



Public Forum

Protecting Your Health

The Bureau of Health Professions

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2009/2010 Flu Season Alert

Michigan hospitals and public health departments, including the Michigan Department of Community Health (MDCH), have been busy preparing for the second wave of the 2009 H1N1 influenza (formerly known as "swine flu"). No one knows for certain what the coming influenza season will bring, but Michigan has already begun to see increasing reports of influenza activity this fall.

The coming flu season promises to be full of challenges. However, by ensuring our being prepared, we can use our pandemic influenza plans to respond to the next wave of influenza in Michigan.

What can you do to protect your family and office against the flu?

Everyone should use basic hygiene practices in their everyday life and be vaccinated against influenza.

Hygiene Practices

- Cover nose and mouth with tissue or shirtsleeve when coughing or sneezing.
- Discard used tissues in the trash and immediately wash hands.
- Use alcohol-based hand sanitizers if soap and water is not available.
- Avoid touching your eyes, nose, or mouth. Germs spread this way.
- Avoid close contact with sick people.
- If you are sick, stay home for at least 24 hours after your fever is gone except to seek medical care. Your fever should be gone without the use of a fever-reducing medicine. Stay away from others to prevent them from becoming sick.
- Visit the MDCH website (www.michigan.gov/flu) to find out what to do if you get sick with the flu and how to care for someone at home who is sick.



Seasonal Vaccine

- Protects against three seasonal viruses.
- Prevents co-infection by both seasonal and new flu viruses. (Co-infection could cause a mutation in the virus that would produce a more severe and virulent strain of flu.)
- Get it NOW!

Novel H1N1 Influenza Vaccine

- Protects against the 2009 novel H1N1 influenza virus
- Available this October

Each year in the United States, more than 200,000 people are hospitalized and about 36,000 people die from seasonal influenza and related complications. This season could be worse because of the presence of a new strain: the 2009 "novel H1N1 influenza virus". The Centers for Disease Control and Prevention (CDC) estimates that 10-20 percent of Americans come down with the flu during each flu season, which typically lasts from November to March. Children are two to three times more likely to get influenza than adults. In addition, children are more likely to spread the virus on to others.

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Have a safe and happy holiday season!

The 2009 novel H1N1 influenza virus, like seasonal flu, spreads mainly through the coughs and sneezes of those infected by the virus. Influenza can be spread by touching your nose, eyes, or mouth after coming in contact with objects contaminated with the flu virus. People at greatest risk for both seasonal and novel H1N1 infection include children, pregnant women, and people with chronic health conditions (e.g. asthma, diabetes, heart, and/or lung disease).

In order to effectively decrease the impact of a second wave of the 2009 novel H1N1 flu virus, all of us – parents, organizations, businesses, health care providers, and governmental agencies – must work together to put into operation our plans for our families, our workplace, and ourselves.

Fortunately, Michigan learned a great deal from the first wave of H1N1 in the spring of 2009. It is this knowledge that will help us plan and strengthen the four main ways to prepare for the virus: Surveillance, Community Mitigation, Vaccination, and Communication. (for information on ways to prepare, select the following links)

[Surveillance](#)

[Community Mitigation](#)

[Vaccination](#)

[Communication](#)

Information and guidance documents regarding how to prepare for this current influenza season are available through several websites:

Michigan Department of Community Health

www.michigan.gov/flu

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/H1N1flu

These important websites provide helpful information to a variety of individuals and organizations including individuals and families, business communities, schools, higher education, and clinicians. The CDC and MDCH will continue to offer guidance as circumstances change during the influenza season.

Bureau Conducts Public Telephone Survey on Pain

In March 2009 the Bureau of Health Professions' Pain Management and Palliative Care Program conducted a public survey on pain to get information about knowledge, attitudes and practices of Michigan citizens around pain management. The survey results will help us develop strategies to improve pain management. By conducting this survey again in future years, we will be able to measure how successful our strategies to improve pain management have been.



The survey showed that about 17% of Michigan residents said that some kind of pain caused them to either miss work or prevented them from doing their job while they were at work. Differences were found between how many people in Michigan during the past year had chronic pain (which lasts for a long time, such as arthritis) and acute pain (which lasts for a short time, such as a toothache or pain from an injury). About 24% of respondents reported that during the past year they had received treatment for chronic pain and 28% said they had received treatment for chronic pain. These people reported that their pain levels after treatment were still 3.67 (out of 10) for chronic pain and 2.75 (out of 10) for acute pain.

