



PROVIDER UPDATE

News from your Local Health Department

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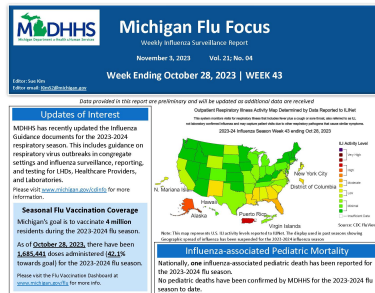
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With Fall and Winter Respiratory season upon us, providers can stay up to date with surveillance and other news regarding influenza activity across the nation as well as regional reports from Michigan by subscribing to the [MI Flu Focus influenza surveillance report](#).

[In August, the ACIP recommended](#) the use of Beyfortus (Nirsevimab), a long acting monoclonal antibody, for all infants less than 8 months entering their first RSV season and high risk infants 8-19 months entering their first or second RSV season. Administration should be shortly before the season begins or anytime during the season, generally from October through end of March. As a vaccine (granted a passive immunization) it is included in the Vaccine for Children Program and should be covered by insurers similarly to other recommended vaccines. Unfortunately, due to limited supply the CDC issued a [health advisory](#) with updated guidance on use.



Everyone 6 months of age and older should receive a seasonal influenza vaccine every year. All vaccines are now quadrivalent. Persons 65 years and older may preferentially receive either a high dose flu vaccine or the adjuvanted flu vaccine that may provide enhanced protection against influenza.

[In September, the ACIP recommended](#) the Pfizer RSV Vaccine, *Abrysvo*, as a one-time dose given seasonally September to January to pregnant women who are at 32-26 weeks gestation to reduce the risk of RSV disease in their newborn infants.

In addition, RSV Vaccines for adults 60 years and older, approved for use based on [shared clinical decision making](#), are now available at many pharmacies as well as at the health department offices.

More information on RSV Vaccines can be found at <https://www.cdc.gov/vaccines/vpd/rsv/>

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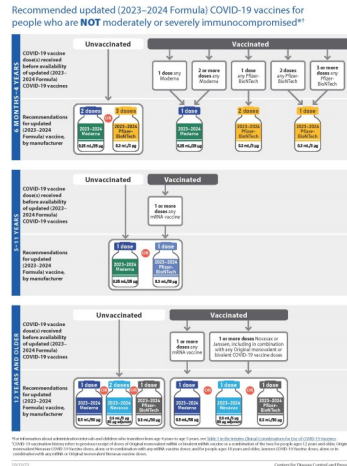


Covid-19 Vaccine (2023-2024 Formula)

An Updated 2023-2024 Covid-19 Vaccine is also widely available and can be given to anyone 6 months of age and older. The updated vaccine is monovalent and for persons 5 years and older only a single dose is needed regardless of how many, if any, previous doses of the original vaccines or bivalent vaccine were given (immunocompromised persons may receive further doses). The updated Vaccine is available as an mRNA vaccine from both Pfizer and Moderna, as well as an adjuvanted protein-based vaccine from Novavax.

Vaccine Effectiveness studies suggest that additional booster doses decreased the risk of moderate to severe covid disease as well as decreasing the risk of post covid conditions including “long covid”. Those most at risk and most likely to benefit from the updated vaccine are the elderly, immune suppressed, pregnant women, and those with multiple comorbidities that increase their risk of moderate to severe covid disease. In general, the highest current rates of hospitalizations from Covid-19 are in those over 75 years of age and infants under 6 months of age ([immunizing pregnant women can reduce the risk of covid associated hospitalization in infants<6 months](#)).

Healthy children and adults who have previously been vaccinated are at lower (and low) risk of severe disease, but still have risk of infection, long covid syndromes, and MIS-C. Furthermore, individuals and families may wish to get vaccinated to decrease the risk of infecting those they may live, visit, or work with who are at increased risk of severe disease, especially those that may not respond well to vaccines (very old and immunocompromised) or are too young to be vaccinated.

