

PUBLIC HEALTH NEWS & VIEWS

A Regional Health Professional Newsletter



Karen Luparello, DO, Medical Director

WELCOME

Welcome to our first newsletter edition since the pandemic. Much has happened in our communities in the past 2 years. Coming into the role of Medical Director during the pandemic has been challenging and exciting! I appreciate the amount of time and dedication you have given to the care and education of your patients and community.

The lessons learned during the past 2 years are too numerous to mention here, but the greatest challenge has been the battle against mis- and dis-information. Health care became highly political, but as providers we have focused on the science, and will continue to do so.

Public Health and Providers working together collaboratively will positively impact the health and prosperity of our region. Please feel free to contact me with any questions or concerns at luparellok@bhsj.org or 517-279-9561 ext 103.

FREE VIRTUAL 1.0 HR CME JULY 13, 2022 7:30 - 8:30 A.M.

In partnership with Michigan State University's Peer Ed Immunization project at MSU Extension, we will discuss:

- Vaccine hesitancy
- Talking with parents of children
- Impact on childhood vaccination efforts.

Presenter Dr. Gendernalik received her DO degree from Michigan State University College of Osteopathic Medicine in 1986. She interned and did her residency at the Detroit Osteopathic/Bi-County Hospital. Dr. Gendernalik is board certified in family practice/general practice A.C.O.F.P. 1988.

Register in advance for this meeting:

<https://msu.zoom.us/meeting/register/tJApdOqpqj0sH9Q4FEgeUhqYves6DHIq6zVV>.

After registering, you will receive a confirmation email containing information about joining the meeting.

Sexually Transmitted Disease

The Agency has been monitoring the increase in sexually transmitted disease, mainly Chlamydia and Gonorrhea. It is important to screen and discuss prevention and treatment of sexually transmitted diseases with your patients. Your Local Health Department offers condoms and lubricant free of charge at all of our locations. There are no income requirement for this program.

Discussing sexual history may be an uncomfortable conversation for your patient. "A Guide to Taking a Sexual History" from the CDC is a useful tool and can be found at <https://www.cdc.gov/std/treatment/sexualhistory.htm>

To assist you in accessing the "Summary of CDC Treatment Guidelines – 2021", download the STI mobile app to your device at <https://www.cdc.gov/STIapp/>

First Mosquito-borne virus of 2022 Detected

On June 24, 2022 MDHHS announced Jamestown Canyon virus was detected in a mosquito pool in Bay County.

Branch-Hillsdale-St. Joseph Community Health Agency has already began the annual vector borne surveillance project. Staff in each of the three counties are trapping mosquitos and ticks for the purpose of identifying the species and determining if additional testing should be completed. This program assists the agency when working with local and state government agencies for pest control programs.

In 2020-2021, there were 6 cases of Lyme disease reported to the health agency.

The online version of treatment guidance from the CDC for tick related illness is available at <https://www.cdc.gov/ticks/tickbornediseases>.



Vector	Disease caused	Type of pathogen	
Mosquito	<i>Aedes</i>	Chikungunya	Virus
		Dengue	Virus
		Lymphatic filariasis	Parasite
		Rift Valley fever	Virus
		Yellow Fever	Virus
		Zika	Virus
	<i>Anopheles</i>	Lymphatic filariasis	Parasite
		Malaria	Parasite
	<i>Culex</i>	Japanese encephalitis	Virus
		Lymphatic filariasis	Parasite
		West Nile fever	Virus
Aquatic snails	Schistosomiasis (bilharziasis)	Parasite	
Blackflies	Onchocerciasis (river blindness)	Parasite	
Fleas		Plague (transmitted from rats to humans)	Bacteria
		Tungiasis	Ectoparasite
Lice		Typhus	Bacteria
		Louse-borne relapsing fever	Bacteria
Sandflies		Leishmaniasis	Parasite
		Sandfly fever (phlebotomus fever)	Virus
Ticks		Crimean-Congo haemorrhagic fever	Virus
		Lyme disease	Bacteria
		Relapsing fever (borreliosis)	Bacteria
		Rickettsial diseases (eg: spotted fever and Q fever)	Bacteria
		Tick-borne encephalitis	Virus
		Tularaemia	Bacteria
Triatome bugs	Chagas disease (American trypanosomiasis)	Parasite	
Tsetse flies	Sleeping sickness (African trypanosomiasis)	Parasite	



<https://www.who.int/news-room/fact-sheets/detail/vector-borne-diseases>

Monkeypox

Scientists at the Centers for Disease Control and Prevention (CDC) are tracking multiple cases of monkeypox that have been reported in several countries that don't normally report monkeypox, including the United States.

It's not clear how the people were exposed to monkeypox, but early data suggest that gay, bisexual, and other men who have sex with men make up a high number of cases. However, anyone who has been in close contact with someone who has monkeypox is at risk.

You can recognize potential monkeypox infection based on the similarity of its clinical course to that of ordinary discrete smallpox.

After infection, there is an incubation period which lasts on average 7-14 days. The development of initial symptoms (e.g., fever, malaise, headache, weakness, etc.) marks the beginning of the prodromal period.

A feature that distinguishes infection with monkeypox from that of smallpox is the development of swollen lymph nodes (lymphadenopathy). Swelling of the lymph nodes may be generalized (involving many different locations on the body) or localized to several areas (e.g., neck and armpit).

Shortly after the prodrome, a rash appears. Lesions typically begin to develop simultaneously and evolve together on any given part of the body. The evolution of lesions progresses through four stages—macular, papular, vesicular, to pustular—before scabbing over and resolving.

