MDHHS Liaison Report

BUREAU OF HEALTH AND WELLNESS

MDHHS Division of Immunization Update

Michigan's Mary Zimmerman is 2017 CDC Childhood Immunization Champion

The CDC Childhood Immunization Champion Award is an annual award given jointly by the CDC Foundation and CDC to recognize individuals who make a significant contribution toward improving public health through their work in childhood immunization. Each year, up to one CDC Immunization Champion from each of the 50 states, 8 U.S. Territories and Freely Associated States, and the District of Columbia is honored. Award recipients for 2017 were announced during National Infant Immunization Week (NIIW), April 22-29, 2017.

The Michigan Department of Health and Human Services, Division of Immunization, is proud to announce that Mary Zimmerman, Immunization Program Manager at Spectrum Health, has been selected as the 2017 CDC Childhood Immunization Champion for Michigan. Zimmerman was nominated and selected from several healthcare professionals, community advocates, and other immunization leaders in Michigan for making a significant contribution to public health through her work in children's immunizations.

Mary Zimmerman has worked as a pediatric nurse for over 20 years. In her current role as Immunization Program Manager at Spectrum Health, she created an immunization education certification program for staff at more than 20 practices. Each practice must have an immunization champion certified by the program. The education and certification have led to fewer medical errors, increased doses administered, and increased coverage levels at each practice.

Ms. Zimmerman attends several coalitions and advocacy groups throughout Michigan and volunteers for many projects focusing on increasing standards of practice and strategies to improve immunizations. She is a "go to" person for immunization questions at Spectrum Health. Mary developed a "Rate and Rank" report identifying the practice name and the corresponding vaccination coverage levels for each of the Spectrum Health practices. This report is created monthly and distributed at all area provider meetings. The "Rate and Rank" reports create competition and motivation amongst the providers and their staff to improve.

Ms. Zimmerman's commitment to providing education to the staff and her passion for improving vaccination protocols and practices make her Michigan's 2017 CDC Childhood Immunization Champion. MDHHS appreciates all of Ms. Zimmerman's hard work and

dedication to improving vaccination rates in Michigan and helping protect Michigan's children from vaccine-preventable diseases.

HPV Vaccination Linked to Decreased Oral HPV Infections

A new study results suggest that vaccination against HPV may sharply reduce oral HPV infections that are a major risk factor for oropharyngeal cancer, a type of head and neck cancer. The study of more than 2,600 young adults in the U.S. found that the prevalence of oral infection with four HPV types, including two high-risk, or cancer-causing, types, was 88 percent lower in those who reported receiving at least one dose of HPV vaccine than in those who said they were not vaccinated. About 70 percent of oropharyngeal cancers are caused by high-risk HPV infection, and the incidence of HPV-positive oropharyngeal cancer has been increasing in the United States in recent decades. Maura Gillison, M.D., Ph.D., of the University of Texas MD Anderson Cancer Center, presented the new findings at a press briefing prior to the 2017 American Society of Clinical Oncology (ASCO) meeting.

Latest HPV vaccine follow-up finds further prevalence drop, herd immunity

Eight years following the introduction of HPV vaccine, researchers found the vaccine decreased prevalence of the four strains covered by the vaccine by 71 percent in 14- to 19-year-olds, with vaccine effectiveness at 83 percent. For the 20- to 24-year-old age-group, the team saw a 61 percent decline from pre-vaccine levels, but they didn't see a significant decline for women ages 25 to 29 or 30 to 34. They said the larger increases in the current study for the two younger age-groups reflect increasing vaccine coverage.

Earlier studies have already confirmed benefits of the HPV vaccine; this study explored other issues, such as possible herd protection and cross-protection against other HPV strains. For the first time in the US population, researchers saw a significant decline (34 percent) in the vaccine HPV types in unvaccinated women, which suggests herd protection, another consequence of rising vaccine coverage.