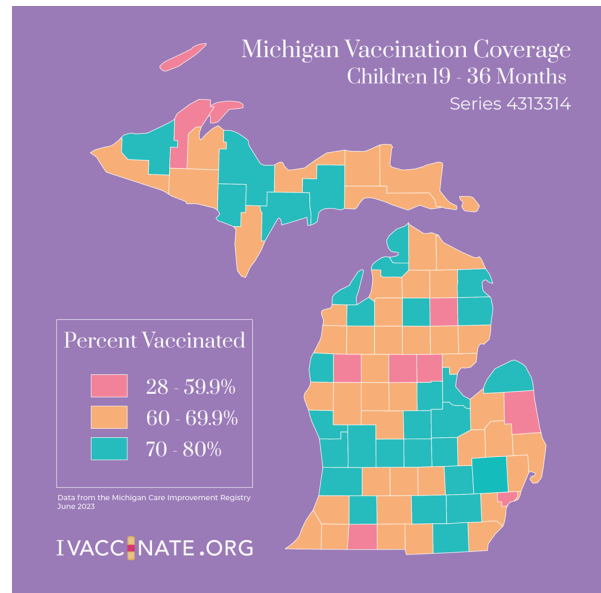


Pertussis Outbreak in Presque Isle County

The recent outbreak of Pertussis in Presque Isle County is a good reminder to consider the diagnosis when evaluating a patient with prolonged cough especially when paroxysmal, associated with post tussive vomiting, or with the characteristic whoop. A NP swab for *Bordetella pertussis* is the preferred confirmatory test in symptomatic individuals.

Chickenpox also continues to be reported across our area this Fall. If varicella is suspected the Health Department should be notified and confirmatory lab testing is recommended (a swab of a vesicle for Varicella-specific nucleic acid by PCR).

Although the majority of children continue to receive most recommended vaccines, overall vaccination rates for Michigan children ages 19 to 36 months have fallen below 70% in more than half of the state (52 of 83 counties), according to June 2023 data from the Michigan Care Improvement Registry (MCIR). Many children fell behind during the pandemic and it is important to try to catch up children, adolescents, and adults using the [CDC recommended schedules](#).



Changes to Children’s Special Health Care Services

Children’s Special Health Care Services (CSHCS) has expanded the eligibility for the program to age twenty six. CSHCS is a program within the Michigan Department of Health and Human Services. It is for children and some adults with special health care needs and their families.

CSHCS is a vital program dedicated to supporting Michigan children with chronic health conditions and their families. CSHCS provides a range of essential services, including specialized medical care, diagnostic services, and access to a network of expert healthcare providers. This program plays a crucial role in ensuring that children with special health needs receive comprehensive, coordinated, and family-centered care, thereby enhancing their quality of life and helping them achieve their fullest potential. Additionally, CSHCS offers financial assistance for eligible families, helping to alleviate some of the financial burdens associated with managing chronic health conditions.

Michigan Department of Health and Human Services (MDHHS) has a [FAQ document](#) for the age expansion.

CSHCS 101 – Children’s Special Health Care Services

A state-wide program within the Michigan Department of Health and Human Services, Children’s Special Health Care Services (CSHCS) provides services for children and some adults with chronic medical conditions and special health care needs and costs. **CSHCS covers more than 2,700 medical diagnoses and conditions.** Eligibility determination is made by CSHCS physicians.

How does it work?

The program works as secondary coverage to help cover the cost of the child’s medical care. The family’s primary insurance—such as employer insurance or Medicaid—pays first and then CSHCS picks up the co-pays, deductible, and out-of-pocket costs related to the qualifying diagnosis.



CSHCS Enrollees

Enrollees have support through the Family Center for Children and Youth with Special Health Care Needs, which helps shape CSHCS policies and helps families navigate the CSHCS system. Families also receive care coordination for community services from their local public health department.

What is the cost?

There is a yearly fee to join CSHCS. **The fee is determined on a scale based upon family income and family size, but in certain cases — for foster children or kids already on Medicaid — the fee is waived.** For almost all current enrollees, the annual fee is significantly less than what the cost of healthcare would be without CSHCS. CSHCS doesn’t help cover all medical costs, only the costs related to the child’s qualifying diagnosis. The program will not pay for visits to the primary care physician or any other unrelated medical costs.

