

THE OFFICIAL JOURNAL OF THE KENT COUNTY MEDICAL SOCIETY & THE KENT COUNTY OSTEOPATHIC ASSOCIATION

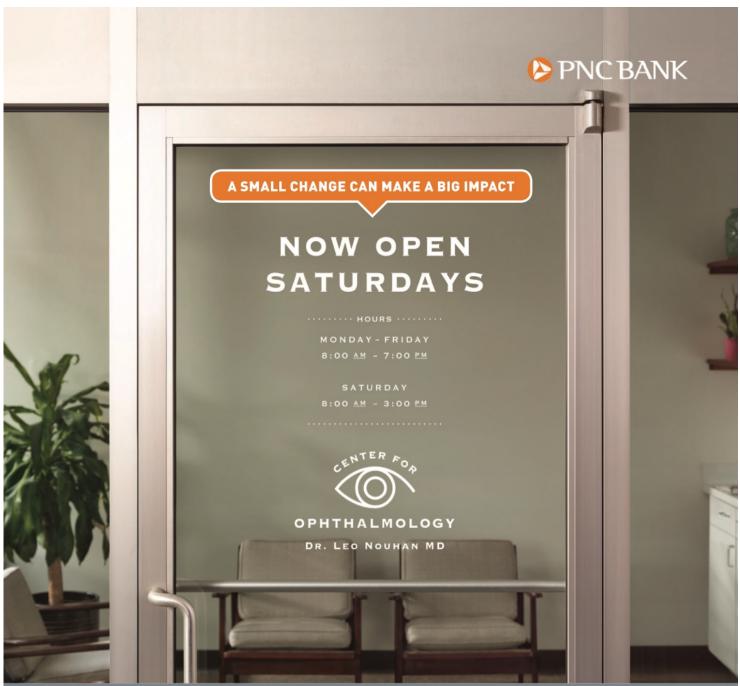
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Kent County Medical Society Alliance Kent Medical Foundation

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Cover Photos

KCMS Alliance launches Dose of Generosity. See page 17 for more details on sponsorship and tickets!

CONTRIBUTORS

- 14 Kent Medical Foundation
- **16** Alliance Heartbeat
- 18 Law Dickinson Wright PLLC
- 20 MSU College of Human Medicine
- 21 Kent County
 Health Department

GET INVOLVED:

Learn more about the Kent County Medical Society at www.kcms.org.

Learn more about the Kent County Osteopathic Association at www.kcoa.us.



NOW ONLINE

2017 KCMS and KCOAPhysician Referral Guide

Go to **KCMS.org** or **KCOA.us** to view the 2017 KCMS and KCOA Physician Referral Guide.

Welcome New Members

NEW

CANDACE BROWN, MD

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ERIC WARD, MD

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CARA LYNN ZOKOE, MD

Pediatrics Forest Hills Pediatric Associates, PC 877 Forest Hill Ave. SE Grand Rapids, MI 49546 Office: 949-4465 Fax: 949-6191

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DENNIS BRUCE, MD

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Radiology Advanced Radiology Services, PC 3264 N. Evergreen Dr. Grand Rapids, MI 49525 Office: 363-7525 Fax: 459-7271

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MSMS ALTERNATE DELEGATES TO JANUARY 2019

Scott Russo, MD Joshua Suderman, MD Herman C. Sullivan, MD



JANUARY 16, 2018 HOD RESOLUTION BRAINSTORMING SESSION Masonic Center | 6:30 PM

JANUARY 25, 2018 KCMS ANNUAL MEETING OF MEMBERSHIP Watermark County Club | 6:30 PM

FEBRUARY 5, 2018 KCMS/KCOA LEGISLATIVE COMMITTEE Masonic Center | Noon

MARCH 3, 2018 KCMS ALLIANCE DOSE OF GENEROSITY EVENT

MARCH 12, 2018 KMF NICOTEAM JURY AND ART CONTEST GR Art Museum | 4:00 PM

APRIL 9, 2018 KCMS/KCOA LEGISLATIVE COMMITTEE Masonic Center | Noon

In Memoriam

DR. WILLIAM REUS, JR.

Dr. William Reus, Jr. passed away on Tuesday, September 26, 2017. He attended Calvin College and University of Michigan Medical School in Ann Arbor, where he trained in surgery. Dr. Reus served in the United States Air Force as surgeon at Larson Air Force Base in the state of Washington. He came back to Ann Arbor to train in Urology and settled in Grand Rapids where he practiced for 30 years. Dr. William Reus, Jr. was a member of the Kent County Medical Society since 1962.

