SPRING 2023

PROVIDER UPDATE

News from your Local Health Department

IN THIS ISSUE

COVID Vaccine-Recommendations for Summer 2023

Blood Lead Testing

Northern Michigan Regional Laboratory

Tuberculosis in Michigan 2022

Vaccine Preventable Diseases

JOSHUA MEYERSON, MD
220 W. GARFIELD
CHARLEVOIX, MI 49720
j.meyerson@nwhealth.org
231-547-7679

COVID VACCINE RECOMMENDATIONS FOR SUMMER 2023

The FDA and CDC (Interim Clinical Considerations) have revised and simplified the Covid-19 Vaccine recommendations:

Everyone aged 6 years and older should get 1 Bivalent mRNA (Pfizer or Moderna) Covid-19 Vaccine to be considered up to date. This is regardless of the number of previous monovalent "original" doses of vaccine or whether they have completed a "primary series" or not.

People aged 65 years and older may get 1 additional updated COVID-19 booster dose 4 or more months after they received their first bivalent dose. People who are moderately or severely immunocompromised may get 1 additional updated COVID-19 booster dose 2 or more months after the first bivalent dose.

Children under 6 may get one or more doses of the bivalent vaccine depending on the number of previous doses they received.

HEALTH DEPARTMENT of Northwest Michigan
800-432-4121

Benzie-Leelanau District Health Department
Caring for our Communities
231-256-0200

District Health Dept. #4
Providing A Healthier Tomorrow
Since 1930
800-221-0294

BLOOD LEAD TESTING

Blood lead testing remained lower than pre-pandemic rates in 2022. As a reminder all children enrolled in Medicaid and those with a positive lead screening questionnaire should be tested at 12 and 24 months. Although much public media attention involves water, dust from lead paint and other sources remains the most common source of lead poisoning.

The Blood Lead Reference value was lowered in 2021 from 5ug/dL to 3.5ug/dL. Health care providers should follow-up and take action for children whose Blood lead level is >3.5ug/dL. An excellent resource for those providers seeing children is the Blood Lead Risk Assessment and Quick Reference Guide.

BLOOD LEAD LEVEL (BLL)
QUICK REFERENCE FOR PRIMARY CARE PROVIDERS

Medicaid requires all children to be tested at 12 and 24 months of age. Children between 36 and 72 months who were not previously tested must be tested at least once.

	BEST PRACTICE	CONSIDERATIONS/TREATMENT	RETESTING	PARENT EDUCATION & REFERRALS
NOT YET TESTED		Conduct risk assessment (see page 2 of this document). Test based on Medicaid requirements or risk assessment results.	Need for testing can be based on risk factors and Medicaid testing requirements	• Nutritional handouts • Safe cleaning handouts
BLL <4.5 µg/dL	Review lead level with family		• Retest in 6-12 months if child is at high risk • If child is less than one year of age at initial test, retest after first birthday	• Nutritional handouts • Safe cleaning handouts
BLL 4.5-14 µg/dL	• Confirm capillary result with venous test • Review lead level with family	• Consider other children who may be exposed • Conduct environmental history • Review diet/iron sufficiency • Provide nutritional counseling related to calcium and iron	Venous retest within 1-3 months to ensure BLL is not rising	• Nutritional handouts • Safe cleaning handouts • Refer family to local health department for nursing case management • Refer family to Lead Safe Home Program to determine eligibility for environmental investigation and abatement
BLL 15-44 µg/dL	• Confirm capillary result with venous test • Review lead level with family	• Consider other children who may be exposed • Consider evaluation such as an abdominal x-ray if leaded foreign bodies are suspected • Conduct environmental history • Review diet/iron sufficiency	• Venous retest within 4 weeks to ensure BLL is not rising • Repeat every 1-3 months until levels are <5	• Nutritional handouts • Safe cleaning handouts • Refer family to local health department for nursing case management • Refer family to Lead Safe Home Program to determine eligibility for environmental investigation and abatement
BLL 45+ µg/dL	• Confirm capillary result with venous test within 48 hours • Review lead level with family	• Consider other children who may be exposed • Any treatment at this level should be performed in consultation with MI Poison Control 800-222-1222 • Consider hospitalization and/or chelation • Family should NOT return to lead-contaminated home	• Confirm initial BLL with venous repeat within 48 hours • Treat as directed by expert • Monthly venous samples will be required	• Nutritional handouts • Safe cleaning handouts • Refer family to local health department for nursing case management • Refer family to Lead Safe Home Program to determine eligibility for environmental investigation and abatement

QUESTIONS?
Contact us at 517-335-8885
www.michigan.gov/lead

MICHIGAN Childhood LEAD POISONING prevention program
MDHHS

See Blood Lead Risk Assessment on other side.

