



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH
LANSING

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GOVERNOR

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To: Michigan Health Care Personnel

The U.S. is currently experiencing a resurgence of some vaccine-preventable diseases, most notably pertussis (whooping cough), measles, and mumps. Unfortunately, health care personnel often perpetuate transmission during these outbreaks, placing themselves and their patients at risk because they were not appropriately immunized. Health care personnel without documented evidence of immunity further disrupt health care operations when vaccine-preventable diseases are introduced because of the need to exclude potentially infected staff members and rapidly ensure immunity for others.

A Health Alert from the Centers for Disease Control and Prevention (CDC) described a drastic example of this when, in April 2008, an adult patient was hospitalized with measles and pneumonia. This hospital admission prompted verification of the measles immune status of approximately 1,800 health care personnel and vaccination of those without evidence of immunity. Through March 31, 2008, nine cases had been confirmed while hundreds of contacts remained under investigation. All but one of the cases was infected in a health care setting, one of the five adult case-patients was a health care worker, and all cases were unvaccinated at the time of exposure.

In accordance with current recommendations, health care personnel should have documented evidence of immunity to measles, mumps, rubella, varicella, tetanus, diphtheria, pertussis, varicella, hepatitis B, and influenza readily available at their work location. The disruption in health care and related expenses caused by these diseases can be largely avoided by assuring all staff and the facility has this documentation of immunity readily available. For example, during the 2005 Indiana measles outbreak, the cost incurred to a hospital with one infected employee was over \$113,000 in immune status checking, containment, and infection control costs.

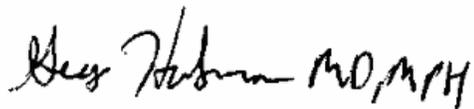
Are you up-to-date on the new vaccines and recommendations for health care personnel? Is everyone who shares the air with patients in your facility appropriately vaccinated? Is evidence of this immunity readily available? Now is the time to review your records, not in the midst of an outbreak. The campaign materials outlined below can be used not only for influenza vaccination campaigns but also for all the other immunizations that health care personnel need.

Reducing influenza transmission from health care personnel to patients has been a top priority both nationally and in Michigan for many years. To that end, the Michigan Department of Community Health has created a Flu Fighter Action Kit for Health Care Personnel. Available online at www.michigan.gov/flufighterkit, the kit offers a step-by-step approach to planning an influenza vaccination campaign, including ready-to-use materials such as planning templates, a campaign calendar and timeline, and educational resources to help you reach everyone in your health care organization.

This fall and every fall, take the opportunity that a flu vaccine clinic provides to offer other immunizations as needed. Use the tools in the Flu Fighter Action Kit to plan your flu campaign this year and be sure to include Tdap, MMR, hep B and varicella vaccines in your plans.

Protect yourself, your family, your colleagues, and your patients from serious diseases. Ensure that you and your colleagues receive all needed vaccines including a yearly influenza immunization. Get vaccinated, and encourage your co-workers to do the same! Visit www.michigan.gov/flufighterkit to develop a vaccination campaign in your facility today.

Sincerely,

A handwritten signature in black ink that reads "Greg Holzman MD, MPH". The signature is written in a cursive, flowing style.

Greg Holzman, MD, MPH
Chief Medical Executive
Michigan Department of Community Health

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