

PROVIDER UPDATE

News from your local Health Department

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CD Report for 2024

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Increase in Lyme Disease

The warmer weather in spring brings increased tick activity. Although the larger and more easily seen dog tick is the most common tick submitted for identification in Michigan (~70%), black legged ticks (~20%) are increasingly found in our area and are the vectors that transmit Lyme Disease, as well as babesiosis and anaplasmosis. The nymphal stage of the tick is small (sesame seed size) and can go unnoticed for longer periods of time, therefore increasing the risk of transmission of the disease-causing bacteria.

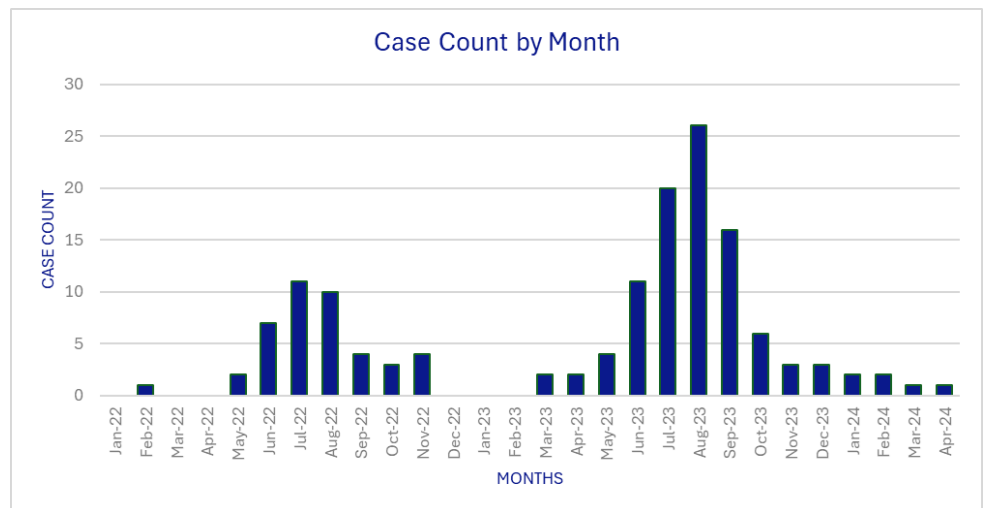
Prevention includes both steps to reduce the risk of tick bites and prompt removal of ticks found on the skin (it takes at least 24 hours after a tick bite for bacterial transmission). Although our region is not considered a high incidence area for purposes

of [antibiotic prophylaxis](#) of a bite from a black legged tick, reported cases have increased annually in Northern Michigan. The graph shows both the seasonality and increase in cases over the prior two years. (In 2019, there were only 19 cases reported in the region, compared to 42 in 2022 and 91 in 2023). Cases of suspected tick-borne illness should be reported to the Local Health Department.

For more information, see these websites:

- <https://www.michigan.gov/emergingdiseases/home/lyme-disease>
- <https://www.cdc.gov/lyme/healthcare/index.html>

Reported Cases of Lyme Disease in 10 County Region Northern Michigan 2022-2024



Measles Surveillance Update

Measles cases have now been reported (as of April 19) in 18 states, with providers in Southeast Michigan reporting 5 cases. The largest outbreak is in the Chicago area with over 50 cases. Almost half the cases reported are in children under 5 years of age. There have been no reported cases of Measles in Northern Michigan, but there is heightened awareness and testing for Measles when indicated.

If you clinically suspect a case of Measles based on symptoms and epidemiology, the preferred testing is to obtain both an NP/OP swab for Measles PCR and serum for Measles IgM. Expedited testing can be arranged through the Bureau of Labs compared to longer processing times at private reference labs.

Since 2000, when measles was declared eliminated from the U.S., the annual number of cases has ranged from a low of 37 in 2004 to a high of 1,282 in 2019. Most measles cases imported into the

United States occur in unvaccinated U.S. residents who become infected during international travel. Measles is more likely to spread and cause outbreaks in communities where groups of people are unvaccinated, with the majority of cases occurring in unvaccinated persons.

