Spring 2026

PROVIDER UPDATE

News from your local Health Department

In This Issue

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Bovine TB

Bovine tuberculosis (bTB) is one of the oldest diseases known to man. It is caused by the bacteria Mycobacterium bovis, closely related to Mycobacterium tuberculosis. Bovine TB was frequently found in dairy and beef cattle in the US until eradication efforts including pasteurization led to a dramatic reduction in the mid-20th century. In 1994 Bovine Tb was first identified in deer in Michigan and is now considered endemic in deer in the "Deer Management Unit 452" which includes portions of Alpena, Alcona, Montmorency, and Oscoda Counties. This has led to spillover and infection in cattle herds in surrounding areas. Mycobacterium bovis can infect cattle, deer, and humans as well as other cervids and mammals.

Human infections with M bovis in Michigan remain rare but have occurred among individuals with close contact to infected deer. Human M. bovis infection is clinically similar to M. tuberculosis and is acquired through close contact with infected animals or their tissues, or via unpasteurized dairy products. There have been 8 cases identified since 2002 linked to deer exposure in Northeast Michigan. Six cases involved disease in the lungs (pneumonia) and 2 were skin infections.

In 2025 a beef herd in Presque Isle and another in Alcona County were identified, the first herds detected since January 2022. In February 2026 a dairy herd in Charlevoix County was confirmed to have bTB infected cattle, notable because of its location outside the region where the disease has been found. And recently two additional herds in NE Michigan have also been confirmed to have bTB infected cattle.

The risk to the public in Northern Michigan is low, but those that may have been exposed to infected deer or cattle should consider getting tested for infection. Unpasteurized milk from infected cattle is highly infectious and should not be consumed. Early identification and preventive treatment after exposure/infection can substantially reduce the risk of developing active TB disease.

The presence of endemic bovine TB in deer and recent infections in northern Michigan cattle herds creates an ongoing, though targeted, human health risk. The local health department's central responsibility is to work with state partners to rapidly identify exposed individuals, offer appropriate TB testing, and, when indicated, provide or arrange treatment to prevent progression to active disease.

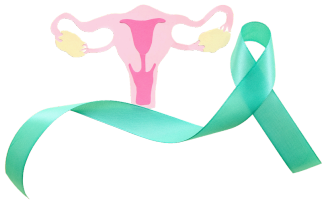
Cervical Cancer Screening Recommendations

The HPV vaccine and the use of testing for high risk HPV is transforming cervical cancer screening by enabling less frequent screenings, starting at older ages, and ability to use self-collection samples that will reduce barriers to getting screened.

A new study by researchers at the American Cancer Society (ACS) shows cervical cancer incidence rates in women ages 20-31 declined by 27% in the United States between 2016-2021, when the human papillomavirus (HPV) vaccine was available, compared to 2000-2005, before the implementation of the vaccine. Michigan is among the top states (including Hawaii, Rhode Island, and Washington, D.C.) where cervical cancer incidence rates decreased by over 50% among women aged 20–31 between 2000-2005 and 2016-2021.

During 2008–2022, cervical precancer incidence decreased 79% and higher-grade precancer incidence decreased 80% among screened women aged 20–24 years, the age group most likely to have been vaccinated.

Understanding and Applying the Latest Cervical Cancer Screening Guidelines, an MSMS on demand Webinar
https://www.pathlms.com/msms/courses/123387



The American Cancer Society (ACS), in its December 2025 guideline update, endorses self-collected vaginal specimens for primary HPV screening in average-risk individuals starting at age 25 through 65 years. Clinician-collected cervical specimens remain preferred, but self-collection is acceptable. A key distinction: when self-collected specimens are used and the result is negative, repeat testing is recommended in 3 years (rather than the 5-year interval for clinician-collected specimens), providing a margin of safety while longitudinal US data accrue.

The HRSA Women's Preventive Services Initiative (updated 2025, effective January 1, 2027) designates hrHPV testing—either patient- or clinician-collected—as the preferred screening modality for women aged 30 to 65 years at average risk. Insurance issuers will be required to cover self-collected hrHPV testing and any additional follow-up testing (cytology, colposcopy, biopsy, dual stain) without beneficiary cost sharing.

The USPSTF DRAFT recommends screening for cervical cancer every 3 years with cervical cytology alone in women ages 21 to 29 years and then every 5 years with clinician- or patient-collected high-risk human papillomavirus (HPV) primary screening in women ages 30 to 65 years.

