THE BULLETIN

VOL 106 NUMBER 6

MAY 2026

Health officials confident
Hantavirus outbreak will not
turn into an epidemic

"Very clear and focused on detailed content"

Malignant Cardiac Tamponade–

This month's

Guest Article

GOOD news

A VERY IMPORTANT MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR

GENESEE COUNTY MEDICAL SOCIETY
Established 1841

Organized Medicine's Leading Edge

THE BULLETIN is published monthly by:
The Genesee County Medical Society

MAY 2026 VOLUME 106 NUMBER 6

THE BULLETIN

FEATURE ARTICLES

READ BY 96% OF GCMS MEMBERS

REGULARS

Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

THE BULLETIN
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4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532
Phone (810) 733-9923

Buy subscription $60 per year. Member subscription included with Society dues. Contributions to ***THE BULLETIN*** are always welcome. Forward news extracts or material of interest to the staff before the 1st of the month. All statements or comments in ***THE BULLETIN*** are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society .

GCMS Meetings

Physician & Legislative Forum
June 8th, 2026
8:00 A.M.

Practice Manager Meeting
June 11th , 2026
9:00 A.M.

Board of Directors
June 23rd, 2026
6:00 P.M.

Town Hall
June 25th, 2026
Sloan Museum 6:00 P.M– 8:00 P.M.

***All meetings are via Zoom unless otherwise noted**

A MESSEGE FROM THE GCMS PRESIDENT & EXECUTIVE DIRECTOR

Exciting Changes to GCMS Membership

At the Michigan State Medical Society House of Delegates April 18, 2026, a bylaws change was passed allowing all members to join Michigan State Medical Society or Genesee County Medical Society, without the mandate of joining both organizations. Physicians can now choose which organization they would like to join: GCMS, MSMS, or both.

Genesee County Medical Society is an organization that was established in 1841.

Michigan State Medical Society has been in existence since 1859 (per Rebecca Blake MSMS).

The mandate requiring membership in both organizations has been in existence for 167 years (per Rebecca Blake MSMS).

All membership dues for both organizations were paid to Michigan State Medical Society.

MSMS would than distribute the county portion to the appropriate county medical society.

Over the past three years, MSMS began charging 8% to collect and distribute county medical society dues.

With the freedom of membership choice between MSMS and GCMS brings opportunity to the Genesee County Medical Society.

The fee structure prior to April 18, 2026 was $495 membership for MSMS and $415 for membership in GCMS.

GCMS members were required to pay $910 for annual membership.

It is no longer required to join both organizations; you may join either or both.

GCMS dues: simplified and significantly reduced:

At the April 28, 2026 Genesee County Medical Society Board of Directors meeting, the board voted a new and exciting change to membership dues. The new active membership dues fee was reduced from $415 to $150 (a savings of $760 for those choosing to join only GCMS).

All new and renewing members will be invoiced $150 directly from Genesee County Medical Society.

Genesee County Medical Society Members will pay GCMS directly.

Groups of ten or more members billed on one invoice qualify for GCMS membership at $100 per member group fee.

An invoice generated directly by GCMS will be sent by email with several payment options including credit card payment.

The Genesee County Medical Society Board of Directors has also approved medical students, residents, and retired physicians are eligible for a GCMS membership at no charge.

Please contact the Executive Director David Hoff if interested in this type of membership.

The Genesee County Medical Society will continue to maintain a close relationship with Michigan State Medical Society.

MSMS will continue to attend and advocate at the quarterly GCMS Physician and Legislative forum meeting, and the monthly office managers meeting.

MSMS will continue to be a strong advocate assisting with insurance reimbursement issues affecting Genesee County Medical Society and Saginaw County Medical Society physician offices.

GCMS membership dues reduced from $415 down to $150 ($265 fee reduction)

makes it affordable for all physicians in Genesee County to join GCMS.

The Genesee County Medical Society is one of the most robust medical societies supporting physicians in the county.

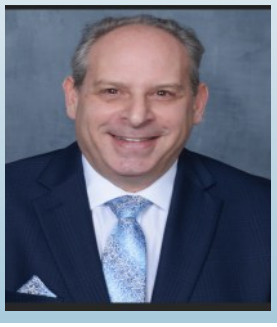
For a GCMS membership please contact:

