

Vaccines for Children Program

Genital Herpes

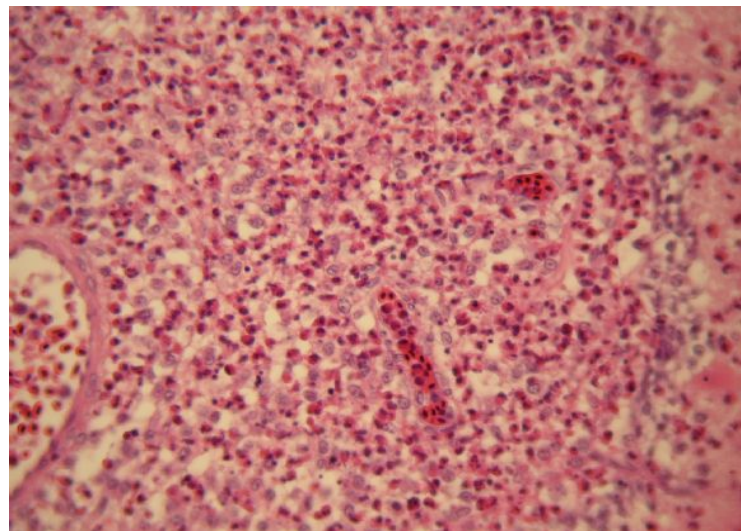
Meningitis

COMMUNICABLE DISEASE



Winter 2013

NEWSLETTER



Genital Herpes

How common is genital herpes?

CDC estimates that annually, 776,000 people in the United States get new herpes infections. Genital herpes infection is common in the United States. Nationwide, 16% of persons aged 14 to 49 years have HSV-2 infection. HSV-2 infection is more common among women than among men.

How do people get genital herpes?

Infections are transmitted through contact with lesions, mucosal surfaces, genital secretions, or oral secretions. HSV-1 and HSV-2 can also be shed from skin that looks normal. In persons with asymptomatic HSV-2 infections, genital HSV shedding occurs 10% of the time, yet the person has no signs or symptoms. Generally, a person can only get HSV-2 infection during sexual contact with someone who has a genital HSV-2 infection. Transmission most commonly occurs from an infected partner who does not have a visible sore and may not know that he or she is infected.

What are the symptoms of genital herpes?

Most individuals infected with HSV-1 or HSV-2 are asymptomatic, or have very mild symptoms that go unnoticed or are mistaken for another skin condition. As a result, 81.1% of infected individuals remain unaware of their infection. When symptoms do occur, they typically appear as one or more vesicles on or around the genitals, rectum or mouth. The average incubation period after exposure is 4 days. Clinical manifestations of genital herpes differ between the first and recurrent outbreaks of HSV. The first outbreak of herpes is often associated with a longer duration of herpetic lesions, increased viral shedding (making HSV transmission more likely) and systemic symptoms including fever, body aches, swollen lymph nodes, and headache. Recurrent outbreaks of genital herpes are common, in particular during the first year of infection. Approximately half of patients who recognize recurrences have prodromal symptoms, such as mild tingling or shooting pains in the legs, hips and buttocks occurring hours to days before eruption of herpetic lesions. Symptoms of recurrent outbreaks are typically shorter in duration and less severe than the first outbreak of genital herpes.

Is there a cure or treatment for herpes?

There is no cure for herpes. Antiviral medications can, however, prevent or shorten outbreaks during the period of time the person takes the medication. In addition, daily suppressive therapy (i.e. daily use of antiviral medication) for herpes can reduce the likelihood of transmission to partners.

Source: www.cdc.gov

Vaccines for Children (VFC) Program

In 1989 – 1991, a measles epidemic in the United States resulted in tens of thousands of cases of measles and, more sadly, hundreds of deaths. Upon investigation, the Centers for Disease Control and Prevention (CDC) found that more than half of the children who had contracted measles had not been immunized, in spite of recent visits to a health care provider where vaccination would have been indicated. In response, the Vaccines for Children (VFC) Program was created on August 10, 1993, under the *Omnibus Budget Reconciliation Act, Section 1928* of the *Social Security Act*. The VFC Program has been operational since August 1, 1994 and Michigan has participated since 1995.

