

PROVIDER UPDATE

News from your local Health Department

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CD Report for 2025

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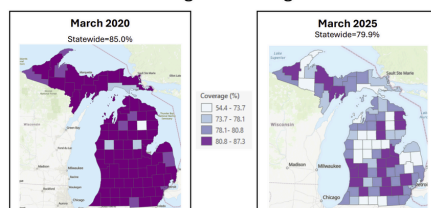
Measles: Rising Cases in the U.S. and Canada

Measles cases are surging in 2025, with the CDC reporting 607 confirmed cases and rising in multiple states including two in Michigan as of April 3rd—surpassing last year's total. The largest outbreak is currently in West Texas with spread into border areas of New Mexico and Oklahoma. Canada is also experiencing outbreaks, with provinces like Ontario and British Columbia seeing an uptick in cases due to international travel and declining vaccination rates. In 2025, over 400 cases of measles have already been reported in Ontario, many in the Southwestern region bordering Michigan. The majority of cases are in unimmunized children, including two child who tragically died in Texas.

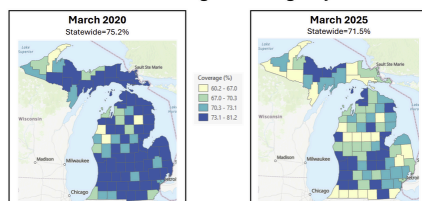
Measles presents with fever, cough, coryza, conjunctivitis, and a rash that starts on the face and spreads downward. Complications like pneumonia (1 in 20) and encephalitis (1 in 1,000) are more severe in young children and immunocompromised individuals. Providers should ensure MMR vaccination and consider measles in febrile rash illnesses, especially with travel exposure. Testing includes NP/OP swab for PCR and Measles IgM serology. MDHHS has updated information on Measles outbreaks.

Current rates of MMR coverage have dropped significantly across the state and our region over the last 5 years. On average about 80% of our young children are protected, leaving 1 in 5 susceptible. Given the known contagiousness of Measles, this rate leaves our area vulnerable to outbreaks. (In stark contrast, in 2000 there was no endemic spread of Measles in the US).

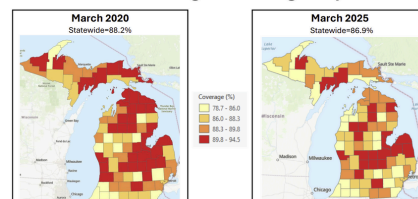
1+ MMR Coverage: 19 through 35 months



2+ MMR Coverage: 4 through 6 years



2+ MMR Coverage: 13 through 17 years



**HEALTH
DEPARTMENT**
of Northwest Michigan

800-432-4121
www.nwhealth.org



Benzie-Leelanau
DISTRICT HEALTH DEPARTMENT
CARING FOR OUR COMMUNITIES

231-882-4409
www.bldhd.org



District Health Department No. 4
Prevent. Promote. Protect.

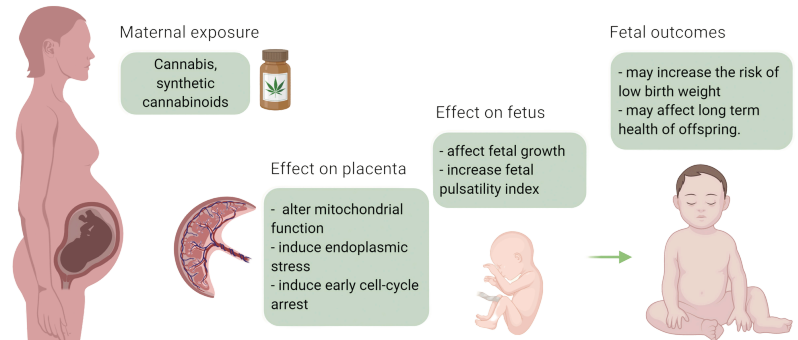
989-356-4507
www.dhd4.org

Cannabis Use During Pregnancy: Risks and Prevention Resources

Cannabis use during pregnancy is a growing public health concern, with potential risks to fetal development. Despite common misconceptions, cannabis is not a safe alternative to tobacco or alcohol during pregnancy. THC, the psychoactive compound in cannabis, crosses the placenta and can impact fetal brain development. Studies have linked prenatal cannabis exposure to low birth weight, preterm birth, and potential long-term cognitive and behavioral effects in children.