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Herman C. Sullivan, MD 2017 KCMS President, **Board of Directors**

PRESIDENT'S MESSAGE

A New Culture of Death

The public outcry over the increase in opioid related deaths is certainly warranted, given the rate reported by the CDC for 2016, the final number to be confirmed in December: 20 deaths per 100,000, an increase from 16.3 in 2015. An estimated 64,000 people died from drug overdose in 2016, more than those who died in the Vietnam War. This takes into account legally prescribed medications, illegally obtained prescription medications, and illicit drugs illegally manufactured and "dispensed."

Our focus on this problem could not have waited another second, and hopefully, the multiple disciplines needed to refute this scourge will coordinate the efforts of our systems of health (both physical and mental), law, social work, religion and businesses to offer up remedies worthy of a country that has been blessed with so much.

I am hopeful that we will remove race and economic status from the equations that calculate who should receive help in a loving, kind and compassionate way, versus our shameful response to those caught up in the earlier drug addiction crisis perpetrated by the administrations of former Presidents Reagan and Clinton, who in an attempt to operationalize a somewhat diabolical foreign policy in this hemisphere and to the south, unleashed a scourge that destroyed many American neighborhoods and families, subsequently throwing grease on the fire while reciting baseball metaphors. Interestingly, it is a medical problem now, whereas before it was a social problem. What does that tell you about us?

There is another public health crisis ignored but still residing within our midst, which has a similar tinge of racism and classism besmirching efforts to fix the problem. Our response to it, thus far, serves notice to the world that we truly are multicultural, that one prominent thread in our society is the culture of death, defined by this physician as death due to bullets. The love affair that some have with owning a weapon of mass destruction is massively destroying our sense of safety and well-being within the confines of our communities. Places of worship have no sanctity as the parishioners of Emanuel AME in Charleston SC and now First Baptist Church of Sutherland Springs TX have learned. There is no safe haven from theses dangers, as those attending places of learning (Sandy Creek Elementary School in CT and Columbine High School in CO), and places of entertainment (Aurora CO, Orlando FL, and Las Vegas NV) have found out. And our homegrown terrorists, from Timothy McVeigh (Oklahoma City OK) to Sayfullo Saipov (New York City NY) offer no reprieve.

We physicians need be who we are: diagnosticians and therapeuticians. So I ask you, fellow members and supporters of Kent County Medical Society. What is your differential diagnosis as to why we have these problems? What is the evidence to support your diagnoses? What are your recommended treatments for these public health problems?

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KCMS Members Meet with Legislators

KCMS and KCOA Members are welcome to participate in the Legislative Lunches held 4-5 times per year. KCMS Members met with Rep. Rob VerHeulen (right).







Jayne Courts, MD



Matthew Oram, MSU-CHM Student



Stephen DenBoer from Rep. Justin Amash's office



Chuck Henry, MD

Tax Deductibility of Your Dues as a Business Expense

Contributions or gifts to the Michigan State Medical Society (MSMS) and Kent County Medical Society (KCMS) are not tax deductible as charitable contributions for Federal income tax purposes. However, a portion of your dues may be tax deductible as ordinary and necessary business expenses.

MSMS estimates that 12% of your 2018 dues will be nondeductible as this portion is allocable to lobbying as defined by law. If you pay for your 2018 MSMS dues prior to December 31, 2017, you may deduct up to 88% of that as a business expense.

KCMS estimates that 3% of your 2018 dues will be nondeductible as this portion is allocable to lobbying as defined by law. If you pay for your 2018 KCMS dues prior to December 31, 2017, you may deduct up to 97% of that as a business expense.

REMINDER

PROMPT PAYMENT OF YOUR KCMS DUES IS GREATLY APPRECIATED!





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Kent County Medical Society Nominates Edison as President-Elect

The KCMS Board of Directors has nominated Megan M. Edison, MD for President-Elect of the KCMS for 2018.

Dr. Megan Edison earned her medical degree from the University of Michigan Medical School and completed her internship and residency in Pediatrics



Megan Edison. MD **KCMS President-Elect**

at the Maine Medical Center in Portland, Maine. She is board certified with the American Board of Pediatrics and currently practices at Brookville Pediatrics & Internal Medicine in the Grand Rapids area.

Dr. Edison has been a member of the Kent County Medical Society since 2013 and has served as

Secretary-Treasurer for two years. She is presently a Delegate to the Michigan State Medical Society House of Delegates.

