



The Great Lakes EpiCenter News

Epidemiology Project of the Great Lakes Inter-Tribal Council, Inc.

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Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations and the application of this study to the control of health problems.

The EpiCenter provides epidemiological services to the Tribes in the Bemidji Area (Michigan, Wisconsin, and Minnesota). The services include training and technical assistance in many areas of public health, data management, program planning, and program evaluation.

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Wisconsin Electronic Disease Surveillance System

Communicable disease reporting and surveillance is an integral process of Public Health. Reporting of diseases that are either communicable or have significant impact on the health of communities is required by Wisconsin Statutes. Currently these conditions are reported by the health care providers to the local health departments and the State of Wisconsin. This overall process works via DPH 4151 notification forms, and local health departments are required to keep track of all the cases, their management, health risks and identification and prophylaxis of the exposed contacts of these cases. Many of the counties keep paper based records for all the case management and this sometimes can be time consuming and may delay the follow-up for the cases at multiple levels.

Many of the states in United States are currently using or planning to use an electronic or computer based disease notification system. The vision of these systems is to provide a statewide unique electronic system for integrated surveillance and case management. These systems are capable of real time disease reporting, automated lab reporting, system to system data transfer, and are available on a web based module through internet access at secure locations.

Wisconsin has adopted this nationwide initiative and is planning to initiate an electronic based disease reporting system. This system will be known as WEDSS or the Wisconsin Electronic Disease Surveillance System. The support for this project will provided through funding made available from the Division of Public Health and City of Milwaukee Health Department. Currently there are many systems available through private vendors and state systems. The system that matches Wisconsin requirements will be purchased through these funding.

To work towards this goal, the State of Wisconsin has formed a lead team. This lead team has been given the tasks to identify and set business requirements for this new system. This team will also look for alternatives available through private vendors and state systems. This team will conduct an evaluation of the systems available in the market and choose a system that meets Wisconsin requirements. Once identified, the lead team will present this system for the approval from the State, and will work on user testing and piloting.

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Bemidji Area Diabetes Coordinators Conference 2005

The annual 2005 Bemidji Area Diabetes Coordinators Conference was held in Bloomington, MN on September 21-22. Sixty four Tribal Diabetes Program staff and nine speakers attended the conference.

On the first day, Dr. Steve Rith-Najarian, Bemidji Diabetes Control Officer, presented an overview of diabetes prevention. Dr. Terry Raymer, United Indian Health Services, presented cardiovascular risk reduction strategies and Dr. Charlton Wilson, Phoenix Indian Medical Center, presented on the topic of using RPMS for diabetes and cardiovascular disease case management. In the afternoon, participants attended two breakout sessions on four different topics. Dr. Ann Bullock, Eastern Band of Cherokee Indians, presented on Diabetes and Depression. Jill Lund, Pokagon Band of Potawatomi, presented on Diabetes Prevention Trial curriculum. Charmaine Branchaud, Red Lake Comprehensive Health Services, presented case studies in RPMS diabetes case management. Lastly, Monte Fox, White Earth Indian Health Center, discussed how to implement a successful exercise program.

The second day of the conference was devoted to Motivational Interviewing techniques. Co-presenters Joseph (Bo) Miller and Dr. Robert Scales, University of New Mexico, spent the morning describing the stages of behavioral change and demonstrating motivational interviewing techniques. In the afternoon, participants practiced the techniques during hands on case studies.

Overall, the conference was well attended and a successful event. The knowledge and expertise of the various invited speakers contributed to our mutual efforts to ensure quality diabetes data and health delivery improvement initiatives for the Native American communities in the Bemidji Area. The conference was made possible though grant support from the IHS National Diabetes Program.



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As of 11/23/2005, all the business requirements for the forthcoming Wisconsin Electronic Disease Surveillance System have been set. The lead team has evaluated 12 systems nationwide and short listed 4-5 systems. All these systems will be evaluated at a user level and one system that most fits to the requirements of Wisconsin will be chosen and presented to the Division of Public Health and Milwaukee Health Department. The

deadline to complete this assignment is by January 31st, 2006 and hopefully, by the end of next year, we will take the steps towards implementation of the chosen system.

