Dear MOEMA members:

I just returned from our nation’s capital having just attended an update for FAA Aviation Medical Examiners. On my way back to Michigan, I reflected on the fact that I will be back in only a few months for AOHC and that our own annual educational conference is fast approaching.

It is with great pleasure that I am able to announce that our conference agenda has been approved by ACOEM. We have a fantastic program that I think will appeal to most everyone. We will be having an update on PFAS, immunizations, and DOT issues. I am sure you are all aware that PFAS in our water is becoming a very hot topic right now. Dr. Bender will discuss his work with Bladder Cancer screening and Dr. Ducatman will educate us about Disease Clusters. We will talk about upper extremity occupational disease, spirometry, audiology, and provide you with some OMT treatment ideas that you can apply in your practice. We will have a discussion of chronic pain that will meet Michigan License requirements and also have a wonderful panel working through some controversial Fitness for Duty cases that many of us face.

It’s not all work though. Cathy Bodnar has set up a golf outing on Thursday and for those of you who are not inclined to or good at golf (me), we have a tour of Bell's Brewery on tap so to speak. Bell's has grown rapidly from a local microbrewer to one of the country’s largest. Please take the time to review the full brochure, make your reservations, and let Rachel know if you would like to participate in the pre-conference fun. We will also have a reception Friday evening to mingle and relax. Downtown Kalamazoo has a lot to offer. If you get the time, I highly encourage you to wander about. There are great restaurants, shopping, and parks all within a short walk from our hotel.

It was great to see Michigan so well represented at AOHC this spring. I enjoyed the chance to catch up with our members as well as attending one of the best attended AOHC meetings in years.

In addition to seeing everyone at MOHC, I would also like to appeal to everyone to participate in MOEMA year round. We have need for your talent and expertise. We have ways for everyone to con-
tribute both big and small. There are board positions that are coming open, so for those of you that may want an active leadership role in an organization, this is a good way to get started. We also have committees that need members such as our educational committee. If you want to help plan the annual conference and perhaps develop some other educational resources, this would also be a great place to get involved. Legislative advocacy, guideline or policy development, teaching/mentoring are other ways to contribute.

As I mentioned previously, some of you out there may want to become fellows of the American College of Environmental and Occupational Medicine. One of the requirements is CME - 50 to 100 hours over 5 years. MOHC will give you 13.5 toward that. One of the other requirements is service to the specialty. Helping your component chapter shows ACOEM that you are a leader in Occupational Medicine and giving back to the specialty. Becoming a fellow is not easy but is prestigious and if you are contemplating a leadership position at the national level, will give you added qualification.

Finally, we want to grow! For those of you who have colleagues or friends that would benefit from our conference and organization, please encourage them to attend. There are a lot of primary care clinicians out there that have to do some occupational medicine as part of their practice but may like the OM specific topics we have to offer. Please invite them, they don’t have to be members and will still only pay the member price this year.

I hope all of you are having a good summer and enjoying all Michigan has to offer! Please, we would love to see a huge turnout for MOHC. We have excellent speakers and I would love them to look out on a full room.

Thank you all for your contributions to environmental and occupational health, wellness, and care in Michigan and your support of MOEMA.

Michael W. Berneking, MD, FACOEM
MOEMA President 2018–2019

Measles Update: United States & Michigan
Catherine M. Bodnar, MD, MPH

Only two thirds through the year, 2019 has seen the greatest number of measles cases reported in the United States since 1992. There have been 1,182 confirmed cases of measles from January 1 to August 8, 2019 in 30 states, including Michigan. Measles can cause serious complications, including encephalitis and pneumonia. 124 people have been hospitalized, with just under 50% with complications.

Elimination of endemic transmission of measles was declared in 2000. Travelers with measles, infected in other countries, continue to import the disease into the United States where it may spread locally. The vast majority of cases in the United States have been linked to a history of travel to measles endemic areas or areas of known outbreaks. Measles is more likely to spread and cause outbreaks in communities with groups of unvaccinated people. Herd immunity against measles requires that 90 percent to 95 percent of the entire population are immune to the disease. The majority of the cases are among people not vaccinated against measles. Greater than 3/4 of the cases are linked to outbreaks in New York and New York City.