The [CDC](#) and the [American College of Obstetricians and Gynecologists \(ACOG\)](#) recommend that pregnant individuals avoid cannabis use in any form, including smoking, vaping, and edibles. Providers should screen for cannabis use in prenatal visits and offer counseling on the risks. Many individuals use cannabis to manage nausea, anxiety, or pain during pregnancy—discussing safer alternatives can help support their health needs while protecting the baby.

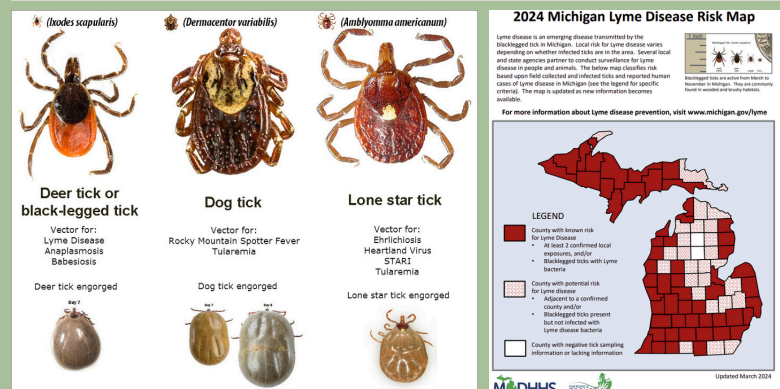
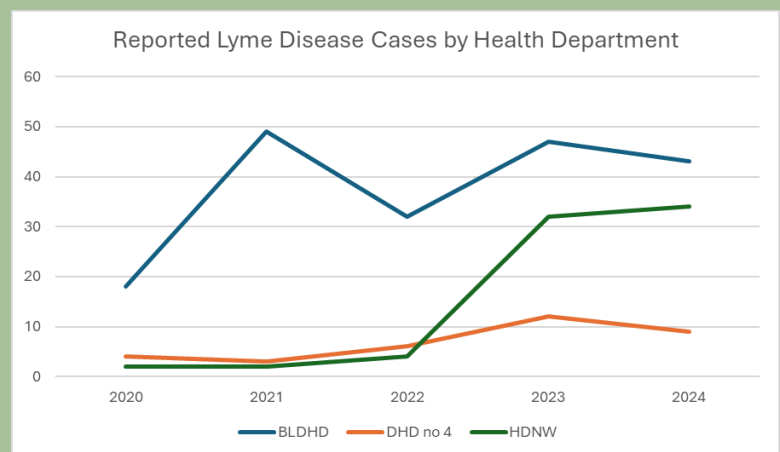
To promote safe storage and prevent accidental pediatric exposure, some local health departments offer free lock bags and boxes for cannabis and other medications. Encouraging patients to secure cannabis products can help reduce unintentional ingestion, which has been rising among young children and pets. Providers can refer patients to local resources or [click here for more information](#) on prevention efforts.



Ticks and Tick-Borne Illnesses: A Spring Reminder

Tick populations are expanding in Michigan, increasing the risk of tick-borne diseases such as Lyme disease, anaplasmosis, and babesiosis. According to the Michigan Department of Health and Human Services (MDHHS), reported Lyme disease cases have doubled in the state over the past decade. Black-legged (deer) ticks, the primary vector for Lyme disease, are now found in most Michigan counties, including the northern Lower Peninsula.

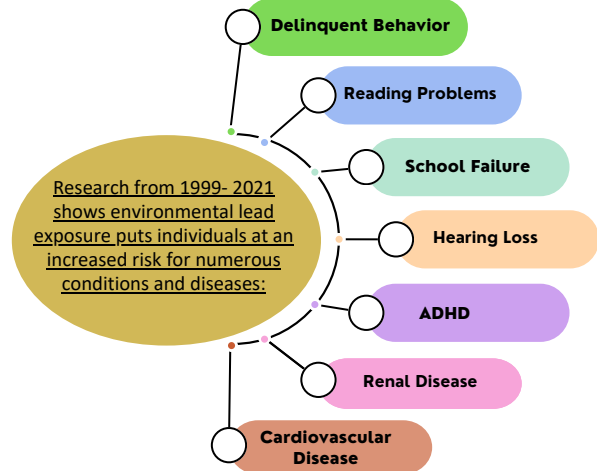
Providers should educate patients on prevention strategies, including using EPA-approved tick repellents, wearing protective clothing, and performing daily tick checks after outdoor activities. Early symptoms of Lyme disease—such as fever, fatigue, headache, and the characteristic erythema migrans rash—should prompt consideration for early treatment. If Lyme disease is suspected, the CDC recommends a two-step testing process for confirmation. More information is available at [Michigan's Emerging Tick-borne Diseases](#).