Of greatest concern is sustained measles transmission that can occur in a community with lower levels of immunity. The MMR Vaccine, given routinely at 12-15 months of age with a second dose at 4-6 years of age, is highly effective and protects against not only measles but mumps and rubella as well. Maintaining high immunization levels in a community (ideally over 95%) is the best way to protect against a potential outbreak and reduce the risk of serious illness. Individuals are considered immune to Measles if they were born before 1957 or if they have received two doses of MMR Vaccine.

Highly Pathogenic Avian Influenza (HPAI) Update

HPAI, caused by an H5N1 strain of influenza A, is an avian flu virus that leads to high rates of illness and mortality among both wild and domestic birds. The Michigan Department of Agriculture and Rural Development (MDARD) has identified commercial dairy and poultry farms that have recently tested positive for HPAI in several counties in Michigan (currently Gratiot, Ionia, Isabella, Montcalm, Newaygo, and Ottawa), and I expect that we will see this list grow as the virus spreads in birds and as we learn more about how this illness is circulating in bovine and poultry species in the state and nationwide.

The risk to general population is very low at this time and the virus is not spread person to person with only sporadic human cases found i.e. the recent farm worker in Texas with a mild conjunctivitis after working with infected cattle. There have been no human cases of H5N1 identified in Michigan. For individuals who may be exposed

to infected animals (poultry or dairy), the recommendation is to monitor for any signs of illness and obtain testing if they are symptomatic.

Monitoring of the farm workers exposed to HPAI is done through MDARD and public health. Testing needs to be coordinated through the health department (contact us), as it is sent to Bureau of Labs for testing for HPAI. If you have a client with influenza like illness who also works with poultry or cattle AND there is concern of illness in the animals, testing is warranted. A poultry farm with HPAI will see multiple sick or dying birds and in cattle the most common finding is reduction in milk production.

More information for clinicians is available [here](#).

MPOX on the Rise

After having no new cases for several months, Michigan has had 16 cases in 2024, all in males. Ten of those males were also HIV+, with one of the 16 reported being vaccinated. No cases have been reported to date in Northern Michigan.

The Mpx Vaccine is available at the Local Health Departments and should be recommended to all persons with risk factors for MPOX disease.

Examples of Mpx Rashes



Get the vaccine if you

- ✓ Are a gay, bisexual, or other same-gender loving man who has sex with men or are transgender, gender non-binary, or gender-diverse.
- ✓ Have had sexual or intimate contact with someone who may have mpx. Get vaccinated as soon as possible after exposure, regardless of your sexual or gender identity.

AND if you, in the last 6 months, have had or expect to have

- ✓ One or more sexually transmitted infections
- ✓ Sexual or intimate contact with a person who is at risk of mpx
- ✓ A weakened immune system because of another illness, like HIV
- ✓ Anonymous sexual or intimate contact, or more than one sexual partner

What's Involved: Body Art Inspection Program

The Body Art Program for HDNW, DHD4, and BLDHD currently inspects 27 tattoo, piercing, and microblading shops in the four-county district. The regulations and requirements for Body Art are governed by the Department of Health and Human Services and local health departments are contracted to carry out inspections and enforcement. With the increase in popularity of tattooing and piercing, the first draft of requirements for Body Art were adopted in 2010, updated in 2018 and are currently being revised to meet today's demands and technologies.

Body Art inspections are required once per calendar year, along with following up on complaints that come in from the public. During inspections the health department staff address sanitation, facility cleanliness and cleanability, along with technician safety and best practices. Inspectors make sure that technicians have current Blood Borne Pathogen training

specific to Body Art facilities, Hepatitis B awareness, proper sterilizing equipment and testing, and properly dispose of used sharps/needles. Shops are required to carry a current Medical Waste license from the State of Michigan.



Women, Infants & Children (WIC) Supplemental Nutrition Program

WIC serves to safeguard the health of low-income pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 who are at nutritional risk. This is done by providing nutritious foods to supplement diets, information on healthy eating including breastfeeding promotion and support, and referrals to healthcare.

