, 28.1% were resistant to penicillin, tetracycline, or both; 1.4% exhibited intermediate resistance or resistance to ciprofloxacin; and all isolates were susceptible to spectinomycin, ceftriaxone, and cefixime. Although Michigan does not participate in GISP, MDCH is exploring channels for estimating and monitoring antibiotic-resistant gonorrhea throughout the state. In 2000, Michigan tested 225 isolates, all of which were susceptible to ofloxacin, cefixime, and ceftriaxone.

Since fluoroquinolones are contraindicated during pregnancy, spectinomycin is recommended for pregnant women with cephalosporin allergies. In April 2001, the Pharmacia Corporation announced that it was discontinuing production of spectinomycin. Pharmacia subsequently announced that spectinomycin production would be resumed. MDCH now has spectinomycin available for emergency use. Please contact the STD Office at (517) 241-0870 if it is needed.

New Automated Laboratory Reporting

Jim Collins

In the wake of the recent anthrax concerns, the Bureau of Laboratories has experienced a significant increase in requests for testing environmental samples. As of February 21, 228 samples have been submitted to the laboratory for testing. To date, none have tested positive for *Bacillus anthracis*.

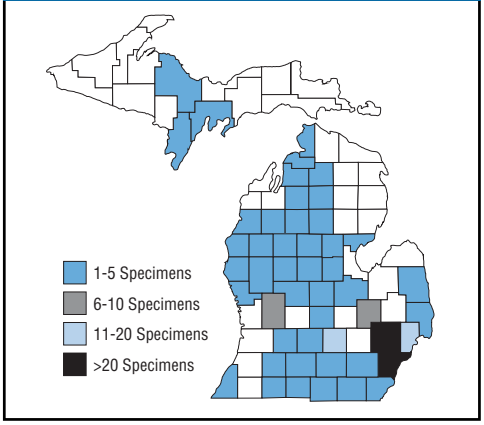
This increase in testing has presented problems beyond the additional staff required. One of the more troubling concerns has involved the maintenance of laboratory data and the reporting of results. Tracking of samples, testing, and reporting of results to law enforcement and public health has been a challenge due to the lack of a single data maintenance system that could be accessed by MDCH staff in both the bioterrorism and the laboratory programs.

The answer to this problem proved to be the REMEDY ACTION REQUEST SYSTEM® software. Originally designed as an adjunct to e-business models, the Action Request System® replaces outdated manual systems with workflow automation that speeds the handling of unique processes and optimizes user productivity.

This system facilitates MDCH's ability to handle the environmental specimens submitted for anthrax testing in several ways:

1. Notification of results to our public health partners and the Federal Bureau of Investigation has become an automated email process that is activated as specimens are received and results entered by the lab staff.
2. Staff from both bureaus is able to access the data set on- and off-site using secure data communications.
3. A single, comprehensive data warehouse for important epidemiologic and laboratory findings has been created.
4. The system has facilitated data summary at the local and state level.

Michigan Environmental Specimens Submitted for Anthrax Testing (through February 21, 2002)



Bacterial Meningitis Reporting Update

Mark Schmidt

Earlier this year, the Bureau of Epidemiology requested health care providers and local health departments to make an extra effort to provide complete reporting of bacterial meningitis to MDCH. In addition to the demographic and disease information typically asked on a case report, we also asked that case outcome information, species of organism, and, if meningococcal disease, the serogroup of the organism be reported to MDCH.

Based on the strong response to our request, the number of bacterial meningitis cases with complete information has increased. Case outcome information was reported for 62 percent of cases (compared with 45 percent in 2000), 56 percent of cases have the species of organism (43 percent in 2000) and, for meningococcal disease, 59 percent have serogroup information reported (33 percent in 2000). These numbers represent a good start towards complete reporting. However, the percent of cases reported with missing data elements continues to impede our efforts to determine if cases are related or coincidental and to fully characterize the epidemiology of bacterial meningitis in Michigan.

MDCH continues to ask health care providers and local health departments to report all cases of bacterial meningitis to the health department immediately after a diagnosis is made. If case outcome information, species of organism, and serogroup cannot be reported at this time, please report this information as soon as it becomes available. The local health department will then be able to update the disease report to MDCH, reflecting this new information. We hope that this additional information will strengthen our efforts to protect the public from the burden of bacterial meningitis.