The 83 percent vaccine effectiveness observed, though high, was still less than the greater-than-96 percent level seen in clinical trials, which the researchers said could reflect the fact that the study probably included some females who were infected before vaccination and some who did not receive the whole vaccine series. The study didn't find strong evidence of cross-protection or any worrisome increases in HPV types that aren't included in the four-strain vaccine. Read more in the June 26, 2017, issue of the Journal of Infectious Diseases.

Thank you for all that you are doing to strongly recommend HPV vaccination, especially during this back to school vaccination season, when HPV vaccination increases 5-fold in August. We encourage you to order immunization materials, free of charge, to support your efforts to increase HPV vaccination rates. Materials are available through the MDHHS Health Promotions

Clearinghouse at www.healthymichigan.com (click "enter site" and "immunizations"). HPV-specific materials can be found in the teen packet (IM135) as well as items IM121-IM126 and IM137.

Preparing for the 2017-2018 Influenza Season

With the 2017-2018 influenza season fast-approaching, MDHHS is gearing up for the 6th Annual Pediatric and Adult Influenza Webinar. Each fall, in preparation for the upcoming flu season, MDHHS hosts a webinar to discuss important details about new flu vaccination recommendations, provide new data on flu vaccination coverage levels and flu vaccine effectiveness, and share other updates of interest with health care providers. This year's webinar is scheduled for August 30, 2017, from 12:00-1:00pm ET. Registration (http://events.anr.msu.edu/immunization) opens on August 7, 2017, and will remain open through August 29, 2017. Here are a few highlights of what will be discussed during the webinar:

1. At the conclusion of the 2016-2017 influenza season, the Advisory Committee on Immunization Practices (ACIP) met to vote on recommendations for the 2017-2018 influenza season. The ACIP continues to recommend that everyone aged 6 months and older receive an annual flu vaccine. Similar to the 2016-2017 season, live attenuated influenza vaccine (LAIV), also known as the nasal spray flu vaccine, should not be used during the 2017-2018 flu season because of low vaccine effectiveness. Researchers believe that this was due to poor replicative fitness of the virus, and are working to fix this issue and bring LAIV back to the market for future flu seasons. These recommendations will not be finalized until the Centers for Disease Control and Prevention (CDC) releases the official recommendations in a Morbidity and Mortality Weekly Report, typically in late August. However, providers should begin vaccinating as soon as flu vaccine arrives. Clinicians may continue to vaccinate using the 2016-2017 flu vaccine recommendations, as they are in effect until the new recommendation is published.

2. Each year, the composition of U.S. flu vaccines is reviewed and updated to match circulating viruses. The World Health Organization recommends that the 2017-2018 Northern Hemisphere trivalent flu vaccines contain: an A/Michigan/45/2015 (H1N1)pdm09-like virus, an A/Hong Kong/4801/2014 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus. In addition, quadrivalent flu vaccines will also include a B/Phuket/3073/2013-like virus. This is the first time the A(H1N1) virus has been updated since the 2009 pandemic.

3. The CDC has released vaccine effectiveness estimates for the 2016-2017 flu season. It is estimated that overall vaccine effectiveness of the 2016-2017 flu vaccine against both A

and B viruses was 42 percent. In practical terms, this means the flu vaccine reduced a person's overall risk of having to seek medical care at a doctor's office for flu illness by 42 percent.

While this article highlights some of the important information that will be discussed during the webinar, MDHHS will also be sharing changes in flu vaccine products, data showing increased flu vaccination coverage levels in Michigan, and case studies highlighting ways to improve flu vaccination rates for the 2017-2018 flu season. Registration for the August 30 Pediatric and Adult Influenza webinar opens on August 7, so please mark your calendar for the registration date (link provided above) and the webinar date. You will not want to miss this important 2017-2018 flu season preparation event.

Your Vaccine Recommendation is a Critical Factor in Protecting Patient Health

Patients trust you to give them the best counsel on how to protect their health. You know that immunization is an important preventive measure – but it's unlikely that getting vaccinated is on the radar for your adult patients. Your strong recommendation is critical in ensuring that they get the vaccines they need to help them stay healthy.