Health Outcomes:

A [2022 study Maternal and Child Outcomes Associated with the Special Supplemental Nutrition Program for Women, Infants, and Children \(WIC\)](#), showed the following conclusions:

- Maternal WIC participation during pregnancy is associated with lower risk of preterm birth, low birth weight in infants, and lower likelihood of inadequate gestational weight gain.
- Maternal WIC participation is associated with reductions in infant mortality.
- Maternal WIC participation is associated with increased well-child visits and immunization rates.
- Maternal WIC participation is associated with higher cognitive development scores in early childhood.
- Child WIC participation is associated with better diet quality including higher intake of Vitamin D and Iron.
- Household participation in WIC is associated with purchasing of healthy food groups and reduced purchasing of less healthy foods and beverages.

Economic Impact:

Not only does WIC impact the health and well-being of families, it also has a significant impact on the local economy. In fiscal year 2023 (October 1, 2022-September 30, 2023):

- \$1,265,198.39 in food costs were recognized in the HDNW four-county district.
- \$921,218.31 in food costs were recognized in the DHD4 four-county district.
- \$311,083.62 in food costs were recognized in the BLDHD two-county district.

Along with adding dollars into the local economy there is a documented savings in health care dollars for WIC enrolled families in the first 60 days after birth.



January 1st- May 7th, 2024

2024 Communicable Disease Report

for
Health Departments of
Benzie-Leelanau,
District No. 4, and
Northwest Michigan

Counties Include:

Benzie
Leelanau
Alpena
Cheboygan
Montmorency
Presque Isle
Antrim
Charlevoix
Emmet
Otsego

Disease	BLDHD	DHD4	HDNW
Novel Coronavirus COVID-19	166	402	812
Carbon Monoxide Poisoning	0	0	1
Campylobacter	5	2	3
Cryptosporidiosis	1	0	0
Giardiasis	2	4	5
Norovirus	1	1	0
Shiga toxin-producing E. coli	0	1	0
Salmonellosis	2	0	0
Shigellosis	0	1	1
Yersinia enteritis	3	0	1
Flu Like Disease*	390	17	3104
Influenza	87	131	283
Respiratory Syncytial Virus	0	2	1
Meningitis - Aseptic	1	0	0
Meningitis - Bacterial Other	0	0	2
Streptococcus pneumoniae, Inv	2	3	6
Streptococcal Dis, Inv, Grp A	0	6	0
Blastomycosis	1	0	0
Candida auris	1	0	0
CPO	0	0	1
Gastrointestinal Illness	297	0	48
Head Lice	15	0	64
Histoplasmosis	2	0	0
Legionellosis	0	0	1
Streptococcal Dis, Inv, Grp A	0	0	1
Staphylococcus Aureus Infect.*	0	0	1
Strep Throat	84	0	447
Unusual Outbreak or Occurrenc	2	1	0
Rabies: Potential Exposure & PEP	1	16	26
Chlamydia (Genital)	11	26	53
Gonorrhea	0	5	4
Syphilis - Secondary	0	1	0
Syphilis - Unknown Duration or L	0	0	3
Latent Tuberculosis Infection	0	1	1
Chickenpox (Varicella)	1	0	1
H. influenzae Disease - Inv.	1	1	0
Shingles	0	1	0
VZ Infection, Unspecified	0	0	1
Ehrlichiosis, Anaplasma phagoc	1	0	0
Ehrlichiosis, Ehrlichia chaffeens	0	1	0
Lyme Disease	5	1	1
Hepatitis B, Chronic	1	5	2
Hepatitis C, Acute	0	0	1
Hepatitis C, Chronic	3	0	0
Hepatitis E	0	0	1
Total	1089	629	4878



Dr. Joshua Meyerson serves as the Medical Director for three local health departments in northern Michigan: Health Department of Northwest Michigan, Benzie-Leelanau District Health Department, and District Health Department No. 4. His duties also include leading two grant-funded, school-linked Child and Adolescent Health Centers in underserved rural school districts.