CSHCS is not only for low-income families

Many families don’t know that they can enroll in CSHCS even if they have private or employer insurance! CSHCS is based on the child’s diagnosis, not income. Anyone with a child who has one or more of the qualifying diagnoses can enroll.

Who can enroll?

CSHCS covers children from birth to age 21 with one or more qualifying diagnoses. These diagnoses can be life-limiting and most require specialty medical care and supports. Individuals with hemophilia, cystic fibrosis or sickle cell anemia may be eligible to remain on CSHCS as adults.

NUMBER OF CSHCS ENROLLEES DURING FY 2020-2021: **53,474**

TOP DIAGNOSES:

- Prematurity
- Diabetes
- Epilepsy
- Asthma
- Cerebral Palsy
- Hearing Loss



New Lead Testing Guidelines

All children who are at risk for lead exposure should be tested for lead poisoning. Some children are more likely to be exposed to lead than others, including those that live or spend time in a house or building built before 1978, are from low-income households, are immigrants or refugees, or live or spend time with someone who works with lead or has hobbies that expose them to lead.

Children can be exposed to lead where they live, learn, and play. Sources of lead exposure can include the following:

- Chipping or peeling paint in homes or buildings built before 1978 – in general it is lead laden dust (not paint chips) that is the primary source of lead.
- Water from lead pipes or lead found in solder in faucets and fixtures.
- Soil near airports, highways, or factories – this was a significant source from leaded gas, especially in urban areas.
- Some imported candies, spices, traditional medicines, imported toys and jewelry.
- Certain jobs and hobbies – adults who work with lead can bring and pass on lead dust on their clothes and skin to their household members.

In Michigan, [Universal Lead Testing](#) is now law after the Governor signed recently passed legislation. The law requires providers to test ALL children at 12 and 24 months of age, or once between 24-72 months if not tested previously (the same as current recommendations for children enrolled in Medicaid). If considered at high risk based on geographic location or other factors such as housing age, then additional testing can be required. Physicians must also assure that lead testing results are included in the immunization registry. The requirements do not apply if a parent/guardian objects to testing. MDHHS is now charged with promulgating and implementing rules regarding provider requirements.

Reportable Disease by Local Health Departments

January 1 to September 30, 2023

Disease	BLDHD	District 4	HDNW	Total
Novel Coronavirus COVID-19	421	967	1206	2594
Campylobacter	12	6	20	38
Cryptosporidiosis	1	3	3	7
Giardiasis	1	0	2	3
Norovirus	2	1	6	9
Salmonellosis	5	6	14	25
Shiga toxin-producing Escherichia coli --(STEC)	2	0	6	8
Shigellosis	1	0	0	1
Influenza	56	103	163	322
Meningitis - Aseptic	1	1	2	4
Meningitis - Bacterial Other	0	1	1	2
Meningococcal Disease	0	0	1	1
Streptococcus pneumoniae, Inv	4	9	4	17
Blastomycosis	0	4	0	4
CP-CRE	0	1	2	3
Candida auris	1	0	1	2
Coccidioidomycosis	3	4	2	9
Cyclosporiasis	0	0	2	2
Head Lice	55	0	40	95
Histoplasmosis	0	3	0	3
Legionellosis	0	0	2	2
Strep Throat	102	0	385	487
Streptococcal Dis, Inv, Grp A	3	9	10	22
Trachoma	0	0	1	1
Rabies Animal	0	0	1	1
Animal Bite Potential Rabies Exposure	9	70	60	139
Chlamydia (Genital)	43	66	149	258
Gonorrhea	10	2	12	24
Syphilis	2	0	7	9
Latent Tuberculosis Infection	4	7	3	14
Nontuberculous Mycobacterium	2	6	0	8
Chickenpox (Varicella)	0	5	9	14
H. influenzae Disease - Inv.	2	3	1	6
Pertussis	1	0	0	1
Shingles	0	0	2	2
VZ Infection, Unspecified	3	1	7	11
Babesiosis	1	0	0	1
Dengue Fever	1	0	0	1
Ehrlichiosis, Anaplasma phagocytophilum	5	0	0	5
Lyme Disease	43	8	16	67
Hepatitis B, Chronic	1	1	4	6
Hepatitis C, Chronic	5	16	29	50
Hepatitis E	0	1	0	1