David Hoff MA, CCP

executivedirector@gcms.org

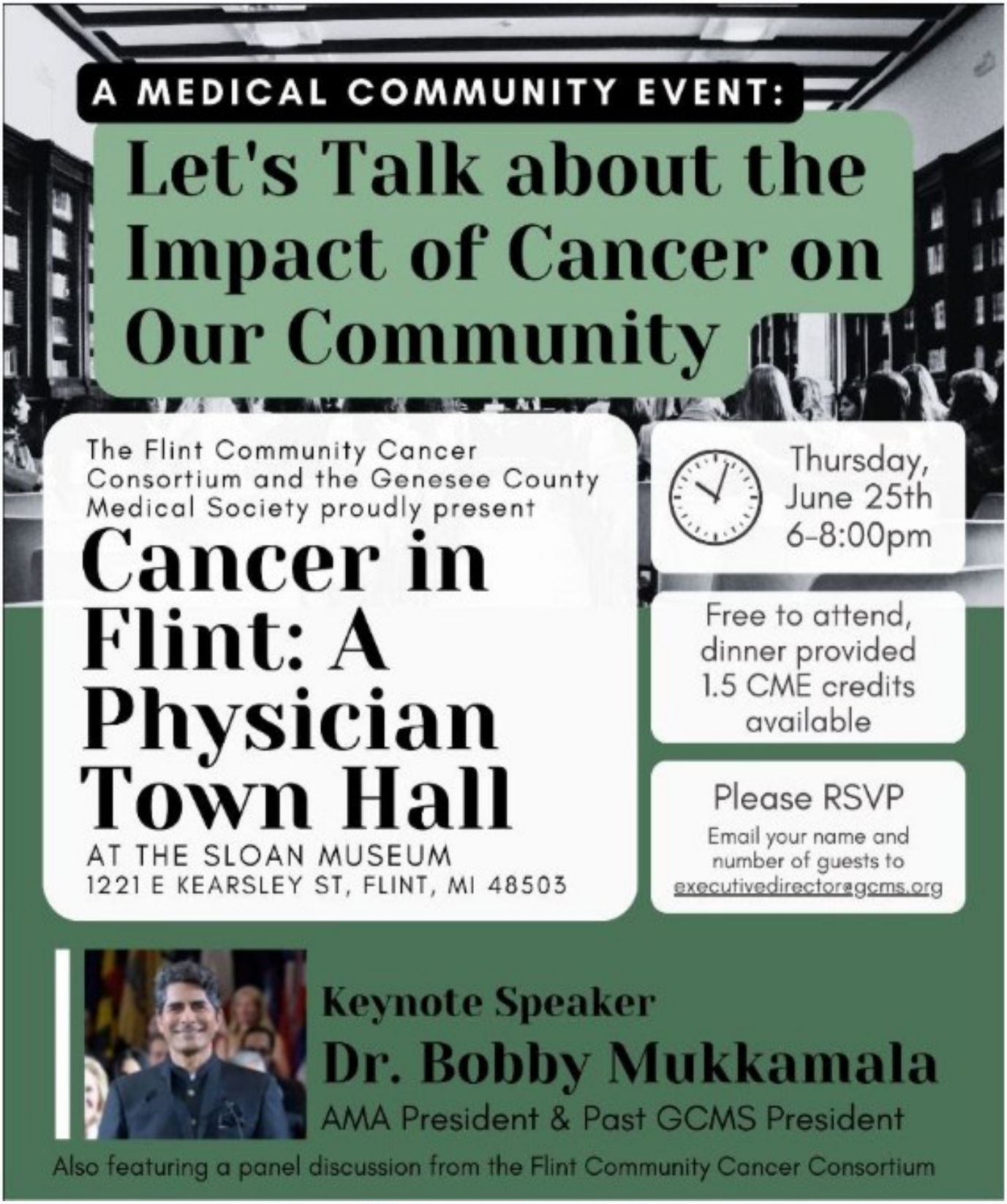
DR. MICHAEL DANIC, D.O.

GCMS PRESIDENT

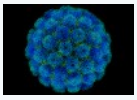


DAVID HOFF, MA, CCP

GCMS EXECUTIVE DIRECTOR


A MEDICAL COMMUNITY EVENT:
Let's Talk about the Impact of Cancer on Our Community
The Flint Community Cancer Consortium and the Genesee County Medical Society proudly present
Cancer in Flint: A Physician Town Hall
AT THE SLOAN MUSEUM
1221 E KEARSLEY ST, FLINT, MI 48503
Thursday, June 25th 6-8:00pm
Free to attend, dinner provided
1.5 CME credits available
Please RSVP
Email your name and number of guests to executivedirector@gcms.org
Keynote Speaker
Dr. Bobby Mukkamala
AMA President & Past GCMS President
Also featuring a panel discussion from the Flint Community Cancer Consortium
Sovita CREDIT UNION 810.720.8300 sovitacu.org
GENESEE COUNTY MEDICAL SOCIETY
FLINT COMMUNITY CANCER CONSORTIUM

HANTAVIRUS



The Washington Post (5/7, Craw) reports, “Global health authorities are scrambling to contain a deadly outbreak of hantavirus linked to the polar expedition ship Hondius, tracing some 30 departed passengers from at least a dozen countries — as well as two flights linked to an ill woman — as epidemiologists investigate how the rare strain made its way onto the ship.”

The New York Times (5/7, Mandavilli) reports that among these 30 passengers were six Americans. They are “back on U.S. soil, and three states are monitoring them.” However, “none have shown symptoms so far.”

The AP (5/7, Stobbe) reports “health officials” are “confident the recent outbreak...will not turn into an epidemic.”

The Hill (5/7, Rego) reports that in a statement, acting CDC Director Dr. Jay Bhattacharya said, “Hantavirus is not spread by people without symptoms, transmission requires close contact, and the risk to the American public is very low.” Meanwhile, in a separate statement, “the CDC said the State Department is ‘leading a coordinated, whole-of-government response including direct contact with passengers, diplomatic coordination, and engagement with domestic and international health authorities.’”

From the AMA

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From the desk of our GCMSA PRESIDENT

AMANDA BAUER

GCMSA

GCMSA had a busy month as we concluded our year with a few community service events and social gatherings. Our group met at the beginning of May for book club where we discussed *Theo of Golden* by Allen Levi. It was a beautiful novel that taught the power of intentional generosity. On May 16th our members volunteered at the 31st Healing Hands 5k Race/Walk where money was raised for the Genesee County Free Medical Clinic. Luckily the rain and lightning stopped just in time for the participants to start the race! On May 19th the annual Geranium Luncheon was held at Warwick Hills Golf & Country Club. The meeting discussed our past year's accomplishments, honored members who have passed this year, recognized past presidents, and held an inspiring debate about the future of the organization. Lastly, MSMSA granted GCMSA $250 to distribute children's books to various pediatric primary care offices. Baskets were prepared and passed out around the Genesee County. Each office was thrilled to have a fresh set of books for their patients!