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Bylaws to be Reviewed at Annual Meeting

As was initially discussed at the 2017 KCMS Annual Meeting, the KCMS Bylaws will be reviewed by the Membership at the 2018 Annual Meeting. The following changes are requested by the KCMS Board of Directors as updates as to current practices and corrections that were not seen during the official 2012 review of the KCMS Bylaws.

Plan to join other KCMS Members to review the proposed changes. Members are asked to review the following prior to the Second Reading and recommendation at the Annual Meeting on January 25, and reconvene for a Third and Final Reading and vote to Approve or Disapprove on Thursday, February 8 at 6:30 PM at the Masonic Center, 233 East Fulton, Grand Rapids, MI. This meeting will be dedicated to any discussions or concerns about the proposed Bylaw amendments.

Proposed Changes to the KCMS Bylaws

ARTICLE V

Classification of Members

Section 5.4. Residents. Residents who have permanent licenses to practice in Michigan may become resident members of the Society, with all membership privileges except the right to vote or hold office. Resident members shall pay dues as are determined by the Society, as prorated by Michigan State Medical Society. They may be appointed to committees as advisors.

• Rationale is to encourage Resident member participation.

Section 5.5. Students. Medical students and residents who do not have a permanent license may be admitted as Student Members. Student members shall not pay dues to the Society, as prorated by Michigan State Medical Society. They may receive the Society Bulletin. They may not vote or hold office, nor be eligible for other member benefits. They may be appointed to committees as advisors participants.

Rationale is that students have always paid for local, state and national membership.

Section 5.7. Life Members. A doctor of medicine who has attained the age of seventy years or has been in practice for 50 years, and has maintained an active membership in good standing for 25 years in this or any other constituent county Society in Michigan with dues paid for the previous calendar year may, upon application, be transferred to the Life Members' roster. A Life member shall have the right to vote and hold office, and but shall pay no dues, as prorated by Michigan State Medical Society. A member must also attest s/he is not under investigation at the time of requesting the change.

Rationale is that Life Members have always paid dues until Retired status is reached.

ARTICLE IX

Dues, Assessments and Arrears

Section 9.4. First Year of Practice. The annual dues payable to this Society by a Doctor of Medicine who is elected to membership will be established for Michigan State Medical Society and Kent County Medical Society and the dues may reflect a discounted rate for Michigan State Medical Society portion one-half of the established amount during the first year of practice. This reduction in annual dues shall not exempt such member from the payment of any special assessment.

Rationale is that MSMS collects the dues and provides a discount.

ARTICLE XX

Amendments

These bylaws may be amended by the affirmative vote of the members entitled to vote and present at any regular meeting, provided that any proposed amendment shall have been presented in writing in advance and/or read at a meeting with pre-announced agenda. the regular meeting next preceding.

• Rationale is that this process needs to be clarified for future amendments.

HOD Sample Resolution

Resolution KCMS	

Title:

Introduced by: Lee P. Begrow, DO, Chair, Kent County Delegation

Original Author:

From: Kent County Delegation

Whereas.

Whereas,

Whereas.

Whereas,

RESOLVED:

Fiscal Note:

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FEBRUARY 5, 2018

KCMS/KCOA LEGISLATIVE COMMITTEE Masonic Center | Noon

APRIL 9, 2018

KCMS/KCOA LEGISLATIVE COMMITTEE
Masonic Center | Noon

JUNE 11, 2018

KCMS/KCOA LEGISLATIVE COMMITTEE
Masonic Center | Noon

OUR MISSION:

Kent County Osteopathic Association seeks to advocate for the physicians of Kent County, advance the science and practice of osteopathic medicine, and provide an arena of osteopathic physicians to support and educate each other and their community.

Visit us

For event details, check out our website kcoa.us



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Jennifer Hemingway, DC

Adam T Wolfe DC

PAST PRESIDENT
Brad A. Irving, DO

DIRECTORS

SPEAKER OF THE HOUSE
OF DELEGATES MICHIGAN OSTEOPATHIC
ASSOCIATION

MOA DELEGATION

William Cunningham, DO

Joanne Grzeszak, DO

Norman Keller, DO

Edward Lee, DO

Gary Marsiglia, DC

77 P O DO

Adam Wolfe DO

John Wolfe, DC

REMINDER

THANK YOU FOR PAYING YOUR KCOA DUES.

The 2018 Dues are due by December 31. Thank you for your membership!







PRESIDENT'S **MESSAGE**

Jennifer Hemingway, DO 2017 KCOA President, **Board of Directors**

2017 Autumn Convention Recap

The 13th Annual Michigan Osteopathic Association Autumn Scientific Convention was well attended.