Vaccine-preventable diseases are serious. Every year, tens of thousands of adult Americans suffer serious health problems, are hospitalized, and even die from diseases that could be prevented by vaccines. These diseases include shingles, influenza, pneumococcal disease, hepatitis A, hepatitis B-related chronic liver disease and liver cancer, HPV-related cancers and genital warts, pertussis (whooping cough), tetanus and more.

Adults are not getting the vaccines they need. Adult vaccination coverage rates for the majority of vaccines are well below 50 percent. In Michigan, only 45 percent of 19-64 year olds have received one or more doses of Tdap vaccine and 24.2 percent of individuals 60 years of age and older have received one or more doses of zoster vaccine.

Vaccination protects vulnerable individuals. Vaccination is important because it not only protects the person receiving the vaccine, but also helps prevent the spread of certain diseases, especially to those that are most vulnerable to serious complications, such as infants and young children, the elderly, and those with weakened immune systems. Cancer patients and their caregivers should be appropriately immunized in order to shield these vulnerable individuals from serious illness. Immunizing adults creates healthier communities and protects the places in which we live, work, and play.

Most adults don't realize that they need vaccines. Adult clients may be recommended up to 13 vaccines. A recent national survey revealed that most adults were not aware of recommended vaccines beyond influenza.

Your patients are likely to get the vaccines you recommend to them. Clinicians are the most valued and trusted source of health information for adults. Your patients rely on you to let them know which vaccines are necessary and right for them.

MDHHS is calling on all healthcare professionals to make adult immunizations a standard of routine patient care in their practice by integrating four key steps:

1. **ASSESS immunization status of all your patients at every clinical encounter**. This involves staying informed about the latest Centers for Disease Control and Prevention (CDC) recommendations for immunization of adults and implementing protocols to ensure that patients' vaccination needs are routinely reviewed.

2. **Strongly RECOMMEND vaccines that patients need**. Key components of this include tailoring the recommendation for the patient, explaining the benefits of vaccination and potential costs of getting the diseases they protect against, and addressing patient questions and concerns in clear and understandable language.

3. **ADMINISTER needed vaccines or REFER your patients to a provider who can immunize them**. It may not be possible to stock all vaccines in your office, so refer your patients to other known immunization providers in the area to ensure that they get the vaccines they need to protect their health. Coordinating a strong immunization referral network will reduce a substantial burden on your adult patients and your practice. If your adult patients do not have insurance, or if their insurance does not cover any of the cost of an immunization, check with your local health department to see if your patient qualifies for publicly-purchased vaccines.

4. **DOCUMENT vaccines received by your patients**. Help your office, your patients, and your patients' other providers know which vaccines they have had by documenting in the Michigan Care Improvement Registry (MCIR). And for the vaccines you do not stock, follow up to confirm that patients received recommended vaccines.

Keep your patients and their caregivers healthy by recommending timely and appropriate adult immunizations. Also, make sure the staff in your office are doing their part to protect vulnerable patients by being vaccinated themselves.

For more details, visit www.cdc.gov/vaccines or www.aimtoolkit.org.

High Risk Meningococcal Disease Among Patients Receiving Eculizumab (Soliris) Despite Receipt of Meningococcal Vaccine

On July 7, 2017, CDC sent an early release in the MMWR on High Risk for Invasive Meningococcal Disease Among Patients Receiving Eculizumab (Soliris) Despite Receipt of Meningococcal Vaccine (https://www.cdc.gov/mmwr/volumes/66/wr/mm6627e1.htm?s_cid=mm6627e1_w)