This process happens over a period of 2-3 weeks. The severity of illness can depend upon the initial health of the individual, the route of exposure, and the strain of the infecting virus (West African vs. Central African virus genetic groups, or clades). West African monkeypox is associated with milder disease, fewer deaths, and limited human-to-human transmission. Human infections with the Central African monkeypox virus clade are typically more severe compared to those with the West African virus clade and have a higher mortality. Person-to-person spread is well-documented for Central African monkeypox virus.

Currently there is no specific treatment approved for monkeypox virus infections. However, antivirals developed for use in patients with smallpox may prove beneficial.

- Tecovirimat (also known as TPOXX) is an antiviral medication that is approved by the United States Food and Drug Administration (FDA) [PDF – 24 pages] for the treatment of smallpox in adults and children. Tecovirimat is available as a pill or an injection. For children who weigh less than 28.6 pounds, the capsule can be opened and medicine mixed with semi-solid food.
- Cidofovir (also known as Vistide) is an antiviral medication that is approved by the FDA for the treatment of cytomegalovirus (CMV) retinitis in patients with AIDS.
- Vaccinia Immune Globulin Intravenous (VIGIV) is licensed by the FDA for the treatment of complications due to vaccinia vaccination including eczema vaccinatum, progressive vaccinia, severe generalized vaccinia, vaccinia infections in individuals who have skin conditions, and aberrant infections induced by vaccinia virus (except in cases of isolated keratitis).

Brincidofovir (also known as Tembexa) is an antiviral medication that was approved by the FDA [PDF – 21 pages] on June 4, 2021 for the treatment of human smallpox disease in adult and pediatric patients, including neonates. CDC is currently developing an EA-IND to help facilitate use of Brincidofovir as a treatment for monkeypox. However, Brincidofovir is not currently available from the Strategic National Stockpile (SNS).

References

- 1 Petersen BW, Harms TJ, Reynolds MG, Harrison LH. Use of Vaccinia Virus Smallpox Vaccine in Laboratory and Health Care Personnel at Risk for Occupational Exposure to Orthopoxviruses — Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2015. *MMWR Morb Mortal Wkly Rep* 2016;65:257–262. DOI: <http://dx.doi.org/10.15585/mmwr.mm6510a2>
- 2 Jezek Z, Szczeniowski M, Paluku KM, Mutombo M. Human monkeypox: clinical features of 282 patients. *J Infect Dis*. 1987 Aug;156(2):293-8. doi: 10.1093/infdis/156.2.293. PMID: 3036967.
- 3 Cono J, Cragan JD, Jamieson DJ, Rasmussen SA. Prophylaxis and treatment of pregnant women for emerging infections and bioterrorism emergencies. *Emerg Infect Dis*. 2006 Nov;12(11):1631-7. doi: 10.3201/eid1211.060618. PMID: 17283610; PMCID: PMC3372351. Mbala PK, Huggins JW, Riu-Rovira T, Ahuka SM, Mulembakani P, Rimoin AW, Martin JW, Muyembe JT. Maternal and Fetal Outcomes Among Pregnant Women With Human Monkeypox Infection in the Democratic Republic of Congo. *J Infect Dis*. 2017 Oct 17;216(7):824–828. doi: 10.1093/infdis/jix260. PMID: 29029147.
- 4 Ogoina D, Iroezindu M, James HI, Oladokun R, Yinka-Ogunleye A, Wakama P, Otikeye-Odibi B, Usman LM, Obazee E, Aruna O, Ihekweazu C. Clinical Course and Outcome of Human Monkeypox in Nigeria. *Clin Infect Dis*. 2020 Nov 5;71(8):e210–e214. doi: 10.1093/cid/ciaa143. PMID: 32052029.

Page last reviewed: June 10, 2022
Content source: Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), Division of High-Consequence Pathogens and Pathology (DHCPP)

COVID-19 Update

The Branch Hillsdale St. Joseph Community Helath Agency continues to monitor and update the latest data at www.bhsj.org. At this time of this writing, the CDC reports the community transmission rate as low in Branch and Hillsdale Counties which St. Joseph County as medium. This trending pattern of small surges is expected to continue as residents gather for holidays and summer events.

The CDC and MDHHS are requesting that public health prepare for additional transmission as we begin the school year in late August and September. Now is the time to discuss with your patients the importance of preparation for a potential surge. Encouraging your patients to maintain a supply of high filtration masks, at home testing kits, remaining at home if they do not feel well and ensure their vaccination status is up to date.

Long Haul COVID

The provider community and residents continue to report to our agency staff the challenges faced from Long Haul or Post-COVID illnesses.

Found more often in people who had severe COVID-19 illness, but anyone who has been infected with the virus that causes COVID-19 can experience post-COVID conditions, even people who had mild illness or no symptoms from COVID-19.

People who are not vaccinated against COVID-19 and become infected may also be at higher risk of developing post-COVID conditions compared to people who were vaccinated and had breakthrough infections.

Estimates of the proportion of people who had COVID-19 that go on to experience post-COVID conditions can vary:

- 13.3% at one month or longer after infection
- 2.5% at three months or longer, based on self-reporting
- More than 30% at 6 months among patients who were hospitalized

<https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>

COVID-19 Vaccination Guidance

The latest Vaccine Schedule from the CDC is available at <https://www.cdc.gov/vaccines/covid-19/downloads/COVID-19-vacc-schedule-at-a-glance-508.pdf>.

Pfizer and Moderna vaccine for patients 6 months - 5 years is available at our locations starting by June 27, 2022. If you are interested in providing vaccination at your office, please contact Kali Nichols, Personal Health & Disease Prevention Director at nicholsk@bhsj.org or 517-279-9561 ext. 143.