Lead Exposure and Testing: Ensuring Compliance

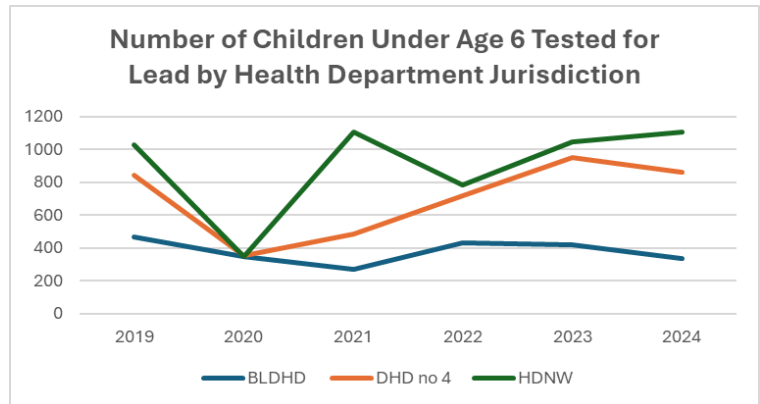
Lead poisoning remains a public health concern in Michigan, particularly for young children under six. Even low levels of lead can impact neurological development, leading to learning difficulties, behavioral issues, and lower IQ. The Michigan Department of Health and Human Services (MDHHS) and the CDC emphasize the importance of routine blood lead screening, particularly for high-risk populations.

According to July 2024 data from MDHHS, thousands of Michigan children continue to be exposed to lead. In 2023, over 200,000 children under six were tested for lead, with several thousand showing blood lead levels (BLL) at or above the CDC reference level of 3.5 µg/dL.



Number of Children Under Age 6 Tested for Lead by Health Department and County

	2019	2020	2021	2022	2023	2024
Alpena	391	220	270	375	488	416
Cheboygan	236	50	107	127	232	249
Montmorency	89	27	48	101	106	88
Presque Isle	125	55	59	115	128	109
DHD no 4 Total	841	352	484	718	954	862
Benzie	222	153	141	201	206	155
Leelanau	244	192	131	227	213	183
BLDHD Total	466	345	272	428	419	338
Antrim	241	105	217	212	310	252
Charlevoix	238	58	269	152	206	231
Emmet	244	77	328	219	244	331
Otsego	304	105	292	198	284	290
HDNW Total	1,027	345	1,106	781	1,044	1,104



Number of Children Tested with a Venous Elevated Blood Lead Level (Greater than or Equal to 3.5) by BLL Range - Selected year(s)

	2022	2023	2024
Alpena	6	9	1-5
Cheboygan	1-5	1-5	1-5
Montmorency	0	0	0
Presque Isle	0	1-5	1-5
Benzie	1-5	0	1-5
Leelanau	0	1-5	0
Antrim	1-5	1-5	1-5
Charlevoix	0	1-5	1-5
Emmet	0	1-5	1-5
Otsego	1-5	1-5	0

Data for counties reporting 1-5 cases has been suppressed

Resources for Providers

- <https://www.michigan.gov/mileadsafe>
- [NIEHS Lead Information](#)
- [MDHHS Lead Screening & Follow-Up Guidelines for Physicians \(July 2024\)](#)

Provider Recommendations for Lead Screening & Follow-Up

- **Who Should Be Tested?**
 - All children at 12 and 24 months (or at least once before age six if not previously tested).
 - Any child at risk due to older housing (pre-1978), recent renovations, contaminated water, or environmental exposure.
- **Confirming and Managing Elevated BLLs:**
 - 3.5–9.9 µg/dL: Confirm with a venous test within 3 months; provide lead education and risk reduction strategies.
 - 10–19.9 µg/dL: Confirm within 1 month; initiate case management and environmental risk assessment.
 - ≥20 µg/dL: Confirm within 48 hours; urgent intervention required, including environmental investigation and clinical follow-up.