It has been an honor and a privilege to have served as GCMSA's president for the 2025-2026 term. Thank you to my amazing board members and group members who made this year as successful as it was! I have learned so much about our members and the meaningful impact that these organizations bring to our community. It is my hope that GCMS and GCMSA continue to foster positive changes in Genesee County and the medical profession at large. Best of luck on your upcoming year!

-Amanda Bauer

PRACTICE MANAGER'S MEETING

Attendance was at an all time high this month at our Practice Managers meeting.

Meridian Health outlined how providers should communicate issues through the **provider relations contact form**, while attendees raised concerns about claims processes that Meridian agreed to investigate.

Raised significant concerns regarding **claims forms and processing workflows**, including unclear requirements, repeated documentation requests, and inconsistent outcomes in which Meridians response was they were committed to reviewing current claims forms for clarity and accuracy, investigating whether outdated forms are still in circulation with several more follow –up workflow communication gap issues.

We hope this meeting left everyone feeling that we achieved something valuable and moved our work forward .

We'll keep working on this and stay engaged until we have clear answers.

GUEST ARTICLE

Malignant Cardiac Tamponade Complicated by Right Ventricular Stunning and Post–Pericardial Decompression Syndrome Leading to Refractory Shock

Authors:

Avneet K. Ghumman MD[1], Harneet K. Ghumman MD[1], Shatomi Kerbawy, MD, Mueez Hussein MD[1], Ibrahim Alsanouri MD[1], Farouk Belal MD[1], John Kuhn MD[1]

Introduction

Cardiac tamponade is a life-threatening cause of obstructive shock requiring urgent pericardial drainage. Although decompression is typically lifesaving, a rare but serious complication known as pericardial decompression syndrome (PDS) may occur. PDS is characterized by paradoxical hemodynamic deterioration following relief of tamponade and carries a reported mortality approaching 30%. Traditionally, PDS has been associated with acute left ventricular (LV) dysfunction or pulmonary edema. Rapid pericardial decompression is lifesaving; however, complications including right ventricular (RV) stunning, post–pericardial decompression syndrome (PDS), arrhythmias, and refractory shock may occur. PDS can present in roughly 5% to 34% of malignant PE cases based on a limited number of case reports and small case series, suggesting the condition may be underrecognized. We present a severe case of malignant cardiac tamponade complicated by acute RV dilatation, cardiogenic shock, and post-decompression syndrome requiring mechanical RV support.

Case Description

A 68-year-old woman with a history of hypertension, prior parotid gland tumor, unspecified arrhythmia and right mainstem endobronchial typical carcinoid tumor status post resection presented to the emergency department with acute chest pain, dyspnea, and tachycardia. Recent *6-month surveillance CT scan of the chest done 2 days prior, revealed a new small-to-moderate pericardial effusion and new pulmonary nodules. On presentation, she was tachycardic (120–140 bpm) with intermittent narrow pulse pressures. Bedside echocardiography demonstrated a large pericardial effusion. A formal transthoracic echocardiography confirmed classic tamponade physiology, including right atrial and right ventricular diastolic collapse, exaggerated respiratory variation in transvalvular inflow velocities, and preserved LV systolic function (EF 60%). Emergent pericardiocentesis evacuated 400 mL of serosanguineous fluid with immediate improvement in heart rate and blood pressure. Cytologic analysis confirmed malignant cells consistent with metastatic lung adenocarcinoma. Due to persistent effusion and ongoing physiologic compromise, a surgical pericardial window was performed.*

Postoperatively, the patient developed worsening shock despite adequate decompression. Repeat echocardiography revealed severe RV dilatation with markedly reduced systolic function, severe tricuspid regurgitation, and elevated central venous pressures; LV function remained preserved. Pulmonary artery pulsatility index (PAPI) decreased from 2.0 pre-procedure to 1.4 post-decompression, reflecting severe RV dysfunction. Laboratory studies demonstrated end-organ hypoperfusion with elevated lactate (9.1) and transaminitis. Given refractory shock she was initiated on vasopressors, inotropes (milrinone), and an RP Impella device was inserted for mechanical RV support. The RP Impella device is a catheter-based device inserted in the Cath lab under fluoroscopic guidance through a central vein (usually IJ or subclavian) and that utilizes a tiny impeller (axial flow device) inside a tube that sits with the inlet inside the RV and the outlet on the other side of the pulmonary vein in the main pulmonary artery to decompress a failing RV. Following device placement, there was an immediate improvement in her hemodynamics. Over the ensuing 24-72 hours she achieved hemodynamic stabilization, decreasing lactate, and gradual recovery of RV systolic function and improvement of her oxygenation. Her course was further complicated by massive transfusion requirements, findings consistent with Transfusion Related Acute Lung Injury (TRALI), atrial fibrillation with rapid ventricular response, shock liver, acute kidney injury, and subsequent DIC. Over several days, gradual recovery of RV function and end-organ perfusion was observed, permitting weaning of vasopressors and ventilatory support. She underwent cardioversion and converted to sinus rhythm. Eventually the RP Impella support was able to be weaned off and the device removed at the bedside similar to a swan-Ganz catheter.