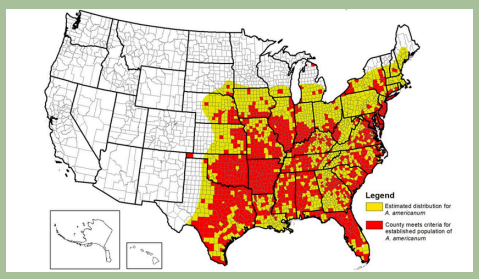
As an alternative to HPV primary screening for women ages 30 to 65 years, the USPSTF recommends continued screening every 3 years with cervical cytology alone or screening every 5 years with high-risk HPV testing in combination with cytology (cotesting).

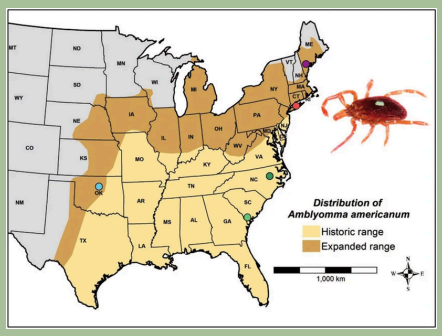
Alpha Gal Syndrome

Alpha Gal Syndrome (AGS) is an emerging IgE mediated food allergy to red meats (beef, pork, lamb) with reactions occurring 1 to several hours after ingestion. The syndrome can manifest with anaphylaxis, urticaria, or a gastrointestinal symptoms like abdominal pain, diarrhea, nausea, and vomiting.

The syndrome is caused by sensitization to the oligosaccharide galactose-alpha-1,3-galactose through bites from the Lone Star tick (Amblyomma americanum), whose range is expanding northward due to climate change and ecological factors. AGS is more commonly diagnosed in the Southeastern U.S. where the tick is much more prevalent, but lone star ticks have been found in MI in the last several years.

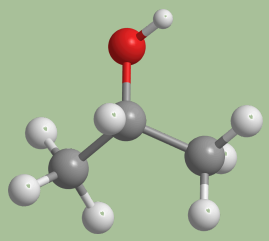
AGS is not currently a reportable disease but is an established cause of food allergy that is likely to be seen more in Michigan over time or in persons who may reside at least part of the year in the Southeast. If suspected serum alpha-gal IgE testing can be done through some reference labs with clinical correlation based on symptomatology.





Study Links Fluoridated Water to Better Cognitive Performance

A new study from researchers at the University of Minnesota challenges recent concerns from some officials regarding the safety of water fluoridation, finding that at recommended levels the mineral is associated with better cognitive performance in adolescents, not worse. Published in Science Advances, the research is the first U.S.-based investigation to examine the effects of fluoride at levels naturally occurring and recommended by the Centers for Disease Control and Prevention (CDC).

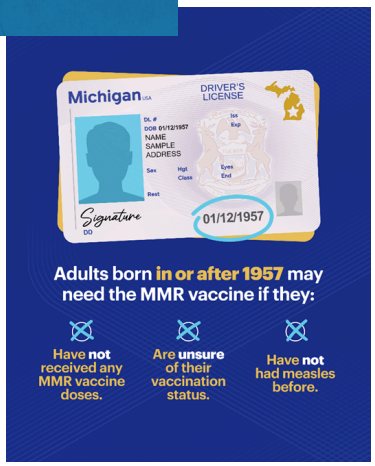


Whereas most prior research has estimated effects of exposure to extremely high levels of fluoride, this study found that children exposed to recommended levels of fluoride in drinking water exhibit modestly better cognition in secondary school, an advantage that is smaller and no longer statistically significant at age 60.

Measles

Measles returned to Michigan in 2026 with an outbreak that began in an unvaccinated individual from Washtenaw County, with likely exposure acquired in Florida. In light of further cases in other counties in SE Michigan and spring break travel, I encourage healthcare providers to maintain a high index of suspicion for measles in nonimmune patients presenting with febrile rash, particularly those with recent travel to areas of active transmission.

Measles Vaccine – Every child needs two doses of MMR to stay protected. Consider giving the second dose before 4 years of age to complete the series early. Infants 6 months through 11 months of age should receive a dose if they are residents of counties with active transmission or if they expect to travel to those areas. For specific locations see MDHHS Measles Updates page. This dose is additional to the routine doses given at 12 months of age and older.



