Influenza Antiviral Medications: 2004-05 Interim Chemoprophylaxis and Treatment Guidelines

CDC is issuing interim recommendations for the use of antiviral medications during the 2004-05 season. Local availability of these medications may vary from community to community, which could impact how these medications should be used. CDC encourages the use of either amantadine or rimantadine for chemoprophylaxis & oseltamivir or zanamivir for treatment as supplies allow, in part to minimize the development of adamantane resistance among circulating influenza viruses. People who are at high risk of serious complications from influenza may benefit most from antiviral medications. Therefore, in general, people who fall into the CDC defined high risk groups should be given priority for use of influenza antiviral medications.

**Treatment**
- Any person experiencing a potentially life-threatening influenza-related illness should be treated with antiviral medications.
- Any person at high risk for serious complications of influenza and who is within the first 2 days of illness onset should be treated with antiviral medications.

(Pregnant women should consult their primary provider regarding use of influenza antiviral medications.)

**Requesting Influenza Antiviral Medications from the SNS**

Influenza antiviral medications in the SNS (Strategic National Stockpile) can be requested only by State or Territory Health Departments. Institutions (hospitals or long-term care facilities) experiencing an urgent need for such medications should convey their request to the State or Territory Health Department.

**October 31-November 6, 2004; Week 44**

**Synopsis:**

During week 44 (October 31-November 6, 2004), influenza activity was low in the United States. Six (0.6%) specimens tested by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories were positive for influenza. The proportion of patient visits to sentinel providers for influenza-like illness (ILI) and the proportion of deaths attributed to pneumonia and influenza were below baseline values. Twenty-eight states, New York City, and the District of Columbia reported sporadic influenza activity and 20 states (including Michigan) reported no influenza activity. All Influenza activity reporting by states and healthcare providers is voluntary. The reported information answers the questions of where, when, and what Influenza viruses are circulating. It can be used to determine if Influenza activity is increasing or decreasing, but cannot be used to ascertain how many people have become ill with Influenza during the Influenza season.
New Initiative: Michigan Will Help Uninsured Adults Quit Smoking

Each year, Michigan spends $881 million in its Medicaid program alone treating tobacco-related illnesses. Tobacco use is the leading cause of preventable death and disease among all populations in the United States – resulting in 400,000 deaths annually, 15,000 of them in Michigan.

Beginning October 1st, smokers who are uninsured in Michigan may qualify for a free two-month supply of nicotine patches or gum to help them quit smoking. The nicotine patches or gum will be supplied to uninsured Michigan adults through the free "I Can Quit" Telephone Coaching Program, funded by the Michigan Department of Community Health.

Anyone who wants to quit smoking and/or chewing tobacco can call the state's toll-free number for free peer coaching; however, only those without health insurance will qualify for the free nicotine patches or gum. Nicotine reduction therapies are usually covered for individuals enrolled in private health insurance programs. In order to receive free nicotine patches, uninsured callers must enroll in the coaching portion of the program and set a quit date within 30 days. Funding for the nicotine patches or gum is limited so it will be available on a first-come, first-serve basis.

Uninsured individuals can call the "I Can Quit" Program at 1-800-480-QUIT (7848) for help in stopping smoking. Assistance is free and confidential. This program is funded with $1.5 million in smoking prevention dollars.

When Smokers Quit: The Health Benefits Over Time

- **20 minutes after quitting:** The blood pressure drops to a level close to that before the last cigarette. The temperature of the hands & feet increases to normal.
- **8 hours after quitting:** The carbon monoxide level in the blood drops to normal.
- **24 hours after quitting:** The chances of Myocardial Infarction & Coronary Death decreases.
- **2 weeks to 3 months after quitting:** The circulation improves & the lung function increases up to 30%.
- **1 to 9 months after quitting:** Coughing, sinus congestion, fatigue, & shortness of breath decrease; cilia regain normal function in the lung, thus increasing the ability to handle mucus, & reducing infection.
- **1 year after quitting:** The excess risk for coronary heart disease is half that of a smoker.
- **5 years after quitting:** The cerebrovascular incident risk is reduced to that of a nonsmoker 5-15 years after quitting.
- **10 years after quitting:** The lung cancer death rate is about half that of a continuing smoker. The risk for cancer of the mouth, throat, esophagus, bladder, kidney, & pancreas decrease.
- **15 years after quitting:** The risk for coronary heart disease is that of a nonsmoker.

Source: [http://www.cancer.org](http://www.cancer.org)

CDC: Secondhand Smoke Risk Factors

Source: [http://www.cdc.gov/tobacco](http://www.cdc.gov/tobacco)

Secondhand smoke, also known as environmental tobacco smoke (ETS), is a mixture of the smoke given off by the burning end of tobacco products (sidestream smoke) & the smoke exhaled by smokers (mainstream smoke). It contains a complex mixture of more than 4,000 chemicals, more than 50 of which are carcinogens. People are exposed to secondhand smoke in the home, workplace, & in public venues such as bars, bowling alleys, & restaurants.