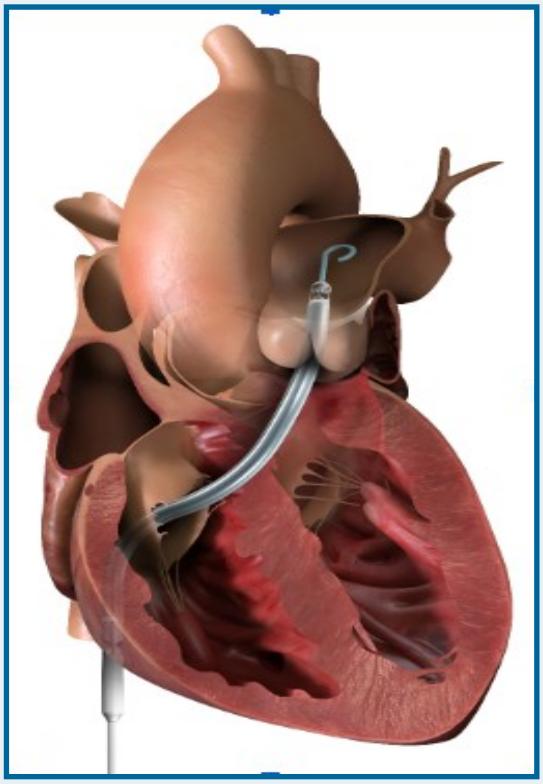
Discussion and Conclusions

This case represents a severe manifestation of PDS characterized predominantly by acute RV dilatation and myocardial stunning rather than LV failure. The proposed mechanism involves abrupt removal of pericardial constraint leading to a sudden increase in venous return and RV preload. The previously compressed RV rapidly expands, increasing wall stress and oxygen demand while altering ventricular interdependence. This may precipitate transient RV systolic dysfunction, as described in prior case series and reports.

Recognition of this entity is critical, as hemodynamic deterioration following pericardial drainage should prompt immediate echocardiographic reassessment to distinguish recurrent tamponade from acute ventricular failure. Early escalation to advanced mechanical RV support may be lifesaving in severe cases. Greater awareness of RV-predominant PDS may improve recognition, guide post-drainage monitoring, and inform future strategies regarding gradual decompression of large effusions.

This case highlights several key pathophysiologic processes. Malignant pericardial effusion can cause obstructive shock, often requiring urgent decompression. However, rapid relief of tamponade may precipitate post–pericardial decompression syndrome, characterized by paradoxical hemodynamic deterioration and ventricular dysfunction. Proposed mechanisms include sudden increase in venous return, myocardial ischemia, catecholamine-mediated injury, and interventricular dependence. In this patient, RV stunning was exacerbated by direct surgical trauma and hemorrhagic shock. The combination of obstructive, cardiogenic, and distributive components contributed to complex mixed shock physiology also exacerbated by *massive transfusion and tissue injury triggered DIC, requiring aggressive hemostatic resuscitation further contributing to the TRALI. Mechanical RV support with Impella RP for several days, allowed ventricular unloading and end-organ recovery.*

Photos provided by ABIOMED:



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WOMEN'S HEALTHCARE TEAM OF EXPERTS

David H. Pyatt, DO, Lauren E. Clever, MD, Jacqueline M. Smiley, NP, Shawn M. Wiggins, MD

TWO LOCATIONS

2 Hurley Plaza, Ste. 204, Flint, MI 48503
5494 S. Dort Hwy, Flint, MI 48507

HURLEY HEALTH SERVICES | OB & GYN HEALTHCARE ASSOC
hhs.hurleymc.com

MEMBERSHIP

Membership in the Genesee County Medical Society (GCMS) gives you the opportunity to share resources, discuss ideas, and network with some of the most active and respected physicians in the state. You will receive news and information via The Bulletin magazine, meetings, faxes, and emails. Because GCMS is politically aggressive, it can provide its members with myriad opportunities to shape the future of medicine locally, as well as on a state and national level.

GENESEE COUNTY MEDICAL SOCIETY
Established 1841

CLICK TO LEARN MORE AND JOIN

TOP 7 REASONS TO JOIN

1. GCMS is an aggressive advocate on behalf of member physicians with third-party-payers.

2. GCMS is an aggressive advocate on behalf of its members physicians and their patients with state and federal legislatures.

3. When specific issues arise that require immediate action, email blasts are instituted to communicate directly with over 1500 email recipients.

4. GCMS convenes monthly meetings with Practice Managers in an effort to head off problems for physician practices and to find solutions to those that are identified.

5. GCMS is a national leader by providing leadership at the state and federal level through volunteer physicians, staff, and Alliance member involvement leadership positions.

6. GCMS is disproportionality influential on behalf of its member physicians and their patients.

7. GCMS holds quarterly meetings with federal and state legislators and communicates with them at other times on as as-needed basis.

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CREEKSIDE
COUNSELING GROUP

Elissa Keller (she/her), LLMSW

Elissa Keller — Creekside Counseling Group

Ages Seen: All

Treatment Focus: Trauma, CBT, LGBTQ Affirming, Neurodivergence, BIPOC, Anxiety, Depression, PTSD/cPTSD

I believe in the power of empathy, collaboration, and authenticity to facilitate healing and growth. My approach is rooted in the belief that each individual is unique, with their own strengths, challenges, and experiences that shape their journey towards mental well-being. My aim is to support clients in cultivating a deeper sense of self-awareness, self-compassion, and acceptance. I view therapy as a journey of self-discovery and personal growth, guiding clients towards greater insight, fulfillment, and authenticity in their lives.