Report suspect Measles cases immediately to health department. Case definition, laboratory testing and control measures can be found in the MDHHS Measles Investigation Guidelines. More information is also available at Measles FAQ for Providers. If IG is indicated for PEP of infants, pregnant women, or severely immunocompromised individuals, contact the LHD if needed as doses may be available for distribution.

BENZIE-LEELANAU DISTRICT HEALTH DEPARTMENT
CARING FOR OUR COMMUNITIES

REPORTABLE DISEASE UPDATE

2025

BLDHD'S TOP 5 investigated REPORTABLE DISEASES in 2025

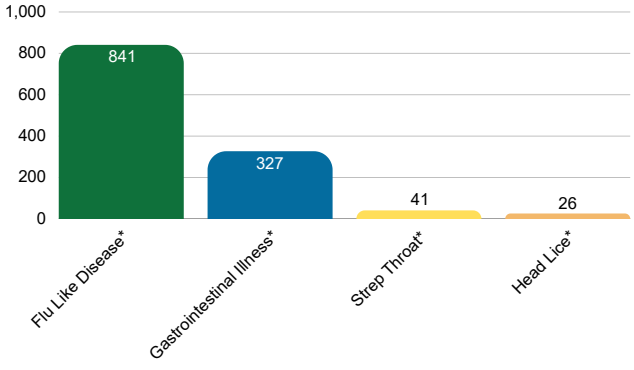
1 Lyme Disease 2 Chlamydia (Genital) 3 Anaplasmosis 4 Pertussis 5 Campylobacter

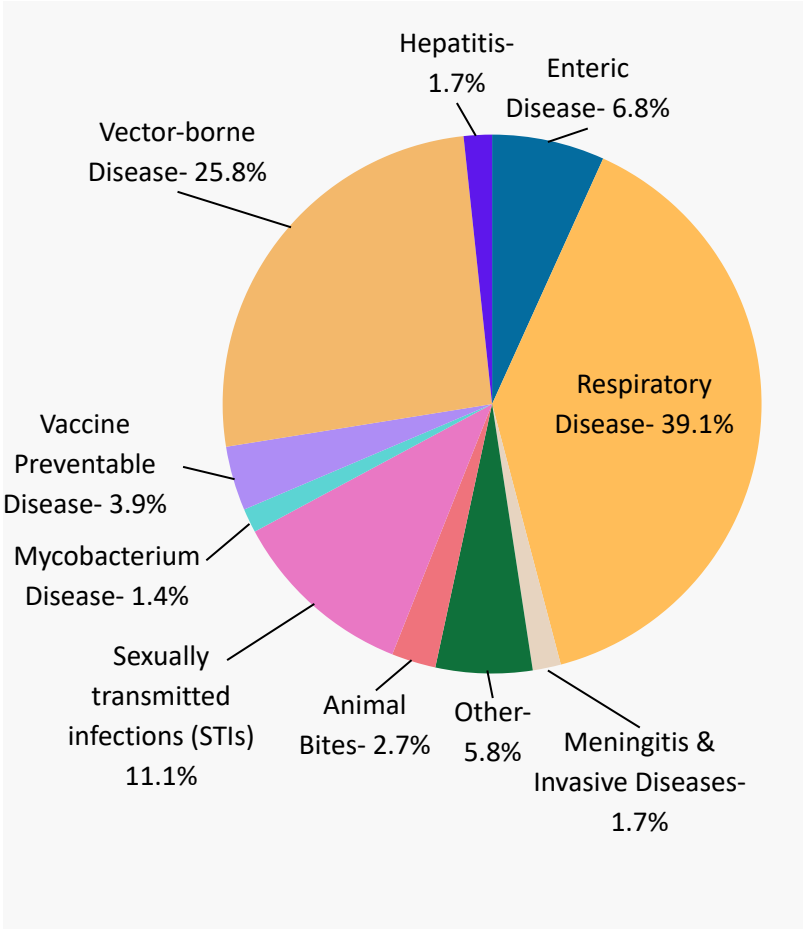
How many DISEASES were Reported in 2025?

APPROXIMATELY **1,674**

OF THESE, **16** WERE VACCINE PREVENTABLE DISEASE INVESTIGATIONS.