Preventive Medicine Residency at the University of Michigan

The University of Michigan School of Public Health, Department of Epidemiology re-instituted the medical residency in general preventive medicine and public health last year after a decade long hiatus. The program confers an M.P.H. in general epidemiology and qualifies physician graduates to sit for the specialty board exam in preventive medicine and public health. The residency recently received full accreditation from the Accreditation Council for Graduate Medical Education. It is anticipated that graduates of the residency will go on to careers in state and local public health, CDC, academic public health, or in other positions requiring advanced training in medical epidemiology. There are currently seven physicians enrolled in the residency.

The residency concentrates on training in applied epidemiology and is supported by funding from MDCH. The Bureau of Epidemiology is one of the principal training sites for the residents and all residents are required to spend at least three months in the bureau during their second year. While here, they perform a surveillance system evaluation, complete an analytic project of their choice, and are involved in a field outbreak investigation. Other core rotations include clinical preventive medicine training at Henry Ford Hospital's Office of Health Promotion and Disease Prevention and a rotation at the Washtenaw County Health Department. Residents may also choose elective rotations at the Centers for Disease Control and Prevention, the Agency for Health Quality Research, the National Institute of Occupational Safety and Health, and multiple other settings.

Department of Health and Human Services Announces $31 Million Award to Michigan for Bioterrorism Preparedness

The MDCH Bureau of Epidemiology recently received word that the state would be the recipient of an approximately $31 million DHHS grant to build statewide bioterrorism planning, preparedness, and response capacity in the public health system. The funding is being issued as a supplemental to the state's previous CDC bioterrorism grant funding, which was awarded to the Bureau of Epidemiology and the Bureau of Laboratories in 1999. We are very excited about working with our many local and state partners in strengthening our current biochemical terrorism detection and response capacity. Look for further follow up in future issues of Epi Insight.

Michigan Public Health Association Epidemiology Section Officers

The mission of the MPHA Epidemiology Section is to provide a venue to foster communication and collaboration between epidemiologists in Michigan and to promote epidemiology and public health through training, research, and advocacy.

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New Employees

Kurt M. Kleier, M.S., recently joined the HIV/AIDS Surveillance Section as a surveillance specialist in the Detroit office. Kleier will be involved with surveillance activities at a large number of southeast Michigan sites and will serve as a surveillance resource for other staff members. Prior to joining MDCH, he managed Missouri's STD/HIV/AIDS Surveillance Program, was a disease intervention specialist for the Centers for Disease Control and Prevention, and worked as a HIV/AIDS surveillance coordinator in St. Louis, Missouri.

Jamease Kowalczyk, M.P.H., is a new epidemiologist in the Detroit office of the HIV/AIDS Surveillance Section and will be responsible for HIV surveillance activities at specific sites throughout southeast Michigan. She received her master's degree from the University of Alabama at Birmingham. As part of her graduate studies she conducted research on voluntary counseling, testing, and treatment for HIV in pregnant women in Kigali, Rwanda.

Scott Bunner, M.P.H., is a new HIV/AIDS epidemiologist in the Detroit office of the HIV/AIDS Surveillance Section. He will be responsible for evaluating the performance of Michigan's Integrated HIV/AIDS Active Surveillance System and will be performing surveillance activities at specific sites in Detroit. Bunner received his master's degree from the University of Minnesota and previously worked at the Karmanos Cancer Institute.

Christina Bush, M.S., recently began working in the Division of Environmental and Occupational Epidemiology. Her duties will include evaluating sites where there is potential exposure to toxic chemicals. Bush completed a master's degree in animal science and environmental toxicology from MSU in 1998. Prior to her current position, she worked for the Michigan Department of Environmental Quality where she assisted in the Toxics Unit, Air Quality Division. She has also worked at MSU in animal care and research, working with both poultry and mink.

Julie Wirth, M.S., Ph.D., is working in the new biomonitoring program in the Division of Environmental and Occupational Epidemiology. She received her doctoral degree from Thomas Jefferson University, where she worked in the Department of Microbiology on the effects of silica on immune response. She has worked in microbiologic research at University of Colorado Health Sciences Center in Denver and at MSU. She completed a master's degree in epidemiology at MSU this last spring; her thesis focused on the effects of organochlorine compounds exposure through Great Lakes fish consumption on male reproductive health.