SPEAKER PRESENTATIONS

Some speakers approved of Michigan Osteopathic Association to share their presentations as PDF files. A link to Speaker Presentation page:

www.domoa.org/autumnpresentations

MOA 119TH ANNUAL SPRING SCIENTIFIC CONVENTION

The MOA 119th Annual Spring Scientific Convention will be held on May 17-20, 2018 at Westin Southfield in Detroit.

2018 MOA AUTUMN CONVENTION

The 2018 MOA Autumn Convention will be held at the Amway Grand Plaza Hotel, in Grand Rapids, from November 16-18, 2018.



PHOTO COURTESY OF JAVERY PAIN INSTITUTE

Pain Management and Addiction panel discussion members (L-R): Josh Suderman, MD; Keith Javery, DO: Sandy Dettmann, MD: and YiJia Chu. Special thanks to Rep. Mary Whiteford 80th District; David Neff, DO; and John Bodell, DO.

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- Regulatory Compliance
- Healthcare Litigation
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Dr. Burns educates listeners to the Shelley Irwin show

KMF Honors KCMS Physicians Making a Difference



Dr. Burns speaks at the Emmanual Hospice Annual Meeting

The Kent Medical Foundation Board of Directors honors physician members of KCMS who volunteer their time and talent to local non-profits. This issue highlights two physician volunteers who share time and talent to benefit local health-related organizations, serving as advisors and educators.

LAURENCE BURNS, DO

After recently retiring from several decades of work as an Obstetrician in West Michigan, Dr. Laurence Burns continues to put his expertise and passion to work for Emmanuel Hospice as the Chair of their Board of Directors. Emmanuel Hospice provides expert medical and comfort care to terminally ill patients wherever they call home. By starting with the question "How do you want to LIVE?", the Emmanuel Hospice team works to make patients' wishes a reality. An interdisciplinary team of doctors, nurses, social workers, home health aides, spiritual care counselors, alternative therapy specialists, bereavement counselors, and volunteers work together to rally around an individual's needs, using a holistic approach that focuses on mind, body, and spirit. Dr. Burns has served on the Emmanuel Hospice Board of Directors for 5 years, where he assists in educating, building awareness, and raising support in the community for Emmanuel Hospice's programs and services.

EVELYN NAVARRO, MD

Dr. Evelyn Navarro has been dedicated to the local Myasthenia Gravis Foundation of Michigan, since the organization was



Evelyn Navarro, MD

created in West Michigan in 1976. Dr. Navarro serves on the Board of Directors and is a member of the Medical Advisory team. The non-profit organization serves more than 600 patients and their families. As a service, the staff and volunteers provide support and advocacy on education, referrals and guidance on navigating in-hospital visits, financial support for

medications, resources, and support groups. Since 1991, Dr. Navarro has been affiliated with the Board of Directors. In 2016 she was presented an award for 40 years of loyal service to the organization. She and other physicians have contributed to the growth of the organization by providing critical educational updates on diagnosis, treatment options and patient advocacy training, and promoted with clinical seminars and panel discussions across the state in over ten (10) locations.



Did you know?

The KMF Board makes grants to local non-profit organizations which offer health related programs. If you have questions:

- Visit the KMF page on the KCMS Website KCMS.org/KMF/Grants Application
- · Contact the KCMS office (616) 458-4157

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Consider supporting KMF, KCMS Alliance with donation

Charitable giving is an important part of the legacy you choose to leave. At this time of year, many of us are considering our yearend philanthropic support. Please consider one of the non-profit charitable organizations associated with Kent County Medical Society. Checks should be endorsed to the specific agency you wish to support:

Kent Medical Foundation
KCMS Alliance Foundation

MAIL YOUR DONATION TODAY

C/O Kent County Medical Society Office 233 East Fulton, Suite 222; Grand Rapids, MI 49503. Organization specified in your donation will issue a charitable receipt.

For more information on charitable giving, please contact KCMS at 616-458-4157.

As 501(c)(3) organizations, your gift is tax deductible to the extent provided by law.

LEAVE A LEGACY

Did you know that, making charitable contributions through your will allows you to support the organizations you care about, while maximizing the tax benefits to your estate. You may make a bequest to any of these charities as well. You may also do so by creating a new will, providing an amendment to your existing will or naming one of them in your living trust.

To include a charitable contribution in your will simply use the following sample language:

"I give, devise, and b	equeath
[\$ amount] or	[% of estate]
to	(charity)."

KMF Board seeks new members

If you or someone you know would like to learn more about the Kent Medical Foundation and potential position as a Board Member, please contact Patricia Dalton at (616) 458-4157 for more information.