Michigan has reported 46 cases of measles as of August 8, 2019. In March – June 2019 Southeast Michigan (Oakland County) experienced a Measles outbreak consisting of 41 cases. The index case was an adult visitor from Israel who traveled to New York City prior to visiting Michigan. This outbreak included 21 secondary cases and 19 more cases over two additional generations of transmission.

Michigan has had five additional single cases of measles reported.

* A single imported case of measles in a German citizen who visited Washtenaw County in early April. There were no identified secondary cases related to this Washtenaw County case.
* A single case of measles in a Detroit resident without an identified source was reported in mid-April, also without identified secondary cases. It is possible the Detroit case is related to either the Oakland County outbreak or the Washtenaw County case.
* A single case of measles in St. Clair County was identified in mid-May in a 9-month-old male visitor from Lithuania with rash onset 6 days after arrival. No secondary cases have been identified.
* A single case of measles in Grand Traverse County was reported in early-July in a 21 year old
NOTICE TO MOEMA MEMBERS

- MOEMA Annual Membership Business Meeting will be held on Friday, September 20, 2016 at 11:30 AM.

- The MOEMA Nominating Committee has provided our organization with an excellent slate of officers and directors for 2019-2020. Next year’s nominating committee will be looking for members interested in serving on the board for next year’s ballot. Interested members may contact the MOEMA Nominating Committee (3 Immediate Past Presidents).

- Do not miss the CAREY PRATT MCCORD LECTURE at the Annual Scientific Meeting this year.

- MOEMA members are encouraged to submit news about themselves, articles pertinent to the membership, and other contributions for the next (Winter MOEMA UPDATE) newsletter.

- Monitor the MOEMA Web Site at www.moema.org for updates on all MOEMA activities, conference updates, and other MOEMA news.

A single case of measles was reported in a 12-month-old unvaccinated male, hospitalized in mid-July who visited family in Bangladesh for 2 months. The rash onset was 11 days after return to United States. No secondary cases have been identified.

**Bottom Line:**

- Keep a high index of suspicion for measles when evaluating febrile rash illness. Seek support, when needed, from your Local Public Health Department.
- Most measles cases in the United States result from international travel. Make sure your patients are protected against measles before international travel.

**Occupational Health Recommendations for Health Care Providers**

Clinical staff and office workers should have presumptive evidence of immunity to measles according to the recommendations of the Advisory Committee on Immunization Practices. The Measles Prevention and Exposure Guidance for Healthcare Personnel document from MDHHS provides additional guidance.

- Written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart
- Laboratory evidence of immunity
- Laboratory confirmation of disease
- Birth before 1957 (The majority of persons born before 1957 are likely to have been infected naturally and may be presumed immune, depending on current state or local requirements. For unvaccinated personnel born before 1957 who lack laboratory evidence of measles immunity or laboratory confirmation of disease, health-care facilities should consider vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval. For unvaccinated personnel born before 1957 who lack laboratory evidence of measles immunity or laboratory confirmation of disease, health-care facilities should recommend 2 doses of MMR vaccine during an outbreak of measles.)

**References:**

- CDC Measles Cases and Outbreaks
- 2019 Michigan Measles Outbreak Information
- Michigan Advisory Committee on Immunizations July 31, 2019 Meeting

**Additional Information for Health Care Providers:**

- Measles Prevention and Exposure Guidance for Healthcare Personnel
- CDC Measles Outbreak Toolkit for Healthcare Providers
- Measles Outbreak Guidance - Screening and Specimen Collection
- Measles Specimen Collection Instructions
- Measles Collection Checklist
- Use of Vaccine and Immune Globulin
- CDC Letter to Providers: Adult Measles Vaccination
MOEMA 2019 ASM
MOEMA 94th Annual Scientific Meeting
Current Topics in Occupational & Environmental Medicine
Up to 14 CME / CEU Credits
Friday & Saturday, September 20 & 21, 2019
at the
Radisson Plaza Hotel
in
Kalamazoo, Michigan
100 W. Michigan Avenue, Kalamazoo, Michigan 49007