The survey showed that in the past year about 24% of Michigan residents had a pain condition they did not seek treatment for. Most of these people were under 24 years of age, male, and those without health insurance. Many of these people not seeking treatment also said they did not feel their pain was bad enough to seek treatment.

The survey also showed that most people who went for treatment for their pain (about 55%) went to their family doctor to get this treatment. Many other people went to a Physical Therapist (14%), Chiropractor (14%), Orthopedic physician (13%), surgeon (11%), or massage therapists (8.6%). Only about 7% went to certified pain specialist for their pain.

This public survey was just part of the Bureau's Pain Management Program. We have also conducted a survey of Michigan physicians to get information about their attitudes, knowledge and practices around pain management. Our goal is to help the public and health care providers better manage their pain. You can learn more about our program and planned activities for 2010 at our pain management website at www.michigan.gov/pm.

Bed Bugs Are Back

The word "bogy" (as in "bogy man") was first used in medieval England to first describe a "bug". The bug in question was the then common bed bug "*Cimex lectularis*". Another descriptive term was hob-goblin or "terror in the night". For countless years - even back to when people lived in caves - this insect has been a blood sucking pest of our species. The current theory is that the common bat bug, a still common pest of bat populations, traveled with us when we left the caves. It is now a pest of humans and actually prefers humans over other warm blooded mammals. Before WWII the bed bug was so common that theatre seats in large cities were often cited as sources of infestation that impacted up to 96 % of our homes and dwellings. During the 1940's the invention of modern day pesticides, such as DDT and the organophosphates, as well as improvements in personal hygiene and sanitation, virtually wiped out these insects.



The bed bug is a true insect found in the Hemiptera order, and Heteroptera suborder. Many of these insects are agricultural pests and most are a nuisance in some way. The Bed Bug is a blood sucking insect that is making an extreme come back. As an adult this insect is about the same size and color of an apple seed. After a blood meal the color can change to a more bright red and the body does expand as it fills up with blood. The female bed bug can lay up to 300 eggs during her life span of about 310 days. These eggs are white and extremely small, although they are readily visible with the naked eye and hatch within six to 10 days. The babies or "nymphs" are about the size of the head of a pin and also need a blood meal to grow. The nymphs shed their skin five (5) times and then emerge as an adult. This process lasts approximately 30 days and then they become sexually mature and start the next generation. Adults can live for several months (in some reports up to a year) and nymphs for up to three months without a blood meal. Signs that you have these bugs include finding the bugs themselves on mattresses and box springs, as well as the reddish brown fecal smears that are often seen on mattresses and bedcovers. Bed Bug bites appear as small raised areas and are often confused with other insect bites. Not everyone develops these bite marks.

Why now? There may be several reasons for the sudden increase of these insect populations: international travel, relaxed immigration laws, illegal immigrants and transient housing situations. One other reason is the simple fact that the pesticides that were used during the 40's, 50's and 60's are no longer available for widespread use. While the environment is now safer and cleaner for us, it is also better for the insects of the world.

Control of these insects is also made more complicated due to pesticide resistance in a large percentage of their populations. Dr. Michael Potter of the University of Kentucky estimates these bugs have 60%-70% "immunity" to pesticides that are available to both the general public and Pest Management Professionals. Cryogenics (freezing) and thermal remediation (heating) are being looked at as alternatives to chemical control. Whatever method is used, it is very difficult to eliminate these pests. Bedbugs prefer cracks and crevices and the nymphs are as thin as a single piece of paper. Every crack and crevice in a sleeping area must be treated with whatever method is used.

If there is one piece of good news in all of this, it is that bed bugs are NOT carriers of any known disease. The CDC has been studying this very carefully and while they can carry various pathogens on their bodies, they cannot inject a disease directly into our system as mosquitoes do.

Bed Bugs are back and are not likely to be going away any time soon. Education about these bugs is very important, and having a "plan of action" in place when these insects become an issue. For more information on this topic, visit the MDCH Emerging Diseases website at http://www.michigan.gov/emergingdiseases/0,1607,7-186-26346-147759--_00.html.



Q & A

Question: What websites does your bureau offer? What type of audience's would find them helpful and informative?



Answer: The bureau has several websites that are of interest to both health professionals and members of the general public. The newest information on our web site has to do with the *OneSource* Credentialing Project. This project will be of great interest to health professionals and medical facilities.

The other sites, and information about what type of information they contain can be found on the following link:

[Visit Our Offices Online](#)

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Bureau of Health Professions

This newsletter is a periodic publication of the
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