The Board meets four times per year and works to promote the activities of the Kent Medical Foundation and the organizations supported by contributions.





MESSAGE FROM THE PRESIDENT



We hope in following our social media education campaign on opioid awareness, you have found the video clips informative and relevant. It has definitely been rewarding work for us! As we move into the winter months, we are energized to bring our 27th Dose of Generosity charity event to the community this spring. Our beneficiaries this year are the Equest Center for Therapeutic Riding and West Michigan Center for Arts + Technology. We are thrilled to bring this unique event to the medical community.

Additionally, we have begun calling for grant proposals from potential beneficiaries for our next Dose of

Generosity event. Proposals require member sponsorship and are due January 30, 2018. Any questions about the grant request process can be directed to charitable.fund@kcmsalliance.org.

We hope you all have a wonderful holiday season and look forward to seeing you on March 3!

upcoming event

3|3 Fundraiser: 6-11pm Dose of Generosity The Harris Building | GR

Check our calendar online for the most updated information, locations & more at: kcmsalliance.org/get-involved/calendar

Sincerely yours,

Alexis Boyden KCMSA President

Events Recap FALL 2017

September | SOCIAL · · · · · ·

ArtPrize Trolley Tour

Members from Kent & Kalamazoo Counties gathered on a beautiful day at Founder's for lunch then boarded two trolleys to explore artwork scattered around the city. Thanks to social chair Eileen Brader for coordinating the day and Member Andrea Maison for being our knowledgeable docent.

October | FUNDRAISER ·

Olive's Guest Bartender Evening

Members gathered for dinner & spirits in Gaslight Village. Thanks to Olive's for their generous support of the KCMSA Foundation.

October | PHILANTHROPY · · ·

2018 Dose of Generosity Beneficiary Tour

Members experienced a tour of the Equest Center for Therapeutic Riding, where we rode through the extensive carriage trails and viewed therapy sessions.

October | PHILANTHROPY · ·

Doctors and Their Families Make a Difference

Every year during Domestic Violence Awareness month, the Alliance collects wish list needs for Safe Haven Ministries. This year they requested OTC medical supplies, and our collection took place during a Wine Social.













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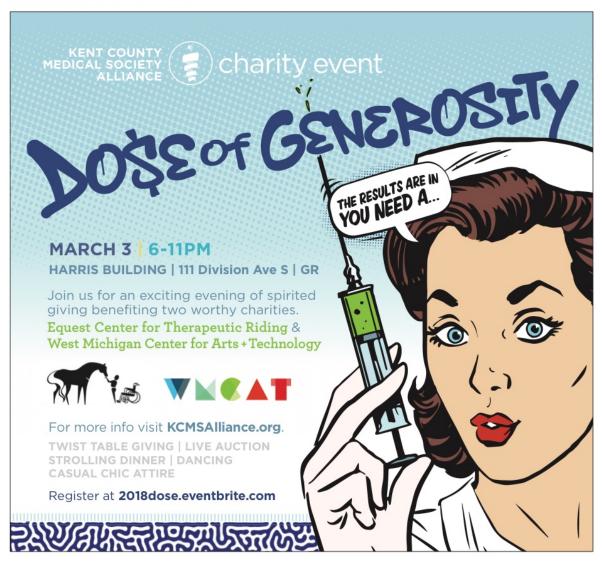




Task Force Initiative | Opioid Awareness

Our public Facebook page has been releasing new videos from our May forum every two weeks since early October. This online public education campaign is intended to spread preventative information to families about opioid addiction. Please share our posts on your personal page as well. This is the best way to get the information out there and viral!

#nooneisimmune #addictionisadisease #opioidawareness



17

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Where is your PHI Data Traveling Today?

With most vendors offering and pushing cloud computing solutions and offsite data backup, or guaranteeing offsite backup of data they process for you, many HIPAA covered entities and business associates are questioning whether and how they can take advantage of cloud computing while complying with regulations protecting the privacy and security of electronic protected health information. At the same time, the rise of offshore IT services, including distributed storage, by cloud data providers creates issues that most healthcare providers have not yet realized.

> Even if some of the issues are realized, many covered entities and their business associates do not know where their data is currently being processed, stored, or backed up. In fact, storage or processing of personal health information ("PHI") overseas may or may not be permitted or may at least require additional resources, such as additional or more detailed risk assessments.