Vaccine-Preventable Diseases (VPDs): A Call to Action for Michigan Providers

Vaccine-Preventable Diseases Cases in Michigan

Disease	Pre-Pandemic Average (2016-2019)	Total Cases, 2023	Total Cases, 2024
Congenital Rubella	0	0	0
Diphtheria	0	0	0
Inv. H. Influenza <15 years old (Serogroup B)	23.5 (-)	23 (1)	25 (0) *
Measles	17	0	7
Meningococcal disease	5.75	9	15
Mumps	30	22	15
Pertussis	596.5	110 (3 outbreaks)	1,930 (18 outbreaks) ***
Polio	0	0	0
Rubella ****	--	7	8
Tetanus	1.5	1	0
Varicella	489.75	363	294 **

Notes:
2023 totals have been updated to reflect onset date of illness, where available, or referral date if unavailable; 2024 data currently reflects referral date only. These totals may vary slightly from other publications owing to date variables used.
* Of the Hib cases that were successfully typed, serogroups A, E and nontypeable identified
** Changes to the mumps and chickenpox case definitions in 2024 – may have contributed to decrease in reported cases
*** Outbreaks here defined as 3 or more related cases
**** All rubella cases are classified by the current case definition, but additional information is provided to CDC to determine if it is a true case. In 2024, no cases warranted additional control measures or follow-up.

Vaccine-preventable diseases (VPDs) continue to pose public health challenges in Michigan. Recent data indicate troubling trends in vaccination coverage and disease incidence, underscoring the critical role healthcare providers play in disease prevention and health promotion.

Declining Vaccination Rates and Rising Disease Incidence

As of July 2024, vaccination rates for Michigan children aged 19 to 36 months have fallen below 70% in more than half of the state (47 of 83 counties), according to data from the Michigan Care Improvement Registry. This decline has led to a rise in vaccine-preventable diseases, with whooping cough cases surging from 110 in 2023 to nearly 2,000 in 2024. As of March 2025, over 400 cases have already been reported statewide.

Pertussis Activity in Michigan (2018-2024): Key Updates for Providers

Pertussis cases in Michigan increased in 2024, with reported activity across multiple regions. The highest case counts were observed in emergency preparedness region #1 and the upper peninsula (map to the right), with a notable rise in 12-17 years old. Compared to previous years, 2024 saw an uptick in cases, reinforcing the need for early diagnosis, testing, and vaccination.

Key 2024 Data Findings:

- Total cases: 1,930
- Most affected age group: 12-17 years old
- Increase compared to 2023: **1654.55% increase**

Clinical Presentation & Testing Recommendations

Pertussis should be suspected in patients with a prolonged cough (≥ 2 weeks) with paroxysms, post-tussive vomiting, or an inspiratory "whoop." Infants may present with apnea or cyanosis without a classic cough.

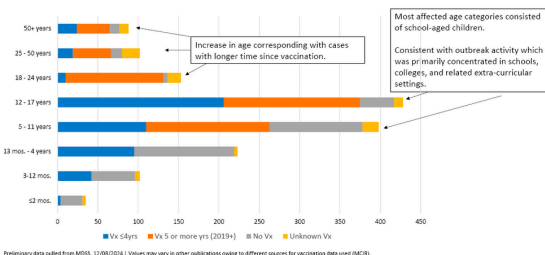
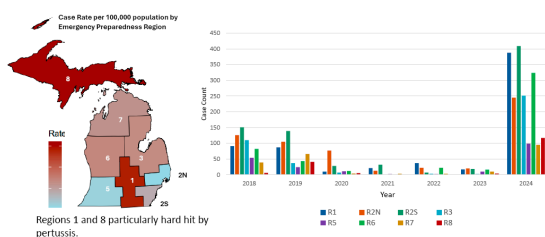
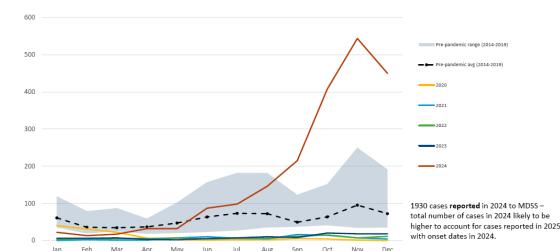
- Preferred Diagnostic Test: PCR from a nasopharyngeal swab, ideally within the first 3 weeks of cough onset.