Conference Registration

MOEMA-(MD, DO, NP, PA)
Full Conference $325
Single-Day Attendance $190
Retired Members $150

MAOHN / MIHS
Full Conference $235
Single-Day Attendance $170

Payment By Check: payable to MOEMA
Mail to: Rachel Flum c/o MOEMA
Email: rflum@wcmssm.org
3031 West Grand Blvd.—Suite 645
Detroit, Michigan 48202

Hotel Reservations

Radisson Plaza Hotel
100 W. Michigan Ave, Kalamazoo, MI 49007
By phone: (800) 967–9033
Room Rate: $139/night plus taxes
Promotion Code: MOHC
Online: http://www.radissonkz.com

MOEMA Administrator: Karen Carter
Email: kcarter@wcmssm.org
Telephone: (313) 874-1360  Ext. 303
Facsimile: (313) 874-1366
MOEMA 2019 Annual Scientific Meeting
at the
The Michigan Occupational Health Conference
Held jointly by the
MOEA - Michigan Occupational & Environmental Medicine Association
MAOHN - Michigan Association of Occupational Health Nurses
PROGRAM DIRECTOR: Michael W. Berneking, MD, FACOEM
MOEMA President

Friday, September 20, 2019
7:00 AM – 8:00 AM – Breakfast & Registration
7:15 AM – 7:30 AM – “Presidents Welcome—MOEMA”: Michael Berneking, MD
7:30 – 8:30 AM – “Immunization Update 2019”: Andrew Kroger, MD, MPH
8:30 – 9:30 AM – “A Biopsychosocial Understanding of Chronic Pain”: Molly Gabriel-Champine, PhD, LP
9:30 – 10:00 AM – Break and Exhibits
10:00 – 11:30 AM – “Fitness for Duty Challenges: Panel Discussion”: Lauren Barton, MD, MPH, FACOEM; Thomas Bender, MD, PhD, FACOEM; Andrew Casciini, Deborah DiBenedetto, BSN, MBA, RN, COHN-S/CM, FAAOHN; Jeffrey Hess, MD, MS, FACOEM
Moderator: Michael Berneking, MD
11:30 AM – 1:00 PM – Lunch: ACOEM Update/ MOEMA/MAOHN Meeting
1:00 – 2:30 PM – Carey Pratt McCord Lecture “Perfluoroalkyl acids in our water. Where do they come from and what are the health effects?”: Alan Ducatman, MD, MSc
2:30 – 3:00 PM – Break and Exhibits
3:00 – 4:00 PM – “FMCSA DOT Medical Examinations: Updates and Issues”: SGT Joseph Austin
4:00 – 5:00 PM – “Tuberculosis Update: New Science, New Approaches”: James Sunstrum, MD
6:00 – 8:00 PM – Reception

Saturday, September 21, 2019
6:30 AM - Breakfast
7:00 – 8:00 AM – “Common Occupation Disorders of the Hand and Wrist”: Raghuram Elluru, MD, FACS
8:00 – 9:00 AM – “Spirometry: Ensuring Valid Results and Interpretation”: Susan Blonshine RRT, RPFT, AE-C, FAARC
9:00 – 9:30 AM – Break and Exhibits
9:30 – 10:30 AM – “Disease Clusters: Paradoxes and Practice”: Alan Ducatman, MD, MSc
10:30 – 11:30 AM – “Bladder Cancer Screening in an Occupational Cohort”: Thomas Bender, MD, PhD
11:30 – 12:30 PM – Lunch
12:30 – 2:00 PM – “How to Begin Spinal Manipulation, Four Treatments You Can Start Using Today”: Melissa Broadman, DO, MPH, FACOI, FACOEM, MRO, CDME and Shannon Mobley, DO
2:00 – 2:30 PM – “Medical Student Presentations”: Anthony Burton, MD, MPH
2:30 – 3:30 PM – “Controversies in Audiogram Interpretation”: Robert J. Morris, MD, MPH, FACOEM, CPS/A
3:30 – 3:45 PM – Closing Remarks/Adjournment
Kenneth Rosenman, MD
Michigan State University