Central to my practice is the establishment of a safe and non-judgmental space where clients feel seen, heard, and understood. I strive to create a therapeutic alliance built on trust and mutual respect, recognizing that the therapeutic relationship is a cornerstone of the healing process.

Drawing upon my academic background, including a Psychology BS from Oakland University and completion of my MSW studies at Walden University, I am committed to channeling my passion and expertise to support you on your path towards mental wellness and fulfillment.

EDUCATION UPDATE

CME Requirements

MSMS FOUNDATION

MARCH 2023

Osteopathic Physician (DO) Licensure Requirements

Each osteopathic physician is required to accumulate 150 hours of continuing education in activities approved by the board during the 3 years immediately preceding the application for renewal of which a minimum of 60 hours of the required 150 hours must be earned through Category 1 programs. Following are other license requirements for:

Controlled Substance Licenses:

Opioids and Other Controlled Substances Awareness Training Standards for Prescribers and Dispensers of Controlled Substances

This is a one-time training that is separate from continuing education for an individual seeking a controlled substance license or who is licensed to prescribe or dispense controlled substances.

Licensees that prescribe or dispense controlled substances who renewed in 2019 must complete training by January 2023; renewals for 2020 by 2024, renewals for 2021 by 2025. Beginning in September 2019, completion of the training is a requirement for initial licensure.

Training content must cover all of the following topics:

- Use of opioids and other controlled substances.
- Integration of treatments.
- Alternative treatments for pain management.
- Counseling patients on the effects and risks associated with using opioids and other controlled substances.
- The stigma of addiction.
- Utilizing the Michigan Automated Prescription System (MAPS).
- State and federal laws regarding prescribing and dispensing controlled substances.
- Security features and proper disposal requirements for prescriptions.

For Medical Licenses:

Training Standards for Identifying Victims of Human Trafficking

This is a one-time training that is separate from continuing education. Licensees renewing for 2017 must complete training by renewal in 2020; renewals for 2018 by 2021, and renewals for 2019 by 2022. Beginning in 2021, completion of the training is a requirement for initial licensure.

Training content shall cover all of the following:

- Understanding the types and venues of human trafficking in this state or the United States.
- Identifying victims of human trafficking in health care settings.
- Identifying the warning signs of human trafficking in health care settings for adults and minors.
- Resources for reporting the suspected victims of human trafficking.

Education on Pain and Symptom Management

A minimum of 3 hours of continuing education every 3-year relicense cycle. At least 1 of the 3 hours must include controlled substances prescribing.

Continuing education hours may include, but are not limited to, any of the following areas:

- Public health burden of pain.
- Ethics and health policy related to pain.
- Michigan pain and controlled substance laws.
- Pain definitions.
- Basic sciences related to pain including pharmacology.
- Clinical sciences related to pain.
- Specific pain conditions.
- Clinical physician communication related to pain.
- Management of pain, including evaluation and treatment and nonpharmacological and pharmacological management.
- Ensuring quality pain care and controlled substances prescribing.
- Michigan programs and resources relevant to pain.

Medical Ethics

A minimum of one-hour of continuing education every 3-year relicense cycle.

Implicit Bias

A minimum of 3 hours every 3-year relicense cycle. New licensees need 2 hours within the 5 years immediately preceding.

Renewals from June 1, 2022 - May 31, 2023, need 1 hour; renewals from June 1, 2023 - May 31, 2024, need 2 hours; renewals from June 1, 2024 - May 31, 2025, need 3 hours. Then after, every 3-year renewal cycle will need to report 3 hours. (Any hours after June 2021 can be used.)

Training must include strategies to reduce disparities in access to and delivery of health care services and the administration of pre- and post-test implicit bias assessments.

Acceptable modalities of training include asynchronous teleconference or webinars, in addition to live activities and live webinars.

Training content must include, but is not limited to, 1 or more of the following topics:

- Information on implicit bias, equitable access to health care, serving a diverse population, diversity and inclusion initiatives, and cultural sensitivity.
- Strategies to remedy the negative impact of implicit bias by recognizing and understanding how it impacts perception, judgment, and actions that may result in inequitable decision making, failure to effectively communicate, and result in barriers and disparities in the access to and delivery of health care services.
- The historical basis and present consequences of implicit biases based on an individual's characteristics.
- Discussion of current research on implicit bias in the access to and delivery of health care services.

EDUCATION UPDATE

CME Requirements

MSMS FOUNDATION

MARCH 2023

Medical Doctor (MD) Licensure Requirements

Each medical doctor is required to complete 150 hours of continuing education in courses or programs approved by the board of which a minimum 75 hours of the required 150 hours must be earned in courses or programs designated as Category 1 programs. Other license requirements are listed here:

Controlled Substance Licenses

Opioids and Other Controlled Substances Awareness Training Standards for Prescribers and Dispensers of Controlled Substances

This is a one-time training that is separate from continuing education for an individual seeking a controlled substance license or who is licensed to prescribe or dispense controlled substances.

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- Discussion of current research on implicit bias in the access to and delivery of health care services.

Join GCMSA

Genesee County Medical Society Alliance

MISSION STATEMENT

To make a positive difference in the lives of Genesee County residents by promoting healthy lifestyles and education through partnerships with GCMS and local community organizations, as well as providing a supportive network to medical families.

Dues

$30 per year

Who We Are?

We are spouses of physicians who strive to make our county a better place for ourselves, our families, and our community.

Since 1938 GCMS Alliance programs and services have offered something for every physician's spouse. As a member, you have a voice in one of the most highly organized and involved health organizations in the community, the state of Michigan, and the nation.