> There currently are no federal regulations or statutes that prevent storing or processing PHI offshore or overseas; however, the Centers for Medicare and Medicaid Services ("CMS"), the U.S. Department of Health and Human Services ("HHS"), and the U.S. Office of Civil Rights ("OCR") within the HHS, have all issued regulations or provided guidance that restrict storing or processing PHI offshore. In addition, there are four states that ban any Medicaid data from being stored or processed overseas (Arizona, Alaska, Ohio and Wisconsin), two more that only allow offshore contracts under extremely limited circumstances, and nine more that have specific requirements that must be met before



any offshore processing or storage of Medicaid data is allowed. Even if a healthcare provider is not located in one of the above states, if the provider has treated a patient of those states, state regulators may argue that the healthcare provider must comply with their laws, regulations, and guidance as applied to the resident of their state. Even more concerning is that, even though Even if you know where the

company with whom you are

contracting is located, do you know

where they send the backup data?

Do they send data for processing

or backup to other agents,

subcontractors, vendors, or other

data providers overseas? You may

not realize your data is regularly

taking international trips, and may

be better traveled than you are.

Delaware does not have any laws or statutes banning offshore processing or data storage, Delaware recently started adding provisions to all of their contracts (similar to Wisconsin) that the State (Delaware) will not permit project work to be done offshore. There may be additional states adding these prohibitions to their contracts in the future.

If extra regulatory burden and potential state law bans were not enough by themselves, any PHI stored offshore likely will be subject to the local laws of the country in which it is stored. Furthermore, these local

laws may allow for actions or even access to the data that directly conflicts with requirements on healthcare providers under HIPAA/ HITECH, even if the vendor signed a BAA. Due to the issues in enforcing HIPAA and HITECH, and even a BAA against an overseas vendor, HHS has basically stated that it is the duty of the healthcare provider or vendor to decide how to vet data services vendors and comply with expected additional requirements when conducting a risk assessment on overseas providers.

At this point, most healthcare providers question if any offshore or offsite data storage or processing is worth any potential cost savings,

or if OCR has any further guidance. In the fall of 2016. OCR prepared guidance that explained how federal health information privacy and data security rules apply to cloud services. In summary, this guidance helped data service companies, but at the expense of covered entities, by primarily placing the burden on the covered entities, specifically hospitals, insurers, doctors, and other healthcare providers. In looking at data service vendors, OCR decided that data service subcontractors of the covered entities' business associates are actually business associates of the business associates. According to OCR, covered entities must assess the cloud services providers' or offshore providers' data security efforts, but HIPAA does not require the cloud services providers to allow covered entities to audit them. As such, covered entities are required to determine how well a cloud services provider handles system reliability, data security, and data backup and recovery, without the ability to perform an audit. While this is problematic when dealing with domestic cloud service providers, it creates additional issues when dealing with overseas cloud service providers.

While OCR allows use of overseas providers, as of right now the HIPAA and HITECH rules fail to address any international aspects, leaving no requirements but also no protections for covered entities. If you select a domestic provider, the laws and regulations regarding PHI apply to both parties, but if an overseas provider is selected, HIPAA and HITECH will not apply unless they contractually agreed to comply with such laws and regulations. If there is a breach and the overseas provider refuses to defend against or pay any fines or fees levied related to the breach, the covered entity may be liable to pay. It is also important to note that while an international provider may agree to sign a BAA, many international providers do not understand the

> requirements of HIPAA and HITECH. while most domestic providers have a greater understanding.

> Even if you know where the company with whom you are contracting is located, do you know where they send the backup data? Do they send data for processing or backup to other agents, subcontractors, vendors, or other data providers overseas? You may not realize your data is regularly taking international trips, and may be better traveled than you are. In addition, if a relationship is terminated with an international provider, how will you ensure that the data is wiped from the system? Healthcare providers generally must require a certificate of destruction when terminating data

services, and will you be able to comply with this provision with an offshore provider?

In contracting with cloud service providers, including backup providers, e-mail providers, and other processing entities, covered entities and their BAAs must determine where their data is located, and if it is offshore, they must analyze if any of the information is prohibited from being exported by any state or local regulations. If not, next it must be determined if there is an extra compliance burden associated with the data being offshore, and if that extra compliance burden and the associated risk of being offshore are worth any cost savings by using the offshore provider. If an entity knows that some of its data may be banned from being exported overseas, or would raise too much risk or compliance burden, then language banning such exports should be placed in the agreements, including any BAAs.

Craig A. Phillips is a Member at the law firm of Dickinson Wright PLLC practicing out of the firm's Grand Rapids office. Contact Craig at 616.336.1030 or at cphillips@ dickinsonwright.com



Angela Thompson-Busch, MD, PhD Assistant Dean, Michigan State University College of Human Medicine Grand Rapids Campus

MSU COLLEGE OF HUMAN MEDICINE

Middle Clinical Experience

As we wrap up 2017, the Michigan State University College of Human Medicine's "Shared Discovery Curriculum" (http://curriculum.chm.msu.edu/) celebrates a successful 6 months of its Middle Clinical Experience (year 2).

