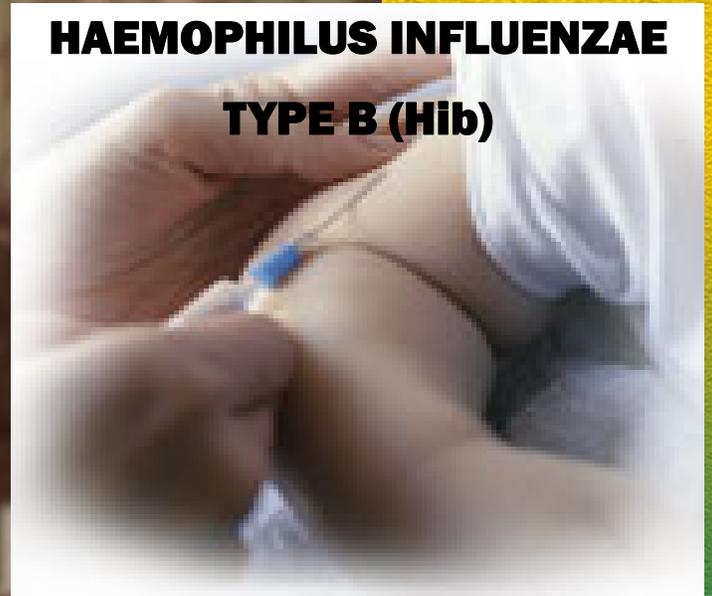


Communicable Disease Newsletter

In this edition:

**HAEMOPHILUS INFLUENZAE
TYPE B (Hib)**



Summer 2009

Volume 9
Issue 2



HAEMOPHILUS INFLUENZAE TYPE B (Hib)

Is a severe bacterial infection transmitted, presumably, through respiratory droplets entering the body through the nasopharynx. Invasive diseases such as meningitis (most common), epiglottitis, pneumonia, arthritis, and cellulitis may occur as a result of bacterial invasion of the bloodstream through an unknown mode. Hib infection is more common among infants, with invasive disease susceptibility being age-dependent and rarely occurring beyond 5 years of age.

During the pre-vaccine era, approximately 20,000 cases of Hib disease occurred annually in the United States. Disease prevalence began to decline dramatically in the late 1980s with the licensure of Hib vaccines and has resulted in a 99% decline to date. It is recommended by the Advisory Committee on Immunization Practices (ACIP) that all infants receive a primary series of Hib vaccine beginning at 2 months of age. The number of doses in the primary series is dependent upon the type of vaccine being used. Vaccination with PedvaxHIB requires a 2 dose primary series, whereas, ActHIB requires 3 doses. A booster dose is recommended at 12-15 months of age, regardless of which vaccine is used for the primary series.



In December 2007, Interim Recommendations for the use of Hib vaccines were instituted related to the recall of PedvaxHib vaccine. These guidelines included deferral of the booster dose of Hib vaccine for all healthy children 12-15 months of age. As of July 1, 2009 the Centers for Disease Control and Prevention (CDC) reinstated administration of the Hib booster dose. Any child presenting for immunization services may receive the booster dose of Hib vaccine as of the aforementioned date. However, mass recall of children placed on a previous Hib Booster Dose Recall List cannot be supported at this time. For further information on Hib vaccine recommendations and requirements, please contact your family physician/pediatrician or the Saginaw County Department of Public Health Immunization Program at (989) 758-3840.

References

Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Disease. Atkinson W., Wolfe S., Hamborsky J., McIntyre L., eds. 11th ed. Washington DC: Public Health Foundation, 2009: [Pg 71-83].

Centers for Disease Control and Prevention. Updated Recommendations for Use of Haemophilus influenzae Type b (Hib) Vaccine: Reinstatement of the Booster Dose at Ages 12—15 Months. MMWR 2009;58(24):673-74.

www.cdc.gov

H1N1 UPDATE

Novel influenza A (H1N1) is a new flu virus of swine origin that first caused illness in Mexico and the United States in March and April, 2009. It's thought that novel influenza A (H1N1) flu spreads in the same way that regular seasonal influenza viruses spread, mainly through the coughs and sneezes of people who are sick with the virus, but it may also be spread by touching infected objects and then touching your nose or mouth. Novel H1N1 infection has been reported to cause a wide range of flu-like symptoms, including fever, cough, sore throat, body aches, headache, chills and fatigue. In addition, many people also have reported nausea, vomiting and/or diarrhea.

H1N1 UPDATE CONT.



The first novel H1N1 patient in the United States was confirmed by laboratory testing at CDC on April 15, 2009. The second patient was confirmed on April 17, 2009. It was quickly determined that the virus was spreading from person-to-person. On April 22, CDC activated its Emergency Operations Center to better coordinate the public health response. On April 26, 2009, the United States Government declared a public health emergency and has been actively and aggressively implementing the nation's pandemic response plan.