What We Do?

- Involved in the Genesee County Free Medical Clinic Healing Hands 5K Run/Walk.
- Helps the GCMS in its legislative efforts for quality health care.
- Provides supplies to the YWCA women's shelter
- Raises funds for Peace Day & scholarships
- Organize social events such as international luncheons, book clubs, friendship gatherings, and more!

Get in Touch

661-645-2385

abauerPNP@gmail.com

http://www.gcmsalliamce.org

the.aliance.GCMSA

Memorial Day -May 25th, 2026

We pause to honor the courage, sacrifice, and unwavering dedication of all the men and women who have served our nation. To those who gave their lives in the line of duty, we owe a debt that can never truly be repaid.

GCMS is focused on improving the future of medicine. Our resource's and meetings are a great way to learn about medical advancements and potential treatments. Click the link below for more information.

WWW.GCMS.ORG

From the AMA

Are physicians in your specialty less likely to quit?

Fewer physicians say they plan to leave their jobs soon, but physicians in these 10 specialties are the least likely to quit.

Is yours one of them?

Michigan Department of Health & Human Services

MDHHS

Michigan Department of Health & Human Services

Laboratory System Partner,

Starting April 14, 2026, the MDHHS Bureau of Laboratories is offering measles IgM testing on serum samples. Please request prior approval through the MDHHS Bureau of Infectious Disease Prevention at 517-335-8165. To order measles testing, refer to test requisition form MDHHS-6084.

Ship specimens either cold (2-8°C) or frozen (<-20°C), packed in a Styrofoam container with frozen cold packs. If sample processing is delayed >48 hours, specimens must be frozen and shipped on dry ice to remain frozen during transport.
Shipping supplies for specimens sent to the BOL for testing may be ordered through the Laboratory Kit Order Tracking System (LKOTS). Select Kit 8A for serum shipping supplies and Kit 45 for Viral PCR testing. Serum samples may be packaged along with NP/OP swabs in VTM for PCR testing. Individual items (e.g. Styrofoam coolers, cold packs, collection tubes, etc.) may be ordered as needed by contacting mdhhslab@michigan.gov.

For serum submission instructions refer to DCH-0812.

For NP/OP swabs in VTM submission instructions refer to DCH-0772.

For additional questions, please contact the Virology Section Manager, Dr. Katie Margulieux at margulieuxk@michigan.gov or 517-335-8099

9:00 A.M.

****Via Zoom**

ATTENTION: PRACTICE MANAGERS IT'S ESSENTIAL NOW MORE THAN EVER THAT YOU JOIN US..

AND OFFICE STAFF!

Genesee County Medical Society addresses issues of concern for medical professionals!

Please join **GCMS and SOVITA** in monthly meetings for practice managers and office staff of *all member physicians*.

Please email executivedirector@gcms.org to RSVP,

YOU WILL RECEIVE A ZOOM INVITE

NEXT MEETING DATE:

JUNE 11TH , 2026— 9:00 A.M.

You do not want your Practice Manager to miss out on these valuable meetings!

GENESEE COUNTY MEDICAL SOCIETY
Established 1841

&

Sovita® CREDIT UNION


— EST. 1929 —
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1836
95 YEARS
GENESEE COUNTY
HEALTH DEPARTMENT

HEALTH OFFICER
Michelle Estell, RS, MSA

GENESEE COUNTY HEALTH DEPARTMENT

MEDICAL DIRECTOR
Michela Corsi, MD, MPH, MA

3/4/2025

Important Update: MMR Vaccination Guidelines

We are deeply saddened by the recent death of a child in Texas due to measles, a disease that can be prevented through vaccination. This loss reminds us how important it is to protect our communities.

Texas is currently facing a measles outbreak with 146 confirmed cases as of February 28th. This situation is a stark reminder that measles is still a serious threat, even though it was thought to be eliminated in the U.S. in 2000.

Vaccines are our best defense against measles. The MMR vaccine, when given in two doses at the appropriate time, stops over 97% of measles infections. Our community is vulnerable, with an 81% MMR vaccination rate which is significantly lower than recommended rate for community immunity. This makes it one of our most powerful tools to keep people healthy.

To help our healthcare teams respond to this situation, we are sharing an important update on vaccination guidelines. This information will help us better serve and protect our community during this challenging time.

MMR Vaccination Guidelines

Presumed Immunity and Vaccination Recommendations:

- Adults born before 1957 are generally presumed to have immunity to measles, mumps, and rubella.
- Healthcare workers should receive 2 doses of MMR vaccine.
- Certain medical conditions may require 2 doses of MMR as per CDC guidelines.
- The minimum spacing is 28 days.

Special Considerations:

- Adults vaccinated in the 1960s with an inactivated or unknown type of measles vaccine should receive at least one dose of MMR.

Current Childhood Immunization Schedule:

- One dose of the MMR vaccine is 93% protective against measles.
- There is currently no need to deviate from the current recommended childhood immunization schedule.
- Children can wait until age 4 for the second dose, especially given no evidence of transmission in our community.
- One dose will also help protect against severe disease if infected.

Early Vaccination for Infants:

- There is no need to start vaccination earlier than age 1 given the current state of the outbreak. We will notify you immediately if this recommendation changes.