In 2015, MOEMA set up the MOEMA Educational Fund, a 501(c)(3) tax exempt organization, to accept tax deductible donations to fund summer internships in occupational and environmental medicine for students in Michigan medical schools. Both the 2000 Institute of Medicine Report on Safe Work in the 21st Century and the 2011 National Institute for Occupational Safety and Health (NIOSH) National Assessment of the Occupational Safety and Health Workforce Report documented the shortage of occupational and environmental physicians. The shortage has become worse in recent years with approximately 250 practitioners retiring and only 70 new practitioners joining the field each year. Residency programs cannot identify sufficient candidates with only 60% of the available residency slots being filled. The mission of the MOEMA Educational Fund is to make medical students aware of career paths in occupational/medicine with the goal of increasing the number of students who select the specialty as their field of practice.

We are now in the fifth year of the MOEMA program. Sixteen students have completed the summer internship, three in 2015, five in 2016 and two in 2017, three in 2018, and three in 2019. The students spent four to six weeks shadowing a mentor for a half day and the other half of the day on their research project. The students have been between their first or second year of medical school at either the Central Michigan University College of Medicine, College of Human Medicine at Michigan State University, College of Osteopathic Medicine at Michigan State University, Oakland University William Beaumont School of Medicine, or Wayne State Medical School. The students each spent four to six week in various occupational practices in Michigan; Munson Occupational Health and Medicine Program in Traverse City, Dow Chemical in Midland and at multiple General Motors facilities. In addition to shadowing the practitioners at these facilities, the students initiated and completed a research project. They presented these results at the MOEMA annual scientific meeting. In addition to these presentations, the students have published four peer-reviewed manuscripts:

Desautels N, Singh S, Burrell J, Rosenman KD. What should be the content and frequency of performing a medical evaluation to determine fitness to wear a respirator? J Occup Environ Med 2016; 58: 892-895.


Both the students and the mentors have repeatedly given the program excellent evaluations.

The program has been possible to generous donations from individual members of MOEMA, General Motors and the University of Michigan. The following individuals have generously devoted their time to make the program possible:

Jan Abramowicz, PA
Catherine M. Bodnar, MD, MPH
Jimmy Brandon, MD
Thomas Johnson, MD
Alan Elnick, MD, PhD, MPH
Daniel Fink, MD

Robert Kantor, MD
Darryl Lesoski, MD, MPH
David McClary, MD
Patrick J. Stover MD, MPH
Anh Tran, MD, MPH
Barbara Yakes, MD

MOEMA EDUCATIONAL FUND
Occupational Medicine for the Next Generation

If you are interested in making a tax deductible donation to the MOEMA Educational Fund, please send a check made out to the MOEMA Educational Fund or you may donate by credit card by completing the payment form and faxing the completed form to 313 874-1366. Address for sending a check or to mail the credit card form:

MOEMA
Attn: Karen Carter
3031 West Grand Blvd., Ste. #645
Detroit, MI 48202

Name (Person or Entity): ___________________________________________________________

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Print Authorized Name ______________________ Signature: ________________________________

Date Authorized_______________________________
The following is an abbreviated timeline describing MOEMA’s involvement in changing Michigan’s occupational lead standards.

Effective December 11, 2018, Michigan became the first state to lower acceptable blood lead levels for workers. This was the result of a strong collaboration between the Michigan ACOEM component and the Michigan Occupational Safety and Health Administration (MIOSHA). The story is described below.

In early 2016, MOEMA resolved to attempt to leverage the significant attention given to the Flint lead/water contamination crisis toward addressing the inadequate occupational standards for lead in the state. The MOEMA board supported this activity. We availed ourselves of consultation and support provided by ACOEM, including networking at the 2016 Chicago AOHC meeting and we began to engage MIOSHA.

