

# Connecting Point

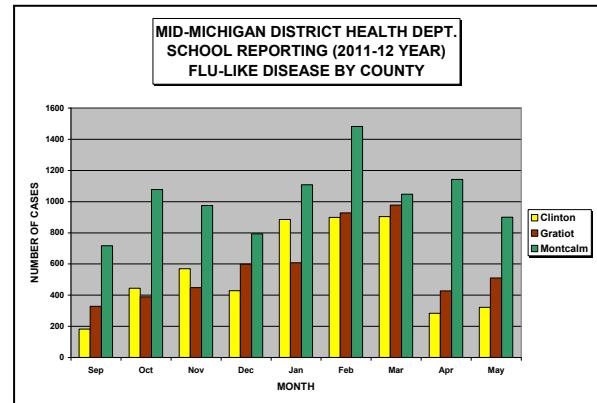
A MID MICHIGAN DISTRICT HEALTH DEPARTMENT NEWSLETTER



November 2012

## Communicable Disease Reporting

MMDHD would like to thank the 76 schools that submitted their complete weekly communicable disease reports 90% of the time or more during the 2011/2012 school year. This is an increase from 55 schools reporting 90% of the time last year. District wide, 28 schools in Clinton County, 23 schools in Gratiot County and 25 schools in Montcalm County submitted their reports routinely. These reports allow MMDHD to take appropriate action regarding prevention, education and treatment of those at risk. State law requires that schools report communicable diseases, as well as any unusual disease or infection within 24 hours.



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## Monthly Healthy Living Recommendations

Dr. Robert Graham, MMDHD Medical Director, and the Board of Health have provided this recommendation regarding Whitetail Deer Epizootic Hemorrhagic Disease (EHD).

EHD, the fly-borne disease that has killed more than 8,000 whitetail deer in Michigan is not a threat to human health. The hardest hit areas are Ionia and Kent Counties. Counties in the Mid-Michigan District reporting potential cases of EHD were: Clinton 328, Gratiot 196, and Montcalm 570.

*Recommendation:* The meat of all animals, including wild game animals, should be carefully butchered, cleaned, and cooked to an internal temperature of 165° for 15 seconds.

## 2011 STI Data and Trends

The most commonly contracted sexually transmitted infections (STI's) nationally and in the state of Michigan, are chlamydia and gonorrhea. This is true for all age groups, including teens. The occurrence of both chlamydia and gonorrhea has increased steadily the past decade resulting in heightened concern. Efforts to inform teenagers of the risks associated with sex (and especially that of unprotected sex) should be continued through education and prevention programs. MMDHD provides confidential STI screenings and prevention information in all three counties.

| Reported STI 5-year Case Averages (15-19 Year-Olds) |                                 |                                 |                   |                                 |                                   |                   |
|---|---------------------------------|---------------------------------|-------------------|---------------------------------|-----------------------------------|-------------------|
|   | Chlamydia<br>2000-04<br>average | Chlamydia<br>2006-10<br>average | Percent<br>Change | Gonorrhea<br>2000-04<br>average | Gonorrhea<br>2006-10 av-<br>erage | Percent<br>Change |
| Clinton   | 45                              | 108                             | +140%             | 8                               | 16                                | +100%             |
| Gratiot   | 57                              | 67                              | +18%              | 8                               | 10                                | +25%              |
| Montcalm  | 67                              | 114                             | +70%              | 14                              | 17                                | +21%              |
| Michigan  | 32,687                          | 44,935                          | +37%              | 16,283                          | 16,256                            | -0.2%             |



## **Michigan's New Food Law (P.A. 178 of 2012)**

On October 1, 2012, The Michigan Department of Agriculture and Rural Development (MDARD) implemented Public Act 178, which produced changes to the Michigan Food Law and Food Code in the areas of:

- Adoption of the 2009 FDA food code
- Violation indicators
- Consumer advisories
- Meat cooking controls
- Time and temperature controls for potentially hazardous foods
- Hand drying
- Service sinks
- Manager certification
- Bridge Card acceptance requirements
- Cottage foods
- U.S. Standards for shell eggs

To comply with the new law, MMDHD Environmental Health Specialists attended a one-day MDARD sponsored training on the new changes in September, and sought MDARD's assistance for documentation support. The division also updated the electronic inspection system (Sword Solutions) with the computer and database changes going "live" October 1st. Staff have begun using new inspection forms for temporary food events, and continue to work with activities such as:

- Certified Manager Training: The 2013 Certified Manager Training schedule was recently completed. Food Law language now requires that operators of mobile and transitory food wagons provide a trained, certified manager. Previously, these operators were exempt from following the educational requirements.
- Terminology Changes: Violations are no longer classified as Critical or Non-critical, but instead are classified as Priority, Priority Foundation, or Core violations based on their potential effect on food safety. All internal policies and procedures must be updated and revised to account for the three new categories.
- New Rules for New Foods: Several foods and food items received specific recognition and rules under the new law, including leafy greens, cut tomatoes, shellfish and eggs. In addition, par cooking and associated procedures were introduced with the law. Continued staff training will be needed to assure proper inspection techniques.

## ***Food Law Continued***

Public education activities will continue to be developed. Website updates, notices accompanying food service licenses, and increased certification classes are already being developed. Staff are currently performing quick orientations to the new law at each facility. The Division is also planning to provide Food Law Update sessions for facilities this winter. For more information on the new food law, contact Bob Gouin, EH Director at (989)227-3108

## **WIC Makes a Difference**

### **What is WIC?**

WIC (Women, Infants, and Children) is a Federally-funded health and nutrition program that serves low and moderate income pregnant, breastfeeding, and postpartum women, infants, and children up to age five who have nutrition-related health problems. WIC has demonstrated a positive effect on pregnancy outcomes, and child growth and development. What's more, for every dollar spent by the program, more than three dollars in subsequent health care costs are saved.

### **How does WIC work?**

Participants redeem WIC food benefits at approved retail grocery stores and pharmacies. WIC foods are selected to meet nutrient needs, including calcium, iron, folic acid, and Vitamins A & C.

### **What does WIC provide?**

- Food for infants (birth - 12 months)
- Food for women and children (under five years of age)
- Nutritional education
- High-risk nutrition counseling
- Health care referrals
- Breastfeeding promotion and support
- Project FRESH coupons (to purchase fresh fruits and vegetables)

For more information on the WIC program, contact Jennifer Stratton, RN, WIC Coordinator, at (989)831-3609 or [jstratton@mmdhd.org](mailto:jstratton@mmdhd.org).

*For more information about these and other Health Department programs, contact:*

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