Secondhand smoke is associated with an increased risk for lung cancer & coronary heart disease in nonsmoking adults. It is a known human carcinogen. Because their lungs are not fully developed, young children are particularly susceptible to secondhand smoke. Exposure to secondhand smoke is associated with an increased risk for sudden infant death syndrome (SIDS), asthma, bronchitis, & pneumonia in young children. An estimated 3,000 lung cancer deaths & 35,000 coronary heart disease deaths occur annually among adult nonsmokers in the United States as a result of exposure to secondhand smoke.

Each year, secondhand smoke is associated with an estimated 8,000-26,000 new asthma cases in children. Annually an estimated 150,000-300,000 new cases of bronchitis & pneumonia in children aged less than 18 months (7,500-15,000 of which will require hospitalization) are associated with secondhand smoke exposure in the United States.

Approximately 60% of people in the United States have biological evidence of secondhand smoke exposure. Among children aged less than 18 years, an estimated 22% are exposed to secondhand smoke in their homes, with estimates ranging from 11.7% in Utah to 34.2% in Kentucky.
"Confidential & Anonymous" HIV Testing Program

Early Detection and Treatment Affords HIV Victims Greater Chances to Manage this Chronic Disease

In recognition of World AIDS Day, the Allegan County Health Department, Communicable Disease Section, will be offering "no needle" HIV testing on Wednesday, December 01, 2004 between the hours of 9 am & 4 pm. This testing is confidential & can be anonymous if so desired. The Health Department is located on the first floor of the Human Services Building at 3255-122nd Ave., Allegan, MI.

Also, "Are You Positive" a film which is being broadcast by "CNN" TV will be aired & available for the public to view at 3 pm on Dec. 1st. in the Karl Zimmerman Room which is on the first floor of the Human Services Building at 3255-122nd Ave., Allegan, MI. This informative film highlights the challenges for children born HIV positive, the effect the crystal methamphetamine epidemic has on risky behavior, & the increase in Americans older than 50 who are HIV positive.

Besides HIV testing, the Allegan County Health Department Communicable Disease Section routinely provides confidential/anonymous testing & treatment for other communicable diseases such as Hepatitis B, Syphilis, Gonorrhea, & Chlamydia.

The Allegan County Health Department would like to also point out that our Immunization Section can provide required or recommended Immunizations to Infants, Children, Adults, & those traveling abroad. The Influenza immunization clinics will resume for high risk individuals as soon as more vaccine arrives. For more information about any of our testing, immunizations, and/or directions to our building; please call (269) 673-5411.

New National Perinatal HIV Consultation & Referral Service

The HRSA/HAB has developed a new 24-hour clinical consultation service, the National Perinatal HIV Consultation & Referral Service (Perinatal Hotline).

This service provides 24-hour advice from HIV experts on indications & interpretations of HIV testing in pregnancy as well as consultation on treating HIV-infected pregnant women & their infants.

The Perinatal Hotline not only answers callers' immediate questions & help solve urgent perinatal HIV issues, but also assists clinicians in linking HIV-infected pregnant women & HIV-exposed infants to the most appropriate care. Callers are referred to a national network of education, training & consultation services available from regional AIDS Education & Training Centers (AETCs).

The Perinatal Hotline is an expansion of the Health Resources and Services Administration (HRSA) National HIV/AIDS Clinicians Consultation Center (NCCC) at San Francisco General Hospital.

The NCCC is currently operated the National HIV Telephone Consultation Service (Warmline) & the National Clinicians' Post-Exposure Prophylaxis Hotline (PEPline).

The NCCC is part of the AETC Program funded by HRSA/HAB in partnership with the Centers for Disease Control & Prevention (CDC) & The HIV/AIDS Bureau's (HAB) Division of Community Based Programs.

The Perinatal Hotline (888-448-8765) & the PEPline (888-448-4911) are both available 24 hours, 7 days of the week.

The Warmline (800-933-3423) is available 8 a.m. to 8 p.m. (EST) Monday through Friday.

Allegan County Disease Incident Quarterly Report: July-September 2004

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Volume IV,
Etiology, Clinical Manifestations, Diagnosis & Treatment of Lymphogranuloma venereum (LGV):

Etiology

- LGV is caused by Chlamydia trachomatis L1 to L3.
- C. trachomatis serovars B & D-K are responsible for the syndromes of non-gonococcal urethritis & cervicitis.

Clinical Manifestations

- The primary lesions produced by LGV are genital ulcers, swollen lymph nodes & flu-like symptoms. In the Netherlands LGV cases, it was reported that gastrointestinal bleeding, inflammation of the rectum & colon & other atypical clinical manifestations were also observed.

Diagnosis

- Diagnosis is based primarily on clinical findings; routine laboratory test for C. trachomatis can support the diagnosis.

Treatment of Sex Partners

- Sexual contacts within 30 days of the patient’s onset of symptoms should be evaluated; in the absence of symptoms, they should be treated with either 1 g of azithromycin in a single dose, or 100 mg of doxycycline, twice a day for 7 days.

The CDC issued a warning report on the recent outbreak of Lymphogranuloma venereum (LGV) among gay & bisexual men in the Netherlands. It was unknown whether a similar LGV surge has affected the United States; this is due to the US healthcare professionals are not required to report these infections to their local health departments.