Early on, there was some discussion about a press release to call out MIOSHA publicly for failing to protect workers using out-of-date standards. We decided instead to send an email petition requesting that MIOSHA address the inadequate standards. In response, MIOSHA set up a high-level meeting that included a representative from the governor’s office, which itself was eager to be responsive to a lead-related issue after the Flint experience. At that initial meeting, the governor’s cabinet director and director of MIOSHA both immediately agreed to move forward to revise the standards. After a second meeting, to confirm the feasibility of modifying the existing standards, and following a consultation with the Michigan Attorney General, we set up a series of working meetings to proceed with the revisions. MOEMA’s role became one of support, collaboration and provision of technical advice. This strategy proved to be fruitful, as MIOSHA welcomed our assistance.

We then hit a wall, with the meetings cancelled without any clear or convincing reasons given. We deliberated over attempting a different approach, including consulting with state legislators. Late in 2016, one of the government’s responses to the Flint crisis was publication of the Child Lead Poisoning Elimination Board roadmap to eliminating child lead exposure. MOEMA members contacted members of the Child Lead Poisoning Elimination Board to successfully request that the report include, among its many recommendations, one to reduce para-occupational (take-home) exposure to children from workplace exposure to household members. This permitted us to revive the effort and meet again with the director of MIOSHA. We learned that reducing the permissible occupational airborne limits to lead was politically infeasible, and so the process was started again to revise the standards focusing on blood lead levels. A working group of stakeholders met during 2017 and 2018. The group proposed revisions to the occupational standards, which were the subject of public hearings in August 2018. Because there was no challenge to the proposed revisions, they became effective in December 2018.
What We Accomplished

The revised occupational standards changed the blood lead levels for medical removal and for determining return to work. The new MIOSHA rules require that employees in general industry be removed from lead exposure for a BLL > 30 µg/dl, or if the average of the last 3 blood tests, or the average of all blood tests conducted over the previous 6 months, whichever is longer, is > 20 µg/dl; and that employees so removed from work may not return to work involving lead exposure until two consecutive BLLs are below 15 µg/dl. In construction, the BLL must be > 30 µg/dl for removal and the individual may not return to work involving lead exposure until two consecutive BLLs are below 15 µg/dl. The rule changes did not affect the permissible exposure limit.

What We Learned

The process of bringing about a revision to Michigan’s occupational lead standards resulted in learnings that we felt could be beneficial to share with other ACOEM components.

Relationships Matter

In terms of process, an essential factor in reaching our goal was that we built and nurtured relationships with key players, most importantly, the director of MIOSHA. MOEMA has regularly invited MIOSHA to present updates at its annual meetings in the recent past, and several of our members have worked professionally on MIOSHA committees.

Find the Best Approach to the Problem

When we began formulating a strategy, some of us considered that a press release that illustrated how poorly MIOSHA standards served the goal of protecting workers would create public outrage and force MIOSHA to respond. We came to understand that our goals were, in fact, well aligned, and that supporting MIOSHA in a collaboration was the better approach.

Political Strategy is Critical

We had little appreciation that what we regarded as important (e.g. lowering the air exposure level) was a political non-starter, and that had almost killed our efforts.

Leverage

The key factor that contributed to our success to be the first jurisdiction in the nation to lower the allowable BLL was that we had the “benefit” of the Flint water crisis and were able to leverage that in advocating for a revision of the occupational lead standards. That clearly helped us advance our cause. However, the scientific evidence for changing the standards is so strong, that we believe it could be sufficient, especially if it is put into the context of the political climate of the particular state jurisdiction. In the case of Michigan, we invoked the participation of Dr. Eden Wells, the State of Michigan Chief Medical Executive (with whom we had a relationship) as well as with Dr. Mona Hanna-Attisha, the pediatrician who was central in establishing and publicizing the scope of the problem in Flint (ref. her publication in the American Journal of Public Health, January 2016). With respect to relationships, both Dr. Wells and Dr. Hanna-Attisha were presenters at the MOEMA Annual Scientific Meeting in September 2016.

February 7, 2019
Tony Burton,
For the MOEMA Subcommittee on Occupational Lead Standards:
Anthony Burton, MD, MPH, FACOEM
Mark Upfal, MD, MPH, FACOEM
Kenneth Rosenman, MD, FACPM, F.A.C.E., FACOEM
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