Prevention & Vaccination

- DTaP: Recommended for infants and young children (5-dose series).
- Tdap: Adolescents (11-12 years) and every pregnancy (preferably 27-36 weeks gestation).
- Adults: One-time Tdap, then Tdap every 10 years.

Resources and Continuing Education

- [MDHHS Immunization Resources](#): Access annual summaries of VPD cases in Michigan, immunization data, and statistics.
- [CDC Vaccine Administration Resource Library](#): Find job aids, training modules, and videos to enhance vaccine administration practices.
- [CDC Pink Book Web-on-Demand Series](#): A one-hour video series providing an overview of vaccination principles and best practices, with continuing education credits available.
- [Ivaccinate](#): Ivaccinate provides information and tools based on real medical science and research to help Michigan parents protect their kids.



January 1st- March 24th, 2025

2025 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 Group	Disease	BLDHD	DHD no 4	HDNW
COVID19/MIS	Novel Coronavirus COVID-19	51	224	301
COVID19/MIS	Subtotal	51	224	301
Foodborne	Campylobacter	1	2	8
Foodborne	Cryptosporidiosis	1	0	0
Foodborne	Giardiasis	1	0	0
Foodborne	Norovirus	2	1	18
Foodborne	Salmonellosis	1	4	5
Foodborne	Shiga toxin-producing Escherichia coli --(STEC)	0	0	1
Foodborne	Shigellosis	0	1	0
Foodborne	Yersinia enteritis	1	0	0
Foodborne	Subtotal	7	8	32
Influenza	Flu Like Disease*	585	42	1995
Influenza	Influenza	65	248	219
Influenza	Respiratory Syncytial Virus	0	2	12
Influenza	Subtotal	650	292	2226
Meningitis	Streptococcus pneumoniae, Inv	0	5	3
Meningitis	Subtotal	0	5	3
Other	Blastomycosis	0	1	0
Other	CPO	0	1	1
Other	Candida auris	0	1	0
Other	Coccidioidomycosis	0	2	0
Other	Creutzfeldt-Jakob Disease	0	0	1
Other	Gastrointestinal Illness	149	0	0
Other	Head Lice	9	0	13
Other	Histoplasmosis	0	3	0
Other	Novel Coronavirus SARS/MERS	0	1	0
Other	Strep Throat	20	0	111
Other	Streptococcal Dis, Inv, Grp A	1	2	1
Other	Subtotal	179	11	127
Rabies	Rabies: Potential Exposure & PEP	2	18	9
Rabies	Subtotal	2	18	9
STD	Chlamydia (Genital)	6	17	29
STD	Gonorrhea	1	0	5
STD	Syphilis - Early Latent	0	0	1
STD	Syphilis - To Be Determined	1	0	0
STD	Syphilis - Unknown Duration or Late	0	1	1
STD	Subtotal	8	18	36
Tuberculosis	Latent Tuberculosis Infection	1	1	4
Tuberculosis	Subtotal	1	1	4
VPD	Chickenpox (Varicella)	0	0	2
VPD	H. influenzae Disease - Inv.	0	2	1
VPD	Mumps	0	1	0
VPD	Pertussis	6	1	1
VPD	Shingles	0	0	1
VPD	Subtotal	6	4	5
Vectorborne	Anaplasmosis	1	0	0
Vectorborne	Lyme Disease	0	1	0
Vectorborne	Subtotal	1	1	0
Viral Hepatitis	Hepatitis B, Chronic	0	0	1
Viral Hepatitis	Hepatitis C, Acute	1	0	0
Viral Hepatitis	Hepatitis C, Chronic	0	6	14
Viral Hepatitis	Subtotal	1	6	15
	Total	906	588	2758



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.