This MMWR discusses the increased risk for meningococcal disease for persons receiving eculizumab (Soliris®). Persons who receive eculizumab have a 1,000 to 2,000-fold greater risk of invasive meningococcal disease compared to the general U.S. population. The Advisory Committee on Immunization Practices (ACIP) continues the recommendation for all persons taking eculizumab to receive meningococcal vaccination with both meningococcal conjugate (MenACWY) and serogroup B (MenB) vaccines. The Food and Drug Administration (FDA)-approved prescribing information for eculizumab, to include a black box warning for increased risk of meningococcal disease. Recent data show that some patients receiving eculizumab, who were vaccinated with the recommended meningococcal vaccines, still developed meningococcal disease. This was often caused from nongroupable Neisseria meningitidis, which rarely causes invasive disease in healthy individuals. A heightened awareness, seeking early care, and rapid treatment of any symptoms consistent with meningococcal disease are essential for all persons taking eculizumab, regardless of meningococcal vaccination or antimicrobial prophylaxis status.

Health care provider MMWR highlights:

- Continue to follow recommendations from the ACIP for persons taking eculizumab to receive both MenACWY and MenB vaccines
- Consider antimicrobial prophylaxis for the duration of eculizumab treatment to potentially reduce the risk for meningococcal disease
    - However, neither vaccination nor antimicrobial prophylaxis can be expected to prevent all cases of meningococcal disease in persons taking eculizumab
- Maintain a high level of suspicion for meningococcal disease in all persons taking eculizumab who present with any symptoms consistent with either meningitis or meningococcemia, even if the persons symptoms initially appear mild and even if they have been fully vaccinated and/or are receiving antimicrobial prophylaxis

Further Information:

- High Risk for Invasive Meningococcal Disease Among Patients Receiving Eculizumab (Soliris) Despite Receipt of Meningococcal

Vaccine" (https://www.cdc.gov/mmwr/volumes/66/wr/mm6627e1.htm?s_cid=mm6627e1_w)

- Managing the Risk of Meningococcal Disease among Patients Who Receive Eculizumab Therapy
- Signs and Symptoms of Meningococcal Disease
- Food and Drug Administration. Soliris® (eculizumab) product label
- Child and Adolescent Indications Schedule: Vaccines That Might Be Indicated for Persons Aged 0 through 18 Years Based On Medical Indications
- Adult Immunization Schedule by Medical and Other Indications Recommended Immunization Schedule for Adults Aged 19 Years or Older by Medical Conditions and Other Indications, United States, 2017

If you have questions, please contact your local health department's Immunization Program.

MDHHS Announces 2017 Annual Immunization Conferences Dates

MDHHS has finalized the 2017 MDHHS Fall Immunization Regional Conferences Schedule. Please mark the appropriate date on your calendar and be looking for more information about registration in the upcoming months.

Registration will begin Monday, September 11, 2017.

- October 10 – Marquette
- October 12 – Gaylord
- October 17 – Lansing
- October 18 – Flint
- October 20 – Kalamazoo
- November 14 – Grand Rapids
- November 16 – Dearborn
- November 17 – Troy

Further information can be found at http://www.michigan.gov/immunize (click "Health Care Professionals/Providers" and Fall 2017 Immunization Conferences).

Healthy Lifestyle Choices for Cancer Survivors Include Immunizations

By: The Survivorship Grant Team, MDHHS Cancer Prevention and Control Section

There are about 526,100 cancer survivors in Michigan.[1] Survivors often experience long-term effects from their cancer and its treatment. Healthy lifestyle choices can help these individuals

manage the symptoms from their diagnosis and treatment, and improve their quality of life. Being fully vaccinated is one of those healthy lifestyle choices.