FLOYD J. MCCREE COURTS & HUMAN SERVICES CENTER | 630 S. SAGINAW STREET, SUITE 4 | FLINT, MICHIGAN 48502
BURTON BRANCH | G-3373 S. SAGINAW STREET | BURTON, MICHIGAN 48529
MAIN PHONE 810-257-3812 | WWW.GENESEECOUNTYMI.GOV

- CDC recommends that infants >6 months and <12 years who are **traveling internationally** should receive a dose of MMR vaccine prior to travel.
- Given the current outbreak, we recommend this dose for infants **traveling** with their parents to **West Texas**.
- Any dose given before 12 months does **NOT** count toward the MMR series (0 dose).
- Children will still need two doses following the normal childhood immunizations schedule.

Contraindications:
MMR and other live vaccines should NOT be given to individuals with:

- Pregnancy
- HIV infection with CD4 count <15% or <200m
- Severe immunodeficiency (consult with healthcare provider)
- Certain immunosuppressant medications, including:
  - High-dose steroids (≥2 weeks of daily 20 mg or 2 mg/kg body weight of prednisone or equivalent)
  - Specific biologics (e.g., Humira)
  - Chemotherapy
- Recent receipt of antibody-containing blood products (within past 11 months)

Additional Resources:

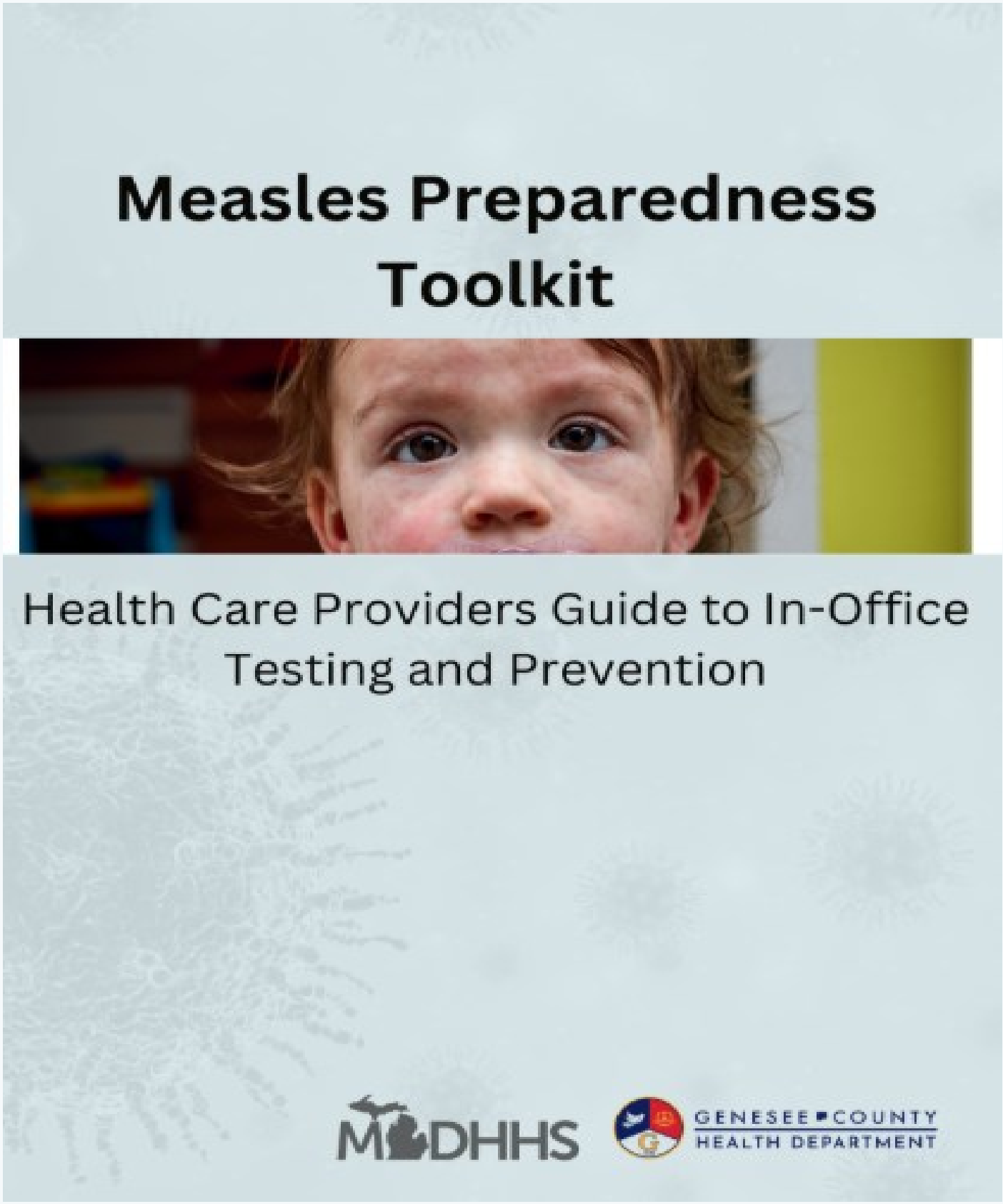
- Measles, Mumps, and Rubella (MMR) Vaccination | CDC
- Measles Preparedness Toolkit

We will continue to monitor the situation closely and provide updates as necessary. For comprehensive information on contraindications and precautions, please consult our Immunizations team or refer to official CDC guidelines.

Sincerely,

Michela Corsi, MD, MPH, MA
Medical Director, Genesee County Health Department

[Click here for full guide]



DISCONTINUATION-Measles-IgM Testing

Laboratory System Partner,

Effective immediately, the MDHHS Bureau of Laboratories (BOL) will no longer offer measles IgM testing due to a manufacturer kit recall. Specimens submitted for measles IgM testing will be forwarded to partner laboratories for testing.