Please direct all your questions and concerns to: Nitin Bagul, Epidemiologist (1-715-588-3324 X146, nbagul@glitc.org)

The Flu and You

Flu season. It's 'that time of year' again, and this year seems more confusing than ever. The media is frequently covering news of avian (bird) flu and the potential threat of a pandemic flu along the likes of the 1918 pandemic, which killed an estimated 40-50 million people worldwide. But let's not let these two potential developments overshadow our vulnerability to the 'run-of-the-mill' flu which we face the risk of enduring every flu season. To begin, let's compare some key differences between the regularly occurring 'seasonal flu' and a hypothetical 'pandemic flu' scenario:

SEASONAL FLU	PANDEMIC FLU
Occurs with regularity, outbreaks follow predictable seasonal patterns: <ul style="list-style-type: none"> • occurs annually (usually in Winter) • occurs in temperate climates 	Occurs rarely – three widespread occurrences in the 20 th century, the last occurring in 1968
Usually some immunity built up from previous exposure	People typically have no previous exposure, thus resulting in little to no immunity
Healthy adults usually not at risk for serious complications	Healthy people may have elevated risk for complications
Health systems can usually meet demands	Health systems may become overwhelmed
Vaccine developed based on known flu strains	Vaccine likely not available at time of early stages
Adequate supplies of anti-virals are usually available	Effective anti-virals could be in limited supply
Average U.S. deaths approximately 36,000 per year	Significantly higher number of anticipated deaths estimated (U.S. deaths from the 1918 flu were ~500,000)
Symptoms: <ul style="list-style-type: none"> • fever • cough • runny nose • muscle pain Deaths often caused by complications, such as pneumonia	Symptoms could be more severe and greater likelihood for serious complications
Generally causes modest impact on society - potential for school closings and request for ill employees to stay home	Greater potential impact on society – widespread travel restrictions, cancellation of large public gatherings
Manageable impact on domestic and world economy	Potentially detrimental impact on both domestic and world economy

Source: based upon 'Flu Information' fact sheet last updated on 11.1.05 by US DHHS, available at http://www.hhs.gov/flu/season_or_pandemic

As you can see in the above chart, there are significant differences between seasonal and pandemic flu. Most importantly, there are vaccines available to aid in the prevention of seasonal flu. While these antivirals were developed over the past year, based upon the more virulent strains of past flu seasons, they still provide a great barrier of defense in the current flu season which we have just begun. There is still time to obtain a flu shot in your area. Please contact local clinic and county health officials to learn more about upcoming community flu shot clinics in your area.

Pandemic viruses arise from changes in the surface proteins on influenza A viruses, resulting in a new influenza A virus subtype. In order to become pandemic, the new virus must possess the ability to spread from person-to-person. There were three influenza pandemics during the 20th century: the so-called "Spanish Flu" of 1918-19, with over 500,000 U.S. deaths; the "Asian Flu" of 1957-58, with approximately 70,000 U.S. deaths; and the "Hong Kong Flu" of 1968-9, resulting in approximately 34,000 U.S.

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Deaths. Not since 1968 has the world been more poised for another flu pandemic. Once new virus subtypes are detected, it is estimated that it would take 4 months to develop a vaccine to slow the spread of the virus. This delay in prophylaxis is what leads to a worldwide pandemic, with additional measures of imposed quarantine, travel restrictions, and work stoppage in some cases to help remove the risk of exposure of infected individuals.

The World Health Organization (WHO) has developed a color-coded alert system of 6 phases as part of their Global Influenza Preparedness Plan: phases 1 and 2 make up the 'Inter-pandemic Period', phases 3-5 the 'Pandemic Alert Period' and phase 6, the 'Pandemic Period' where there is observed increased and sustained transmission in the general population'. We are currently at phase 3, or the "Pandemic Alert" phase, where "No or very limited human-to-human transmission" has been reported, with three phases beyond the current phase existing. According to the site 'pandemicflu.gov', 31 states (including Wisconsin and Minnesota) currently have available state Pandemic Plans on their websites. Please feel free to visit the site for links to these state-specific documents. To learn more about pandemic flu in general, please visit WHO website <http://www.who.int/csr/disease/influenza/pandemic10things/en/>, which contains list of frequently asked questions and their corresponding answers, as well as links to additional informational fact sheets.

The H5N1 avian influenza virus, the virus which causes the 'bird flu' so often reported in today's news, is a typically species-specific virus, infecting only birds and sometimes pigs. However, the leap to human infection has now begun to occur in several Asian countries. Many of these human cases have been linked to "the home slaughter and subsequent handling of diseased and dead birds prior to cooking" according to the WHO. It is also reported that contact with feces of diseased fowl is also a noted mode of transmission.