The MDHHS Cancer Prevention and Control Section was awarded the Centers for Disease Control and Prevention's Survivorship Grant. This is a three year demonstration grant focused on implementing evidence based survivorship strategies to improve the quality of life of survivors. Several interventions and projects have been put in place to address the needs of Michigan's diverse population of survivors. One such project has been the collaborative effort with the MDHHS Division of Immunization to increase cancer survivors' flu and pneumonia vaccination rates. According to the American Cancer Society, most cancer patients, survivors, and their family members should consider receiving an annual flu vaccine.[2] many cancer survivors are at greater risk of complications from the flu that can result in hospitalization or even death.[2] The pneumonia vaccine can protect cancer survivors with weakened immune systems from infections caused by certain bacteria.[3]

Collaborative efforts over the last year and a half have led to the education of providers and survivors through a variety of presentations, newsletter articles, and the creation of education materials. There are plans in the upcoming months to share additional articles with groups regarding the use of flu and pneumonia vaccines as a preventive health measure, and the benefits of providers using the Michigan Care Improvement Registry (MCIR). When providers meet with survivors, it can be helpful to consider taking the following actions:

1. Ask the survivor if they have received their influenza and pneumonia vaccines.
2. Offer vaccines, as needed, based on appropriate guidelines.
3. If the survivor is unable to remember the vaccines they have received, check MCIR to determine if that information is available.
4. Add any vaccines the survivor receives into MCIR.

Through these efforts, the hope is that cancer survivors and medical providers will be encouraged to discuss what flu and pneumonia vaccinations are appropriate for the patient, and increase the number of survivors who receive vaccinations.

References

1. American Cancer Society. Cancer Treatment & Survivorship Facts & Figures 2016-2017. Atlanta: American Cancer Society; 2016
2. American Cancer Society (2017). Should people with cancer get a flu shot? Retrieved from https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/infections/should-i-get-a-flu-shot.html
3. American Cancer Society (2017). Vaccination During Cancer Treatment. Retrieved from https://www.cancer.org/treatment/treatments-and-side-effects/physical-side-effects/infections/vaccination-during-cancer-treatment.html

BUREAU OF EPIDEMIOLOGY AND POPULATION HEALTH

Emerging and Zoonotic Infectious Diseases Section

West Nile Virus and Other Endemic Arboviruses of Concern

The MDHHS investigates all reports of arboviral disease in Michigan residents and seeks to confirm cases through additional testing as necessary. Michigan healthcare providers are reminded that the MDHHS Bureau of Laboratories can provide state of the art diagnostic testing, including confirmatory PRNT for four of the most common arboviruses in Michigan; WNV, EEE, St. Louis encephalitis virus (SLE) and California Group virus (Lacrosse). For information about how to submit specimens for patients with suspected arboviral infection to the MDHHS BOL, visit www.michigan.gov/mdhhslab.

For up to date information about WNV in Michigan and to report sick or dead birds, an indicator of WNV activity in a community, visit: www.michigan.gov/westnile. Additional information can be found at the CDC's web site www.cdc.gov/westnile.

If you have additional questions about arboviruses, you can contact the MDHHS Emerging and Zoonotic Diseases Section at 517-335-8165.

Communicable Disease Division

Viral Hepatitis, HAI, and TB section

Surveillance for Healthcare-Associated and Resistant Pathogens (SHARP) Unit

Michigan SHARP HAI Surveillance Initiative

To date, the SHARP Unit has recruited 106 hospitals that have agreed to share their NHSN data with us. 105 of the 106 participating hospitals have given us permission to share select NHSN data with the Michigan Health & Hospital Association (MHA), and 14 hospitals have given us permission to share NICU data with the Vermont Oxford Network (VON).

Additional hospitals are welcome to join this surveillance initiative. The SHARP Unit is particularly interested in enrolling more Long-Term Acute Care (LTAC) facilities. We are also encouraging skilled nursing facilities to use NHSN and to share their HAI data with us by using the Long-Term Care Component within NHSN. Questions from hospitals or skilled nursing facilities about joining this HAI surveillance initiative can be sent to Allie Murad, NHSN Epidemiologist, at murada@michigan.gov.