Roger Racine, M.S., is the new environmental epidemiologist/analyst in the Division of Environmental and Occupational Epidemiology. His primary responsibilities will include working on the long-term PBB Cohort and the new Poison Control Centers Project. Racine is a graduate of Michigan State University where he played the trumpet with the Spartan Marching Band and earned his B.S. in human physiology. He recently received his master's degree in epidemiology from the University of Massachusetts in Amherst.

Kimberly Signs, D.V.M., has recently joined the Communicable Disease and Immunization Division staff as a zoonotic disease epidemiologist. Signs received her D.V.M. degree from Michigan State University in 1985 and has been working in small animal practice for 16 years. She will be working on disease surveillance and consultation for vector-borne and zoonotic diseases.

Kerry Navarre is the new coordinator for the Health Alert Network. Navarre has her undergraduate degree from Michigan State University in physiology. She has spent time in television news as well as video production. Navarre has also been a health reporter and a producer of a local health show. She has taught first responders in the classroom as well as produced a series of videos for the Emergency Medical Technician.

Susan Spieldenner, R.N., has recently joined the Tuberculosis Program as the program coordinator. Spieldenner will develop and expand existing statewide program policies and guidelines for the prevention and control of TB in Michigan. She will also assist in statewide TB surveillance and program evaluation activities. Previously, Spieldenner was the communicable disease nurse for Calhoun County Health Department.

Teri Lee Dyke, R.N., B.S.N., C.I.C., has recently joined the Tuberculosis Program as a regional TB nurse consultant. Dyke will provide technical advice, educational training, and other assistance to local health departments, health care providers, and community-based agencies. She will also assist with ongoing surveillance and program evaluation activities. Dyke was formerly the director of Infection Control and Prevention for Sparrow Health System.

Julie McCallum, R.N., M.P.H., has also recently joined the Tuberculosis Program as a regional TB nurse consultant. Prior to coming to MDCH, McCallum was a public health nurse in the Kent County Health Department and provided direct client care in the international travel, immunization, public health nursing, and women, infants and children clinics. As a regional TB nurse consultant, McCallum will provide technical advice and educational training to local health departments, health care providers, and community-based agencies, as well as assist with ongoing surveillance and program evaluation activities.

Elizabeth Chuhran, M.P.H., recently joined the Communicable Disease and Immunization Division in the HIV/STD and Blood-Borne Infections Section as an HIV epidemiologist and will be working on the HIV Surveillance Evaluation Project in Detroit. Chuhran received bachelor's degrees in microbiology and medical technology from Michigan State University and completed an M.P.H. in epidemiology from Emory University.

Matt Wilson, R.N., B.S.N., recently joined the Communicable Disease and Immunization Division staff in HIV/STD and Blood-Borne Infections Section as a surveillance specialist, working on linking the STARHS study to HIV surveillance. Wilson has a BSN from MSU and has

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Protecting Newborns from Hepatitis B

Pat Fineis

Providing the first dose of hepatitis B vaccine to all newborns before discharge offers the best means to assure that they are protected against hepatitis B infection, regardless of the surface antigen status of their mothers. Because we can never be fully assured that women are tested during pregnancy, it is important that all newborns receive that first dose of the vaccine before release from the hospital. No newborn should leave the hospital unprotected.

The Michigan Department of Community Health (MDCH) would like to recognize the following hospitals for having a policy that delivering physicians offer the first dose of hepatitis B vaccine to all newborns before discharge. Such policies show a strong commitment to helping assure that all infants are protected from this virus. By following this policy, health care providers can be confident that every infant born to a mother infected with hepatitis B will be vaccinated, even if the mother's infection is undetected by the hospital. Currently 83 of 102 birthing hospitals have instituted or reinstated these policies. These hospitals are:

Allegan General Hospital
Battle Creek Health Systems
Bay Medical Center
(William) Beaumont Hospital/Troy
Bell Memorial Hospital
Bi-County Hospital
Borgess/Pipp Health Center
Borgess Medical Center
Botsford General Hospital
Bronson Methodist Hospital
Carson City Hospital
Clinton Memorial Hospital
Community Health Center of Branch Co
Community Hospital/Watervliet
Covenant Health Care System
Crittenton Hospital
Foote Memorial Hospital
Garden City Osteopathic Hospital
Genesys Regional Medical Center
Grand View Hospital
Gratiot Community Hospital
Hackley Hospital Medical Center
Hayes Green Beach Hospital
Henry Ford Hospital/Detroit
Henry Ford Wyandotte Hospital
Hillsdale Community Health Center
Holland Community Hospital
Hurley Medical Center Hospital
Huron Memorial Hospital
Huron Valley/Sinai Hospital
Hutzel Hospital
Ingham Regional Medical Center
Ionia County Memorial Hospital
Keweenaw Memorial Medical Center
Lakeland Medical Center/St. Joseph
Lakeland Regional Health Systems/Niles
Lakeshore Community Hospital
Lapeer Regional Hospital
Lenawee Health Alliance/Herrick
McKenzie Hospital
McLaren Regional Medical Center
McPherson Hospital
Mecosta County General Hospital
Memorial Medical Center of West Michigan
Mercy General Health Partners
Mercy Health Services/Cadillac
Mercy Health Services/Grayling
Mercy Hospital/Port Huron
Mercy Memorial Hospital
Metropolitan Hospital
Mid MI Regional Medical Center/Clare
Mt. Clemens General Hospital
Munson Medical Center
North Oakland Medical Center
Oakwood Hospital-Annapolis Center
Oakwood Hospital and Medical Center
Otsego Memorial Hospital
Owosso Memorial Healthcare Center
Pennock Hospital
Port Huron Hospital
Portage Health System
Riverside Osteopathic Hospital
Sinai/Grace Hospital
St. Francis Hospital
St. John Detroit Riverview Hospital
St. John Macomb Hospital
St. John River District Hospital
St. Joseph Health System
St. Joseph Mercy Hospital/Ann Arbor
St. Joseph Mercy Hospital/Clinton Twp
St. Mary's Hospital/Livonia
St. Mary's Mercy Medical Center
South Haven Community Hospital
Spectrum Health/Blodgett Campus
Spectrum Health/Butterworth Campus
Sturgis Hospital
Three Rivers Area Hospital
United Memorial Hospital
University of MI Hospitals & Health Ctrs
War Memorial Hospital
West Branch Regional Medical Center
West Shore Hospital
Zeeland Community Hospital

If your hospital is not listed here and your physicians have a policy of offering the first dose of the hepatitis B vaccine to all newborns before discharge, please let us know by calling Pat Fineis at 517-335-9443 or 800-964-4487 so that we can publicly acknowledge your commitment.

New Employees *(continued from page 7)*

worked with Livingston County Health Department for the last three years doing communicable disease investigation, immunization outreach to private providers, and HIV counseling and testing.

Staff changes

Dee Simmons Smith was recently appointed to the vacant CDC public health advisor position in the Detroit Tuberculosis Program. Smith transferred from her assignment in the Immunization Program. She will now be responsible for providing technical advice and assistance in the management of the city's tuberculosis prevention and control activities.

Karen MacMaster was recently appointed to the section manager position of the new Surveillance Section within the Communicable Disease and Immunization Division. MacMaster will be responsible for managing the Bioterrorism Program and working with staff to move the bureau toward an enhanced disease surveillance system. MacMaster has been employed with MDCH for 13 years, most recently as the bioterrorism preparedness coordinator. Prior to that, she worked in the Epidemiology and Laboratory Capacity (ELC) Program in the division and in the Bureau of Laboratories.

AWARDS

The Division of Communicable Disease and Immunization was awarded the initial installment for calendar year 2002 for the prevention and control of vaccine-preventable diseases. This award included $4,202,414 in financial assistance and $8,487,188 in direct assistance. Financial assistance funds are primarily distributed to local health departments to pay for staff and activities associated with increasing immunization coverage levels. Direct assistance consists primarily of vaccine available to the state for distribution to providers under the federal Vaccines for Children Program.

HIV/AIDS Surveillance Supplemental Projects Funded- October 2001

The following six supplemental projects were funded by the Centers for Disease Control and Prevention in October 2001.

1) 'HIV Testing Survey (HITS)' is a survey used to conduct behavioral surveillance aimed at improving our understanding of HIV-related test- and care-seeking behaviors, among men who have sex with men, injecting drug users, and high risk heterosexuals, especially in racial/ethnic minority populations.