Since the outbreak was first detected, an increasing number of U.S. states have reported cases of novel H1N1 influenza with associated hospitalizations and deaths. By June 3, 2009, all 50 states in the United States and the District of Columbia and Puerto Rico were reporting cases of novel H1N1 infection. While nationwide U.S. influenza surveillance systems indicate that overall influenza activity is decreasing in the country at this time, novel H1N1 outbreaks are ongoing in parts of the U.S., in some cases with intense activity.

CDC is continuing to watch the situation carefully, to support the public health response and to gather information about this virus and its characteristics. The Southern Hemisphere is just beginning its influenza season and the experience there may provide valuable clues about what may occur in the Northern Hemisphere this fall and winter.

Reference:

www.cdc.gov

TIPS FOR GRILLING FOOD SAFELY AND AVOIDING FOODBORNE ILLNESS

- ◆ Precooking food partially in the microwave, oven, or stove is a good way of reducing grilling time. Just make sure that the food goes immediately on the preheated grill to complete cooking.
- ◆ Cook food to a safe minimum internal temperature to destroy harmful bacteria. Meat and poultry cooked on a grill often browns very fast on the outside. Use a food thermometer to be sure the food has reached a safe minimum internal temperature.
- ◆ Never partially grill meat or poultry and finish cooking later.
- ◆ When taking food off the grill, use a clean platter. Don't put cooked food on the same platter that held raw meat or poultry. Any harmful bacteria present in the raw meat juices could contaminate safely cooked food.
- ◆ After cooking meat and poultry on the grill, keep it hot until served — at 140 °F or warmer.
- ◆ Keep cooked meats hot by setting them to the side of the grill rack, not directly over the coals where they could overcook. At home, the cooked meat can be kept hot in an oven set at approximately 200 °F, in a chafing dish, slow cooker, or on a warming tray.



Source: USDA Food Safety and Inspection Service

**COMMUNICABLE DISEASE
REPORTED FOR SAGINAW COUNTY
1/1/2008 – 12/31/2008**

Disease	No. Reported
AMEBIASIS	1
ANIMAL BITE	8
CAMPYLOBACTER	13
CHICKENPOX (Varicella)	1
CHLAMYDIA (Genital)	996
COCCIDIOIDOMYCOSIS	1
CRYPTOCOCCOSIS	1
CRYPTOSPORIDIOSIS	1
E-COLI	3
FLU-LIKE DISEASE	193
GIARDIASIS	8
GONORRHEA	289
HEPATITIS B ACUTE	1
HEPATITIS B CHRONIC	23
HEPATITIS C ACUTE	4
HEPATITIS C CHRONIC	191
HISTOPLASMOSIS	1
HIV	26
LEGIONELLOSIS	4
MENINGITIS ASEPTIC	11
SALMONELLOSIS	22
SHIGELLOSIS	7
TOXIC SHOCK	1

**COMMUNICABLE DISEASE YTD
REPORTED FOR SAGINAW COUNTY
1/1/2009 – 6/30/2009**

Disease	No. Reported
ANIMAL BITE	6
BLASTOMYCOSIS	1
CAMPYLOBACTER	6
CHLAMYDIA (Genital)	566
FLU-LIKE DISEASE	256
GIARDIASIS	3
GONORRHEA	118
HIV	11
HEPATITIS B CHRONIC	17
HEPATITIS C CHRONIC	58
INFLUENZA	7
INFLUENZA, NOVEL	2
LEGIONELLOSIS	1
MENINGITIS ASEPTIC	5

**COMMUNICABLE DISEASE YTD cont.
REPORTED FOR SAGINAW COUNTY
1/1/2009 – 6/30/2009**

Disease	No. Reported
PERTUSSIS	1
RHEUMATIC FEVER	1
ROCKY MT SPOTTED FEVER	1
SALMONELLOSIS	3
SHIGELLOSIS	1
STAPHYLOCOCCUS	2
STREPTOCOCCAL DISEASE	1
SYPHILIS (Latent)	1
YERSINIA ENTERITIS	1

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 get this newsletter by e-mail please submit your e-mail address to:

eatkins@saginawcounty.com

Articles for this newsletter are written and researched by the following members of the Personal and Preventive Health Services Division: Jayne Heringhausen, R.N., B.S.N., Tawnya Simon, R.N., B.S.N., M.S.A., Susan Gottlieb, R.N., Kemberly Parham, R.N., B.S.N. and John Winden, R.N., B.S.N. Brigid Richards, R.S., R.E.H.S.

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



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