Bi-Monthly Michigan NHSN User Calls

On the 4th Wednesday every other month at 10:00 a.m., the SHARP Unit holds a one-hour conference call to provide updates on NHSN, review problem areas using NHSN, and/or provide brief training on NHSN definitions, modules, or case studies. Anyone using NHSN may

participate in these calls. You do not need to identify yourself or your facility on the call. The most recent call was Wednesday, April 26th and the next is scheduled for Wednesday, August 23rd. Call-in information, an agenda, and meeting minutes from previous calls can be found on the MDHHS SHARP HAI website approximately one week in advance at www.michigan.gov/hai.

MDHHS SHARP NHSN Reports

The 2016 Q1-Q2 Statewide and Regional TAP Reports have been posted to the www.michigan.gov/hai website. Participating hospitals should have received corresponding individual TAP reports via password-protected email. The 2015 Annual Report has also been posted containing both original baseline and 2015 baseline data. For more information, please contact Allie Murad at murada@michigan.gov.

CRE Surveillance and Prevention Initiative

The 3rd CRE Educational Conference was a success! Roughly 100 individuals from across the state were in attendance. The presentations are posted on the MDHHS HAI website – www.michigan.gov/hai – under the CRE Surveillance and Prevention Initiative webpage. To go there directly, please go to: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_5104_55205-289699--,00.html

MDHHS SHARP is currently recruiting facilities to join the initiative! All facilities, current and new, will be combined into one cohort in September 2017. Enterobacter spp will be added to the surveillance algorithm and all facilities will re-baseline for 6 months. Facilities are asked to maintain their current CRE Prevention plans until February 2018. In March 2018, facilities will be able to implement new or re-energize existing CRE Prevention Plans.

Council of State and Territorial Epidemiologists (CSTE) introduced a position statement to make Carbapenemase-Producing (CP) – Carbapenem-resistant Enterobacteriaceae (CRE) a nationally notifiable condition. CSTE wants uniform, consistent classification and count CP-CRE within and across public health jurisdictions and actionable epidemiology for healthcare facilities about CP-CRE detection, prevention and response. The overall aim is containment of CR-CRE. Michigan may be adding CP-CRE to our reportable disease list which would make CP-CRE a reportable condition in January 2018. If your facility is interested in joining the CRE Surveillance and Prevention Initiative, now it a great time! Your facility would get a jump start on reporting and work collaboratively with facilities across the state to reduce CRE incidence. MDHHS SHARP applied for incentive money for those facilities participating in the initiative. Should MDHHS be awarded the funding, facilities may receive funding for professional and educational development. This funding allowed numerous IPs to attend APIC in Portland this year. Please contact Brenda Brennan if you are interested in learning more.

Novel Resistance activity**:** Since 2014, Michigan has detected 10 NDM-1, 4 VIM, 7 OXA-48, 3 MCR-1, and 3 IMP. As we get more progressive in our testing and the BOL increases its testing capabilities, more and more of these novel carbapenemase and resistance mechanisms will be detected. Extensive investigations and sample collection often follow notification of these events.

If your facility is interested in joining the CRE Surveillance and Prevention Initiative, please contact Brenda at brennanb@michigan.gov or (517) 284-4945.

Special Pathogens Response Network

The Michigan Special Pathogen Response Network (SPRN) continues work to strengthen Michigan's response to new or emerging public health threats through the development of robust infection prevention and control programs at facilities across the spectrum of care and throughout the state.

The SPRN team has conducted over 130 on site visits to hospitals in MI. During these non-regulatory visits, the team has shared best practices learned from other site visits, and information gathered from NETEC (the National Ebola Training and Education Center) and HID (Highly Infectious Disease) training in Anniston, Alabama.

If you have any questions or would like to schedule technical assistance at your facility please contact the SPRN team (DEPR Contact Information: Onyek@michigan.gov, or www.michigan.gov/BETP, SHARP Unit Contact Information: MollonN@michigan.gov or www.michigan.gov/hai).