2) 'Survey of HIV Disease and Care Plus Interview (SHDC+)' will allow the addition of a behavioral interview along with the chart review from SHDC. The original Survey of HIV Disease in Care (SHDC) was developed to obtain population-based estimates of characteristics and clinical outcomes of patients receiving primary medical care by size of provider, geographic area, and presence or absence of Ryan White CARE Act support.

3) 'Estimation of HIV Incidence by Population-Based Application of Serologic Methods to Detect Recent Infection - STARHS Incidence' will allow the calculation a population-based estimate of HIV incidence, by the Serologic Testing Algorithm for Recent HIV Seroconversion (STARHS) from persons identified as newly diagnosed with HIV infection and reported to the Michigan Department of Community Health (MDCH) HIV/AIDS Surveillance Section.

4) 'Project to Conduct STARHS Testing on Specimens from Persons Newly Diagnosed and Reported with HIV-STARHS Lab' awards the funds to conduct the necessary laboratory work in the Kent County MDCH laboratory.

5) 'Evaluation of the Performance of Integrated HIV and AIDS Surveillance Systems' will be used to conduct a thorough evaluation of Michigan's name-based integrated HIV/AIDS active surveillance system to determine whether it provides data and information of sufficient quality to meet programmatic needs for epidemiological monitoring.

6) 'Sexually Transmitted Diseases, Reinventing Surveillance' will allow matching and comparisons between the statewide STD database and other statewide databases, including piloting ideas on how to enhance STD surveillance using other databases.

Recent Presentations

Melendez MF, Montgomery JP, Hernandez J. The status of the HIV/AIDS epidemic among MSM in the state of Michigan: HIV/AIDS surveillance and counseling and testing data. Presented at the CDC Region Meeting "Emerging Issues and HIV Prevention for Men Who Have Sex With Men" in Chicago, October 30-31, 2001.

Ganoczy D. Gonorrhea and syphilis rates in Michigan 1986-2000. Presented at the CDC Region Meeting "Emerging Issues and HIV Prevention for Men Who Have Sex With Men" in Chicago, October 30-31, 2001.

Harry McGee gave an oral presentation on prostate cancer screening and a poster on complementary and alternative medicine.

AWARDS

Bao-Ping Zhu won the Award for Effective Practice at the State Level from the Coalition of Excellence in Maternal and Child Health (MCH) Epidemiology. The selection committee for this prestigious award recognized Zhu's many outstanding contributions and achievements as a leader in MCH epidemiology. For example, he has contributed significantly to improving Michigan's public health practice that affects the population of women, infants, and children. Also, through his leadership, the MCH epidemiology team at MDCH has expanded staff resources, added more analytic and epidemiological expertise, developed stronger policy and programmatic connections, and improved the quality of data needed for policy and program decision-making. Additionally, Zhu has mentored and trained professionals, advanced scientific knowledge to the field of MCH epidemiology, and provided national leadership in MCH epidemiology.

The Michigan Cancer Consortium is a statewide network of over 30 Michigan public and private organizations that was formed to coordinate activities to achieve cancer control objectives for the State. **Harry McGee** has been serving on the consortium's Prostate Cancer Committee. The committee is measuring the knowledge and understanding of prostate cancer, treatment options, side effects, and quality of life among newly diagnosed prostate cancer patients. Patients are being surveyed by telephone after they have been diagnosed and before they are treated. Information from the survey will be used to develop patient education activities. We are thrilled that this committee recently received the consortium's Year 2001 "Spirit of Collaboration Award" for its work.

Employee Focus: Sha Juan Colbert

Sha Juan Colbert, M.P.H., is in the HIV/AIDS Surveillance Section and has been the study coordinator for the Supplement to HIV/AIDS Surveillance (SHAS) study. SHAS is an interview-based study that is designed to obtain descriptive information on HIV-infected persons. Colbert has been with the bureau since March 2000.

Colbert is a Detroit native who attended Michigan State University (MSU) for her undergraduate studies. Upon leaving MSU, Colbert was adamant about becoming a physician who specialized in internal medicine. However, she decided that first she would obtain a master's degree in public health. While at Emory University, Colbert participated in a program evaluation for the CDC, a community needs assessment for an Atlanta public high school, and a community project for the Center for Black Women's Wellness in Atlanta. Colbert's thesis research focused on the sexual communication of adolescents with their parents, before and after participation in an intervention that used hip-hop music. Colbert was the "Who's Who Among U.S. Colleges and Universities" Emory awardee for 2001.