The WHO goes on to further report that "the H5N1 virus can survive for at least one month at low temperatures", and stresses that "the H5N1 avian influenza virus is not transmitted to humans through properly cooked food. To date, no evidence indicates that any person has become infected with the H5N1 virus following the consumption of properly cooked poultry or poultry products, even in cases where the food items contained the virus prior to cooking. Poultry and poultry products from areas free of the disease can be prepared and consumed as usual, with no fear of acquiring infection with the H5N1 virus." This heat-sensitive virus can be killed by introducing it to temperatures normally used for cooking meat, so that all parts of the food reaches 70° C/158° F.

With increasingly popular global travel and importation of foods from regions all around the world becoming more common in our markets, the events occurring in Asia are of concern to us here in the United States. However, the majority of poultry in our stores are domestically raised, and there is no risk at this time that warrants concern for continuing with your normal poultry consumption. As needed, bans will be placed on the importation of poultry from regions infected by the H5N1 virus. Finally, it should be repeated that the current risk of humans developing 'bird flu' is very low, given that the H5N1 virus is not currently easily spread between people. However, if mutations in the virus arise which alter its effective human-to-human transmission the risk of contracting the 'bird flu' would be greater than from birds themselves. As infection from the H5N1 virus progresses and more news of its global spread continues, please continue to become an educated consumer and visit various health or news sites, to learn more about the changing risk of bird flu to your health. As the world seemingly becomes smaller and smaller we need to become more aware of risks to our health, but know that there are precautions being taken and precautions that you can take such as receiving a flu shot, to keep you healthy. Stay alert, stay aware, and stay healthy.



MEDICARE—PART D



If you haven't heard the news, there is a new prescription drug coverage benefit for those 65 years or older and disabled persons receiving Medicare benefits, will be offered by Medicare beginning January 1, 2006. Signed into law on December 8, 2003, the "2003 Medicare Prescription Drug and Modernization Act" (MMA) is regarded as the most dramatic change to the Medicare Program since its inception in 1965. The MMA became a reality due to a bipartisan effort with the support of AARP, various physician groups and numerous other health advocate organizations, establishing the Medicare Drug Discount Card, and the 'voluntary prescription drug benefit' (Medicare part D).

Enrollment for Medicare part D began on November 15th and will continue until spring 2006. In order to receive coverage when this benefit begins on January 1st, participants must be signed up by the end of 2005. All Medicare beneficiaries must make a decision about enrolling in a plan, and there are many factors to weigh in order to make that decision.

Participation in this program is entirely optional, except for individuals dually enrolled in both Medicare and Medicaid, who will be automatically enrolled and assigned to one of many available

provider options in their state. These 'dual eligibles' will lose their Medicaid prescription drug coverage on December 31st, and therefore auto-enrollment into Medicare part D will begin fall 2005 to ensure seamless coverage on/after January 1st.

For those not automatically enrolled, the decision whether to participate in the program or not, and if electing to participate, the decision of which of numerous packages offered to select is a for many a daunting and serious decision. Enrollment will allow participants to save money on retail drug prices for a monthly fee determined by a combination of an individual's marital status and annual income. Those eligible to enroll for Part D coverage will have received a 'beneficiary notice' earlier this fall, but many questions may remain unanswered. The sheer number of plans from which to choose, enrollment deadlines, the question of whether enrollees can continue to use their current pharmacies, if the annual premium and co-pay fees outweigh projected prescription savings, and if current medications are even covered under Part D are just some of the areas around which confusion arises. For this population, the benefits can begin as soon as January 1st, and the deadline for plan selection if they chose to enroll is May 15, 2006.

Dates to Remember:

October 1 st , 2005	Date that Center for MEDICARE and MEDICAID Services (CMS) releases lists of approved Prescription Drug Plans (PDP) contractors
November 15 th , 2005	First date that participants can enroll for Medicare new Prescriptions Drug Programs
January 1, 2006	Date new Medicare Prescription Drug Program begins
May 15, 2006	Last day to enroll for Medicare Prescription Drug Program

For more information, you can contact one of the following:

- 1-800-MEDICARE (633-4227) [TTY: 1-877-486-2048]
- <http://www.medicare.gov>

Great Lakes EpiCenter Mission: To support Tribal communities in their efforts to improve health by assisting with data needs through: Partnership Development, Community Based Research, Education, and Technical Assistance.

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