Infection Control Assessments

The SHARP Unit is currently seeking acute care hospitals, long-term acute care hospitals, outpatient clinics and long term care facilities interested in having an evaluation of their infection prevention and control program performed. Assessments are conducted using tools provided by CDC. All facility types are encouraged to have on-site review of their IC programs, but the in-person visit is considered optional for LTC and acute care. These evaluations are **not regulatory** in nature, merely consultative. We will provide a summary report to each facility at the end of each visit highlighting strengths and areas for opportunity. Facility identity and findings of the evaluation will not be shared with CDC nor other outside parties. Aggregate findings will be compiled statewide and nationally to direct training efforts.

Participation in these IC evaluations is completely voluntary. In coming years as we conduct additional evaluations, we may target specific facilities in areas with high rates of healthcare-associated infections (HAIs) in the community or at neighboring acute care facilities, or facilities with histories of outbreaks. To date we have conducted over 30 evaluations. They have been well received. Please contact Noreen Mollon (mollonn@michigan.gov) if your facility would like an IC evaluation.

Surveillance and Infectious Disease Epidemiology Section

Enterics and Respiratory Illness Epidemiology (ERIE) Unit

Hepatitis A in SE Michigan – Hepatitis A cases continue to be reported in Detroit City and counties of Macomb, Oakland, St Clair, and Wayne. Since August 2016, over 200 cases of lab-confirmed hepatitis A have been reported. Ten deaths have occurred among the hepatitis A cases. Providers in SE MI are urged to report any hepatitis A cases to their LHD as soon as possible. MDHHS issued a press update on July 7, 2017, to summarize groups at high risk for hepatitis A infection:

- People who use injection and non-injection illegal drugs
- People who participate in commercial exchange of sexual practices
- Close personal contacts (e.g., household, sexual) of hepatitis A patients
- Men who have sex with men
- People with liver diseases, such as hepatitis B or hepatitis C. Persons with chronic liver disease have an elevated risk of death from liver failure
- Any person who wishes to be immune to hepatitis A
- People who live, work, or recreate in SE Michigan and are concerned about getting hepatitis A

Individuals at greatest risk are urged to seek hepatitis A vaccination at the locations below.

- Macomb County Health Department, 586-469-5372
- Oakland County Health Division, 1-800-848-5533 or email noc@oakgov.com
- St. Clair County Health Department, 810-987-5300
- Wayne County Communicable Disease Unit, 734-727-7078
- Detroit Health Department, 313-876-4000

Salmonella Saintpaul outbreak

Thirty-one people have become ill with the same outbreak strain of *Salmonella* Saintpaul since November 2016 in SE Michigan. Twenty-one of the 31 people (68%) reported having dined at Rojo Mexican Bistro in the Rochester location in Oakland County in the week prior to their illness onset. Fifty percent of those ill were female and 45% (13/29) had been hospitalized. No food item was identified in the investigation as the food vehicle of contamination. The restaurant closed voluntarily for one week in June for cleaning and a second round of testing of employees. Over the course of the investigation four employees tested positive for S Saintpaul; however, none was ill at the start of the outbreak.

Patients Receiving Eculizumab at High Risk for Meningococcal Disease Despite Vaccination

CDC issued a health advisory on July 7, 2017, about the risk of invasive meningococcal disease despite vaccination when patients have received eculizumab (Soliris®). Eculizumab (Soliris®) recipients have a 1,000 to 2,000-fold greater risk of invasive meningococcal disease compared

with the general U.S. population. CDC advises that health care providers continue to follow recommendations from the Advisory Committee on Immunization Practices for eculizumab recipients to receive both MenACWY and MenB vaccines and to consider antimicrobial prophylaxis for the duration of eculizumab treatment to potentially reduce the risk for meningococcal disease. However, neither vaccination nor antimicrobial prophylaxis can be expected to prevent all cases of meningococcal disease in eculizumab recipients. Heightened awareness, early care seeking, and rapid treatment of any symptoms consistent with meningococcal disease are essential in all patients receiving eculizumab treatment, regardless of meningococcal vaccination or antimicrobial prophylaxis status.