After gaining a multitude of knowledge and experience, Colbert discovered that public health was truly her passion. Colbert's main research interests include investigating the causes and solutions of racial and ethnic disparities in America. She has published in the Journal of African American Men and Health Promotion Practice.

Although her background was in the behavioral sciences, Colbert has found her niche in the Bureau of Epidemiology. Starting in January 2002, Colbert will coordinate efforts for the HIV Testing Survey (HITS). This study is aimed at improving our understanding of HIV-related test and care seeking behaviors among men who have sex with men, injecting drug users, and high-risk heterosexuals. Colbert is highly excited about her new position.

Outside of work, Colbert is the executive director of a community service organization entitled "Girlfriendz." Girlfriendz is a multi-cultural mentoring program for female adolescents that encourages them to become empowered and positive young women. She also enjoys going to the movies, reading books, and exercising.

In recognition of outstanding performance, the following staff and teams have received the Bureau of Epidemiology Director's Award for 2001:

Employee Excellence

Therese Hoyle
Sarah Lyon-Callo

Team Excellence

PBB Cohort:
(Lorri Cameron, Pete DeGuire, Lana Ashley, Connie Godby)

Bioterrorism Section:
(Karen MacMaster, Brad Carlson, Jim Collins, Nancy Tate)

New Publications

Zhu BP, Haines KM, Le T, Miller KM, **Boulton ML**. Effect of interval between pregnancies on perinatal outcomes among white and black women. *Am J Obstet Gynecol* 2001;185:1403-1410.

Breuer T, Benkel DH, Shapiro RL, **Hall WN**, Winnet MM, Linn MJ, et al. A multistate outbreak of *Escherichia coli O157:H7* infections linked to alfalfa sprouts grown from contaminated seeds. *Emerg Infect Dis* 2001;7:977-982.

Inungu J, Melendez MF, Montgomery JP. AIDS-related primary brain lymphoma in Michigan, January 1990 to December 2000. *AIDS Patient Care and STDS*, 2002;16:1-6.

Hajjeh RA, Relman D, Cieslak PR, Sofair AN, Passaro D, Flood J, Johnson J, Hacker JK, Shieh WJ, Hendry RM, Nikkair S, Ladd-Wilson S, Hadler J, Rainbow J, Tappero JW, Woods CW, Conn L, **Reagan S**, Zaki S, Perkins BA. Surveillance for unexplained deaths and critical illnesses due to possibly infectious causes, United States, 1995-1998. *Emerg Infect Dis* (serial online) 2002;8(2). Available from http://www.cdc.gov/ncidod/EID/vol8no2/01-0165.htm.

Inungu J, Mokotoff ED, Kent J. Characteristics of HIV infection in patients fifty years or older in Michigan. *AIDS Patient Care and STDS* 2001;15:567-573.

Wotring LL, Mokotoff ED, Montgomery JP, Inungu J, Crane LR. CD4+ cell counts in persons recently diagnosed as HIV-positive, Detroit, 1992-1999. *Am J Epidemiol* 2001;153:S189.

BUREAU REORGANIZATION

The recent reorganization of the Michigan Department of Community Health resulted in several additions to the Bureau of Epidemiology. Newly relocated to the Division of Epidemiology Services, directed by Dr. Corinne Miller, are the Vital Records and Health Data Development Section and the Genetics/Newborn Screening Unit. Lead abatement programs have been moved to the Division of Environmental and Occupational Epidemiology, directed by Dr. David Wade.

We are very excited by the collaborative possibilities generated by these additions and recognize that numerous outstanding individuals currently staff these areas. We will include future articles in Epi Insight that inform our readers about these new staff and the many public health activities in which they are engaged.

CONFERENCES

MDCH Communicable Disease Conferences

May 22, 2002 Okemos, MI

May 31, 2002 Gaylord, MI

Please contact the CD Division at 517-335-8165
for registration information.

MDCH Fall Regional Immunization Conferences

October 2, 2002 Gaylord, MI

October 4, 2002 Marquette, MI

October 9, 2002 East Lansing, MI

October 11, 2002 Kalamazoo, MI

October 29, 2002 Troy, MI

October 30, 2002 Ypsilanti, MI

Please contact Rosemary Franklin at 517-335-9485 or
Darcy Wildt at 517-335-9486 for more information.

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