One of the primary goals of the VFC Program is to offer comprehensive medical care to children 18 years of age and younger through the provision of quality immunization services in the medical home. Other benefits include:

- * Offering convenient, client-centered immunization services
- * Offering the provider the ability to order all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) free of charge*
- * Increasing the likelihood of children beginning the immunization series as scheduled and remaining up-to-date
- * Increasing clients' protection against vaccine preventable diseases

***Vaccine is free of charge to providers for administration to eligible children**

Vaccines for Children (VFC) Program (continued)

Who is eligible for the VFC Program?

Children less than 19 years of age are eligible to receive vaccines through the VFC Program if they are:

- * Enrolled in Medicaid
- * Uninsured (have no health insurance at all)
- * Underinsured (have private health insurance which does not cover immunizations)
- * American Indian or Alaskan Native

If you are interested in becoming a VFC Provider, or would like more information, contact the Saginaw County Department of Public Health's Immunization Program at (989) 758-3840 or 758-3856.

References:

<http://www.cdc.gov/vaccines/programs/vfc/about/index.html>

Meningococcal Disease

Meningococcal disease is an illness caused by a bacteria known as *Neisseria meningitis*, more commonly known as meningococcus. The illness most people are familiar with is meningococcal meningitis, or simply called meningitis. Meningitis is a disease caused by inflammation of the protective membranes covering the brain and spinal cord, more commonly referred to as the meninges. The inflammation is commonly caused by infection of the fluid surrounding both the brain and spinal cord.

Meningitis may be caused by bacteria or viruses; the severity of illness and treatment depend on the specific cause. Viral meningitis is generally less severe and resolves without treatment with most clients recovering completely on their own in 7-10 days. Bacterial meningitis is usually more severe and can cause serious complications such as brain damage and hearing loss.

The transmission of meningitis occurs when *Neisseria meningitis* bacteria is spread through direct contact with a person's oral secretions, like kissing. The bacteria can be spread to individuals who have had close or prolonged contact with a person with meningococcal disease, such as household contacts and those living in close quarters. These persons would also be considered in a high risk category for meningitis.

The signs and symptoms of meningitis may appear suddenly or over the course of several days. Symptoms include sudden onset of fever, headache, and stiff neck. Also, symptoms which resemble influenza (the flu) can cause nausea, vomiting, rash, confusion, and increased sensitivity to light. In newborns and infants, the classic symptoms may be absent or difficult to notice. Infants may exhibit signs and symptoms of inactivity, irritability, or vomiting. Inform your child's physician right away if you recognize any symptoms of meningitis.

Diagnosis of meningitis is made by laboratory testing of blood or cerebrospinal fluid samples. If *Neisseria meningitis* bacteria is present, the specimen is then grown (cultured) to identify the specific bacteria causing the infection. Identification of the specific bacteria causing the infection is an integral part in the antibiotic treatment necessary to treat the infection. Treatment of meningitis, particularly bacterial, is with specific broad spectrum antibiotics and should be started as soon as possible. Viral meningitis generally resolves with adequate rest and fluids.

Prevention of meningitis is achieved through making sure recommended immunizations are up to date. There are vaccines available to help aide in protection against some strains of bacteria known to cause the disease. These vaccines include Hib and Prevnar for infants and children up to 4 years of age. A meningococcal vaccine is available for children known to be at high risk. Vaccines for adolescents and adults are also available to aide in prevention of meningitis. Please contact the Saginaw County Department of Public Health Immunization Clinic at (989) 758-3840 or your primary care physician for additional information regarding vaccines.