> The simulation suite at the Secchia Center

has an impressive

25 exam rooms,

including a simulation

operating room and

emergency department

trauma suite.

Along with our second cohort of 190 new medical students who are navigating the Early Clinical Experience (year 1), our second-year medical

students continue to be immersed in clinical activities while learning basic science.

These students complete a number of clinical and inter-professional experiences by rotating through pediatric inpatient, internal medicine inpatient, women's health outpatient, emergency department, pharmacy, respiratory therapy, care management/social work, nursing, palliative care, physical therapy, newborn nursery and nutrition.

Students divide their week between small group

learning, large team-based learning, clinical experience, independent study, and simulation. The simulation suite at the Secchia Center has an

> impressive 25 exam rooms, including a simulation operating room and emergency department trauma suite.

> The College of Human Medicine has 272 standardized patients who help keep simulation running smoothly four days of the week. While the standardized patients are all terrific - we can always use more!

If you have patients in your clinical with medical diseases practice or physical findings that would be

interested in sharing with medical students, please contact Sharon Baker at sharon/baker@hc.msu.edu. KENT COUNTY HEALTH DEPARTMENT

and Brian Hartl, MPH

Working Together to Prevent Hepatitis A from Taking Hold in West Michigan

Michigan is one of three states currently dealing with outbreaks of Hepatitis A. Spread of infection has been mainly through person to person contact and outbreaks have occurred primarily among persons who are homeless, persons who use injection and non-injection drugs, and their close direct contacts.

> Since August 1, 2016, there have been 583 confirmed cases of Hepatitis A reported in residents of 13 counties in southeastern Michigan. Of these cases, 83% have required hospitalization and 20 individuals have died. At the time of this writing, there were no cases linked to this outbreak in Kent County, but it may only be a matter of time before we see cases in our community. Kent County health care providers (HCPs) play a key role in efforts to prevent and control the spread of Hepatitis A should cases appear locally through vaccination of high-risk individuals, appropriate diagnostic testing and prompt reporting of suspect cases to the local health department.

> The Kent County Health Department (KCHD) has a limited supply of Hepatitis A vaccine, which precludes a widespread vaccination campaign for high-risk individuals. This is due to a national shortage of adult Hepatitis A vaccine as US manufacturers have been unable to meet increased demand in the US and globally. The vaccine supply KCHD has available will be targeted for post-exposure prophylaxis (PEP) to case contacts in the event of a locally diagnosed case. HCPs with adequate vaccine supply are

encouraged to promote the delivery of vaccine to the risk groups identified below. The Michigan Department of Health and Human Services has recommended postponing the administration of the second dose of Adult Hepatitis A vaccine to ensure vaccine supply for the high-risk groups.

In Michigan, nearly half of the outbreak cases have reported illicit drug use, 28% of cases were co-infected with Hepatitis C and 13% have been in men who have sex with men (MSM). Based upon data from cases involved in the outbreak, the Michigan Department of Health and Human Services lists the following groups as those who are at the highest risk of transmission:

- · Persons with a history of substance use
- · Persons currently homeless or in transient
- Men who have sex with men (MSM)
- · Persons incarcerated in correctional facilities
- · Food handlers
- · Healthcare workers
- · Persons with underlying liver disease
- · Persons who are in close contact with any of the above risk groups

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Notifiable Disease Report

Kent County Health Department 700 Fuller N.E.

Grand Rapids, Michigan 49503 www.accesskent.com/health

Communicable Disease Section Phone (616) 632-7228

(616) 632-7085

November 2017

Notifiable diseases reported for Kent County residents through end of month listed above.