For More Information
Managing the Risk of Meningococcal Disease among Patients Who Receive Eculizumab Therapy
https://www.cdc.gov/meningococcal/clinical/eculizumab.html

Regional Epidemiology Unit

The Regional Epidemiology Unit is currently conducting heat-related illness surveillance. Statewide heat-related illness surveillance using emergency department (ED) data from participating hospitals began in 2011 during heat waves and has now become routine during the summer. In 2016, a Heat syndrome category was added to the Michigan Syndromic Surveillance System and can be used to query heat-related illness ED visits. Reports are posted on a weekly basis during the summer season to the Michigan Health Alert Network. Due to the nature of categorizing ED complaint data, heat-related ED visits do not represent all potential cases of heat-related illness and may capture non-heat-related illness. However, this data can be used to describe trends in illness presentation over time and highlights the use of syndromic surveillance data. Public health providers may use these reports for situational awareness.

Viral Gastroenteritis Outbreaks

The Michigan Public Act 368 of 1978 (333.5111) requires unusual occurrences, outbreaks, or epidemics (including healthcare-associated infections) of any disease or condition to be reported to your health jurisdiction. As of January 1, 2017 to July 18, 2017; 80 viral gastrointestinal outbreaks have been reported. Ten outbreaks have tested positive for norovirus during this timeframe. One outbreak tested positive for astrovirus. Fifty percent (50%) of outbreaks have been reported in healthcare facilities. Please remember that the MDHHS Bureau of Laboratories provides free testing for outbreak situations. Contact your local health jurisdiction or MDHHS at 517-335-8165 to arrange for outbreak testing and reporting. Visit the MDHHS webpage, www.michigan.gov/cdinfo, for guidance documents on environmental cleaning and disinfection, as well as, reporting forms.

HIV & STD Section

HIV TRENDS IN MICHIGAN:

The Annual Review of HIV Trends in Michigan and Southeast Michigan (SEMI) are now available on our website: http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2955_2982_72251-350111--,00.html#trends. This year's analyses include trends in new HIV diagnoses between 2011 and 2015. Unless otherwise noted, all data in these reports include persons living with all stages of HIV infection. Rates of new diagnoses in Michigan remained stable overall between 2011 and 2015, with an average of 777 new cases per year and an average rate of 7.8 cases per 100,000 population. The highest rates of new HIV diagnoses occurred among 20-29 year olds, males, black males and females, men who have sex with men (MSM), and SEMI residents. The only significant decreases over this time period occurred among 13-19 year olds and females of other race (not white or black). Race/sex disparities in rates of new diagnoses remain an issue as the rate for black persons was over 11 times higher than white persons, the rate for black males was over 11 times higher than white males, and the rate for black females was over 15 times higher than white females.

LINK UP DETROIT!

The MDHHS HIV surveillance unit, working closely with the Detroit Health Department, has launched a Data to Care (D2C) program for the state of Michigan called "Link up Detroit." Data to Care (D2C) utilizes HIV surveillance data to identify individuals who have been diagnosed with HIV, but are not engaged in care. Contact is attempted for each not in care (NIC) individual through letters, phone calls, and text messages. Upon reaching the individual, a script is used to confirm their identity and HIV status, discuss their thoughts about medical care, barriers they have faced in the past, and how D2C can assist the individual get back into care. The D2C program does not directly provide care but provides linkage services for NIC individuals. Since the Detroit D2C program began in February of 2017 over nine counties have started the process of requesting their own NIC lists. Two of those counties have been actively receiving their lists and have begun outreach to NIC individuals.

In the city of Detroit, the site of the pilot program, the D2C team has been tracking outcomes of attempted re-linkages. Outreach has been initiated to over 361 individuals 33 clients have been referred to care via D2C. Additionally, the D2C programs in participating counties have been providing valuable surveillance information back to the state. For more information see the Link Up Detroit website: https://www.linkupdetroit.com/