Aggregate Reports of Illness (School Reported)





HELPFUL INFORMATION

Michigan Reportable Disease List
Health Care Professional's Guide to Disease Reporting in Michigan
Michigan Emerging Diseases
Benzie-Leelanau District Health Department's Communicable Disease

Benzie-Leelanau District Health Department Communicable Disease Report, 2021 - 2025

Enteric Disease	2021	2022	2023	2024	2025
Campylobacter	11	8	14	16	7
Cryptosporidiosis	4	2	1	1	2
Giardiasis	2	1	1	5	5
Norovirus	0	22	2	1	8
Salmonellosis	6	5	8	9	3
Shiga toxin-producing Escherichia coli --(STEC)	1	3	2	3	0
Shigellosis	1	1	1	3	1
Yersinia enteritis	2	7	2	5	2
Respiratory Disease	**2021**	**2022**	**2023**	**2024**	**2025**
Influenza	14	142	76	112	77
Multisystem Inflammatory Syndrome	1	0	0	0	0
Novel Coronavirus COVID-19	3791	3819	754	417	85
Meningitis & Invasive Diseases	**2021**	**2022**	**2023**	**2024**	**2025**
Meningitis - Aseptic	2	2	1	5	1
Meningitis - Bacterial Other	0	2	0	2	1
Streptococcus pneumoniae, Inv	2	1	5	6	5
Other	**2021**	**2022**	**2023**	**2024**	**2025**
HIV/AIDS, Adult	1	1	3	0	0
Blastomycosis	1	0	0	0	0
CPO	0	1	1	1	0
Candida auris	0	0	1	1	0
Coccidioidomycosis	2	0	4	4	0
Cryptococcosis	1	0	0	0	1
Cyclosporiasis	1	1	0	0	1

Benzie-Leelanau District Health Department Communicable Disease Report, 2021 - 2025

Other	2021	2022	2023	2024	2025
Guillain-Barre Syndrome	1	0	0	1	0
Histoplasmosis	1	2	1	4	1
Streptococcal Dis, Inv, Grp A	0	1	3	6	6
Tularemia	0	0	0	1	0
Unusual Outbreak or Occurrence	1	5	2	2	15
Vibriosis - Non Cholera	0	0	0	1	0
Animal Bite	**2021**	**2022**	**2023**	**2024**	**2025**
Rabies: Potential Exposure & PEP	11	5	11	4	11
Sexually Transmitted Infections (STIs)	**2021**	**2022**	**2023**	**2024**	**2025**
Chlamydia (Genital)	68	55	49	32	38
Gonorrhea	17	11	10	5	6
Syphilis - Early Latent	0	0	0	0	1
Syphilis - Primary	0	0	1	0	0
Syphilis - Secondary	0	0	0	0	1
Syphilis - Unknown Duration or Late	2	0	2	0	0
Mycobacterium Disease	**2021**	**2022**	**2023**	**2024**	**2025**
Latent Tuberculosis Infection	0	1	6	1	5
Nontuberculous Mycobacterium	1	4	2	0	1
Vaccine Preventable Disease	**2021**	**2022**	**2023**	**2024**	**2025**
Chickenpox (Varicella)	1	2	1	1	0
H. influenzae Disease - Inv.	1	2	2	1	1
Pertussis	0	0	1	5	9
Shingles	0	0	0	1	5
VZ Infection, Unspecified	5	1	3	6	1

Benzie-Leelanau District Health Department Communicable Disease Report, 2021 - 2025

Vector Born Disease	2021	2022	2023	2024	2025
Anaplasmosis	6	6	5	10	30
Babesiosis	0	1	1	2	0
Dengue Fever	0	0	1	1	0
Ehrlichiosis, all types	1	0	0	0	1
Lyme Disease	49	32	47	44	76
Malaria	0	0	0	2	0
West Nile Virus	0	0	1	0	0
Hepatitis	**2021**	**2022**	**2023**	**2024**	**2025**
Hepatitis A	0	0	0	0	1
Hepatitis B, Chronic	0	1	1	1	0
Hepatitis C, Chronic	8	6	8	13	6
Aggregate Reports of Illness (School Reported)	**2021**	**2022**	**2023**	**2024**	**2025**
Flu Like Disease	9	255	526	927	841
Gastrointestinal Illness	0	182	498	535	327
Head Lice	0	33	84	37	26
Strep Throat	0	29	237	132	41