DISEASE	NUMBER REPORTED		MEDIAN CUMULATIVE
DISEASE	This Month	Cumulative 2017	Through November 2012-2016
AIDS	0	8	18
HIV	3	33	N/A
CAMPYLOBACTER	0	14	83
CHICKEN POX ^a	3	18	23
CHLAMYDIA	338	3934	3311
CRYPTOSPORIDIOSIS	0	11	17
Shiga Toxin Producing E. Coli	1	10	13
GIARDIASIS	2	42	67
GONORRHEA	84	1033	651
H. INFLUENZAE DISEASE, INV	0	7	9
HEPATITIS A	1	2	1
HEPATITIS B (Acute)	0	0	2
HEPATITIS C (Acute)	0	4	2
HEPATITIS C (Chronic/Unknown)	19	235	272
INFLUENZA-LIKE ILLNESS ^b	4567	44668	40442
LEGIONELLOSIS	0	3	10
LYME DISEASE	2	15	5
MENINGITIS, ASEPTIC	0	34	40
MENINGITIS, BACTERIAL, OTHER°	1	9	14
MENINGOCOCCAL DISEASE, INV	0	1	0
MUMPS	0	3	0
PERTUSSIS	0	34	13
SALMONELLOSIS	3	42	54
SHIGELLOSIS	0	6	13
STREP, GRP A, INV	1	38	26
STREP PNEUMO, INV	3	55	43
SYPHILIS (Primary & Secondary)	2	33	7
TUBERCULOSIS	1	10	15
WEST NILE VIRUS	0	3	0

NOTIFIABLE DISEASES OF LOW FREQUENCY

NOTHINGLE BIOCHOLD OF LOW FRIE GOLDOT					
DISEASE	NUMBER REPORTED Cumulative 2017	DISEASE	NUMBER REPORTED Cumulative 2017		
Malaria	6	Cyclosporiasis	1		
Kawasaki Syndrome	5	Guillain-Barre Syndrome	1		
Listeriosis	2	No.00			
Chikungunya	1				
Melioidosis	1				

a. Chickenpox cases are reported primarily from schools. Confirmed and probable cases are included.

b. Includes "Influenza-Like Illness (ILI)" and lab-confirmed influenza. ILI cases have flu-like symptoms and are reported primarily by schools.

c. "Meningitis, Bacterial, Other" includes meningitis and bacteremia caused by bacteria OTHER THAN H. influenzae, N. meningitidis, or

Except for Chickenpox & Influenza-Like Illness, only confirmed cases (as defined by National Surveillance Case Definitions:

http://wwwn.cdc.gov/nndss/script/casedefDefault.aspx) are included.

Reports are considered provisional and subject to updating when more specific information becomes available.

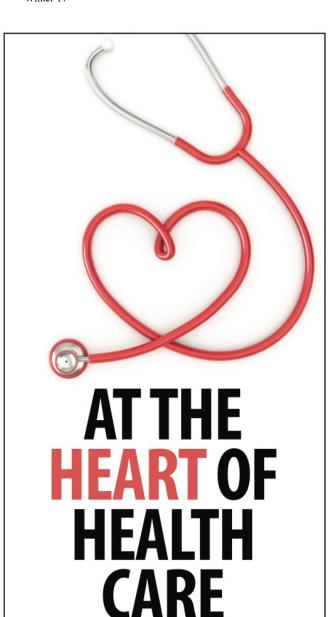
KENT COUNTY HEALTH DEPARTMENT

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HCPs should maintain a high index of suspicion for Hepatitis A infection in individuals in high-risk categories who present with nausea, anorexia, fever, malaise, abdominal pain or jaundice. These patients should be tested for serum aminotransferase levels to assess liver function. While Hepatitis A IgM is confirmatory for diagnosis, providers are encouraged to order a complete serology panel (Hepatitis A, B and C) as information garnered from these tests can be informative to the public health investigation.

Due to the transient nature of some of the populations involved in this outbreak, it is important for HCPs to take an active role in notifying local health departments when Hepatitis A is suspected in a highrisk patient. Typical passive surveillance procedures involve reporting of a positive Hepatitis A IgM to the local health department by the clinical laboratory or hospital infection preventionist. Upon receipt of the result, public health practitioners follow-up with the patient to identify risk factors and close contacts who are potentially at risk for infection. In the current outbreak, public health departments have found that being able to contact patients before they leave a healthcare facility has helped reduce the number of patients who are lost to follow-up. Therefore, when cases are suspected in a high-risk patient, they should be reported immediately to the local health department to ensure prompt investigation and implementation of control measures to reduce the spread of infection. The KCHD Communicable Disease and Epidemiology Unit can be contacted by phone at (616) 632-7228.

Should this outbreak of Hepatitis A expand to West Michigan, a strong partnership between health care providers and public health will be critical to effective outbreak management. KCHD greatly appreciates your continued efforts to protect the public health and will keep the local community informed of any changes to the situation when they occur.



In the health care industry, providers face a number of unique regulatory and compliance issues. Our firm's interdisciplinary health care practice group has the expertise and experience to provide comprehensive and sophisticated counsel to clients in a broad range of health care-related legal matters.

For more information about our health care practice or how we can assist you here in West Michigan, please contact Brian Fleetham, Billee Lightvoet Ward or Leslee Lewis at 616.458.1300.



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