Source: www.cdc.gov/meningococcal

**Communicable Disease
REPORTED FOR SAGINAW COUNTY
For the Quarter
10/01/2013-12/31/2013**

Disease	No. Reported
AIDS, AGGREGATE	1
ANIMAL BITE	9
CAMPYLOBACTER	1
CHICKEN POX	3
CHLAMYDIA (Genital)	308
CRYPTOSPORIDIOSIS	3
FLU LIKE DISEASE	1137
GASTROINTESTINAL ILLNESS	796
GIARDISSIS	2
GONORRHEA	67
HEAD LICE	121
HEPATITIS A	1
HEPATITIS B ACUTE	2
HEPATITIS B CHRONIC	6
HEPATITIS C ACUTE	1
HEPATITIS C CHRONIC	46
HISTOPLASMOSIS	1
INFLUENZA	1
LEGIONELLOSIS	4
MENINGITIS-ASEPTIC	5
MENINGITIS-BACTERIAL OTHER	1
MYOBACTERIUM	1
Q FEVER CHRONIC	2
SALMONELLOSIS	2
STREP THROAT	195
STREPTOCOCCUS PNEUMONIA, INVASIVE	4
SYPHILLIS-LATE LATENT	2
SYPHILLIS-SECONDARY	2
UNUSUAL OUTBREAK OR OCCURANCE	2
VZ INFECTION, UNSPECIFIED	2

Please visit our website at www.saginawpublichealth.org where our communicable disease pamphlets are available.

This newsletter is provided to all Saginaw County healthcare providers, hospitals, schools, local colleges, universities, urgent care facilities and local media centers.

If you would like to receive this newsletter by e-mail please submit your e-mail address to: kburlingame@saginawcounty.com

Saginaw County Department of Public Health
1600 N. Michigan Avenue
Saginaw, MI 48602



**Communicable Disease
REPORTED FOR SAGINAW COUNTY
Year to Date
01/01/2013-12/31/2013**

Disease	No. Reported
AIDS, AGGREGATE	14
ANIMAL BITE	35
CAMPYLOBACTER	10
CHICKEN POX	7
CHLAMYDIA (Genital)	1184
COCCIDIOIDOMYCOSIS	2
CRYPTOSPORIDIOSIS	9
DENGUE FEVER	2
FLU LIKE DISEASE	9812
GIARDIASIS	7
GASTROINTESTINAL ILLNESS	4530
GONORRHEA	265
HEAD LICE	469
HEPATITIS A	1
HEPATITIS B ACUTE	2
HEPATITIS B CHRONIC	21
HEPATITIS C ACUTE	2
HEPATITIS C CHRONIC	165
HISTOPLASMOSIS	9
INFLUENZA	318
KAWASAKI	1
LEGIONELLOSIS	7
LYME DISEASE	1
MENINGITIS-ASEPTIC	20
MENINGITIS-BACTERIAL OTHER	1
MYCOBACTERIUM-OTHER	2
NOROVIRUS	3
PERTUSSIS	1
Q FEVER-CHRONIC	2
SALMONELLOSIS	15
SHIGA TOXIN-PRODUCING ESCHERICHIA COLI (STEC)	4
SHINGELLOSIS	1
STREP THROAT	1066
STREPTOCOCCAL DISEASE INVASIVE GROUP A	1
STREPTOCOCCAL PNEUMONIA, INVASIVE	13
SYPHILLIS-EARLY LATENT	3
SYPHILLIS-LATE LATENT	4
SYPHILLIS-SECONDARY	4
UNUSUAL OUTBREAK OR OCCURANCE	2
VZ INFECTION, UNSPECIFIED	2

Articles for this newsletter are written and researched by the following members of the Personal and Preventive Health Services Division:

John Winden, R.N., M.S.N., Kemberly Parham, R.N., B.S.N.,
Tanisha Anderson, R.N., Tammie Gillespie, R.N., B.S., B.S.N.
and Tawnya Simon, R.N., B.S.N., M.S.A.