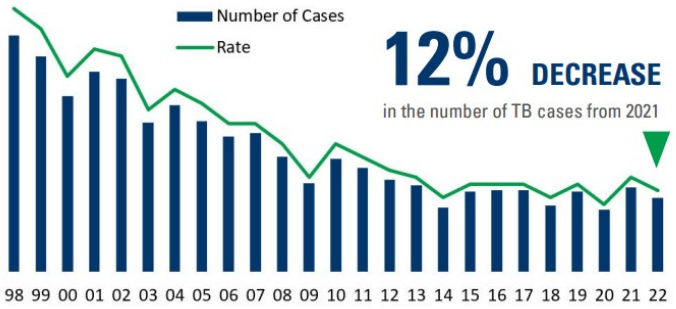
NORTHERN MICHIGAN REGIONAL LABORATORY

Health departments throughout Michigan can now take advantage of an expansion and modernization at Northern Michigan Regional Laboratory in Gaylord. Located along I-75, the lab and its mobile service is centrally located to provide efficient and timely service. And through a physical expansion, from 500 to 2,300 square feet, the "new" lab and technology is testing for SARS-COV-2, Chlamydia, Gonorrhea, and Trichomonas. The lab is currently working with area health departments to expand service in Northern Michigan and be a resource for public health in Northern Michigan.

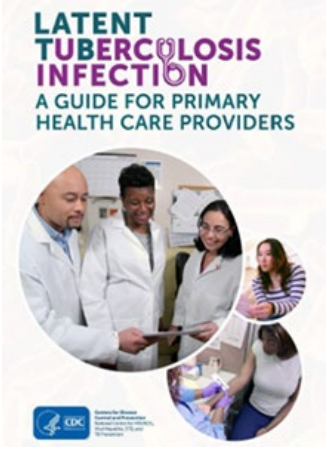
TUBERCULOSIS IN MICHIGAN 2022

Active cases of Tuberculosis disease in Michigan showed a 12% decrease in 2022 from 2021. Of the 120 cases reported statewide, two-thirds were in non-U.S. born persons. The most common countries of birth included India, Philippines, and Mexico, and two-thirds of the cases were in people aged 45 years and older.

In the 10-county area comprising the 3 district health departments, 3 cases of active TB were reported in 2022 - 1 in Otsego and 2 in Alpena counties.



Latent Tuberculosis Infection (LTBI), in contrast, is more commonly reported in our region (14 cases in 2022), partly due to increased testing related to initiation of TNF blocker medication for rheumatic and other autoimmune disorders. Recall that LTBI is the presence of infection with M. tuberculosis (or M. bovis) organisms without signs, symptoms, or radiographic evidence of TB disease. An individual with a positive skin test (TST) or blood test (IGRA) who is asymptomatic can be assessed with a chest radiograph to rule out active TB, and a diagnosis of LTBI made. Individuals with LTBI should be considered for treatment to prevent reactivation and progression to TB disease. Persons with LTBI are not contagious and pose no risk of spread to others, and thus should not be restricted in their activities or ability to work. Recommended treatment regimens have changed recently and been shortened with 3 months of weekly Isoniazid plus rifapentine or 4 months of daily rifampin preferred over the 6-9 month courses of daily isoniazid. Our communicable disease staff are available to help promote successful treatment of Tuberculosis disease and infection including assisting in case management and addressing financial barriers. Please reach out with any questions or for assistance.



VACCINE PREVENTABLE DISEASES– MICHIGAN

Vaccine Preventable Disease (VPD), although greatly reduced, continue to pose a risk to individuals in our communities with significant outbreaks from Measles in Ohio in 2022. Varicella continues to circulate, and outbreaks have been reported regionally and statewide.

Providers that suspect VPD should report cases to the local health department as well as obtain recommended lab tests for confirmation. MDHHS has a helpful guide for lab confirmation on their VPD Investigation Guidelines website.

Disease	Pre-pandemic average (2016)	Total Cases, 2020	Total Cases, 2021	Total Cases, 2022
Congenital Rubella	0	0	0	0
Diphtheria	0	0	0	0
H. influenzae – Invasive in <15 years (serotype b)	23.5	11 (1)	14 (1)	24 (0)
Measles	17	0	1	3
Meningococcal disease	5.75	3	6	5
Mumps	30	4	5	14
Pertussis	596.5	157	41	85
Poliomyelitis	0	0	0	0
Rubella	--	1	5	7
Tetanus	1.5	0	1	1
Varicella	489.75	185	178	231

Total cases refers to all cases reported as 'Confirmed' or 'Probable' in MDSS

Because varicella disease is much less common and clinical diagnosis more difficult than in years past when providers regularly saw cases of active chickenpox, lab confirmation is now routinely recommended for all suspected cases of chickenpox. Polymerase chain reaction (PCR) is the method of choice and most clinical labs can test swabs from vesicular lesions.

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 #4. His duties also include leading two grant-funded, school-linked Child and Adolescent Health Centers in underserved rural school districts.

j.meyerson@nwhealth.org
231-547-7679