Measles RT-PCR and measles IgG testing are not impacted and remain available at the BOL.

For questions regarding this change, please contact:

Virology Section Manager, Dr. Katie Margulieux, MargulieuxK@michigan.gov 517-335-8099, or

Viral Serology Unit Manager, Kristine Smith, SmithK8@michigan.gov 517-335-8100.

Table of Contents

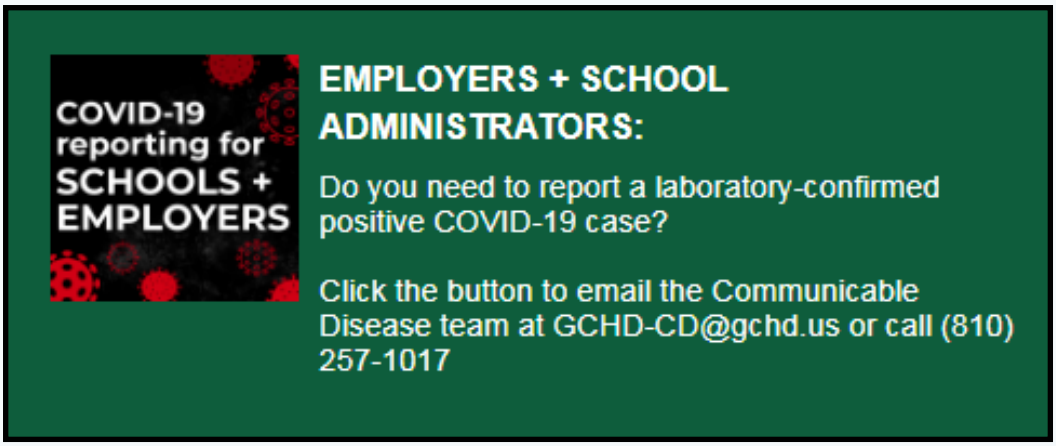
Your Membership at Work

- GCMS hosts monthly Practice Manager's meeting discussing complicated insurance issues in round table discussions with various insurance companies. If you find on-going insurance issues, please reach out to GCMS staff at executivedirector@gcms.org and we can connect that insurance company representative with our hard working Practice Managers.
- GCMS staff helped Genesee County residents with contacts, resources and explanations.
- GCMS Membership Committee has collaborated and has a plan in place to reach out to and meet with various practices in Genesee County. If you have colleagues that are not yet GCMS members, please connect with them! **** A flyer of GCMS benefits can be provided to you.

CLICK HERE **For Daily Genesee County Covid-19 Numbers**

Coronavirus (COVID-19) Data Dashboard for Genesee County

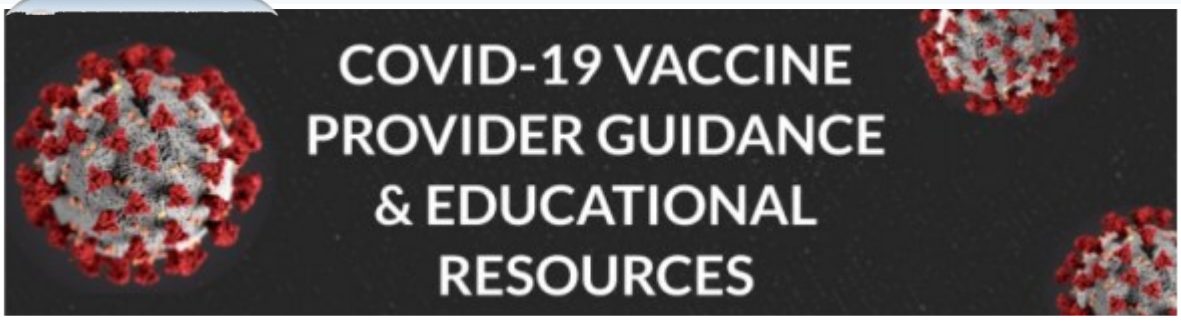
CLICK HERE **For Reporting**



CLICK HERE **For State of Michigan Covid-19 Information**

Michigan.gov

CLICK HERE



COVID-19 VACCINE

The COVID-19 pandemic demonstrates how diseases without vaccines can devastate economic and public health. Vaccines have reduced and, in some cases, eliminated many diseases. In the U.S., there is currently no approved vaccine to prevent COVID-19. MDHHS is working with the CDC and Michigan stakeholders to prepare and plan for when the vaccine is available. The initial draft of our state's plan is now available and will be updated often in the coming months. Visit regularly for the most recent information on the COVID-19 vaccine and Michigan's preparations.

COVID-19 VACCINE PLAN

CLICK HERE **COVID-19 VACCINE RESOURCES**

IMMUNIZATIONS DURING COVID-19

CDC FAQS

PROVIDER GUIDANCE & EDUCATION

Easy Ways to Donate to the Medical Society Foundation:

The Medical Society Foundation is engaged in a Capitol Campaign. The purpose of the Campaign is to grow the corpus to support the charitable activities of the Genesee County Medical Society. Those activities include public and community health, support for the underserved, and wellness initiatives.

To continue its good work, the Medical Society Foundation is asking you to consider leaving a legacy gift to the Foundation. If all, or even a significant portion of our membership left just a small part of our estates to the Foundation, the Foundation could continue helping this community in so many ways, by supporting the Medical Society.

To make a gift, simply use these words:

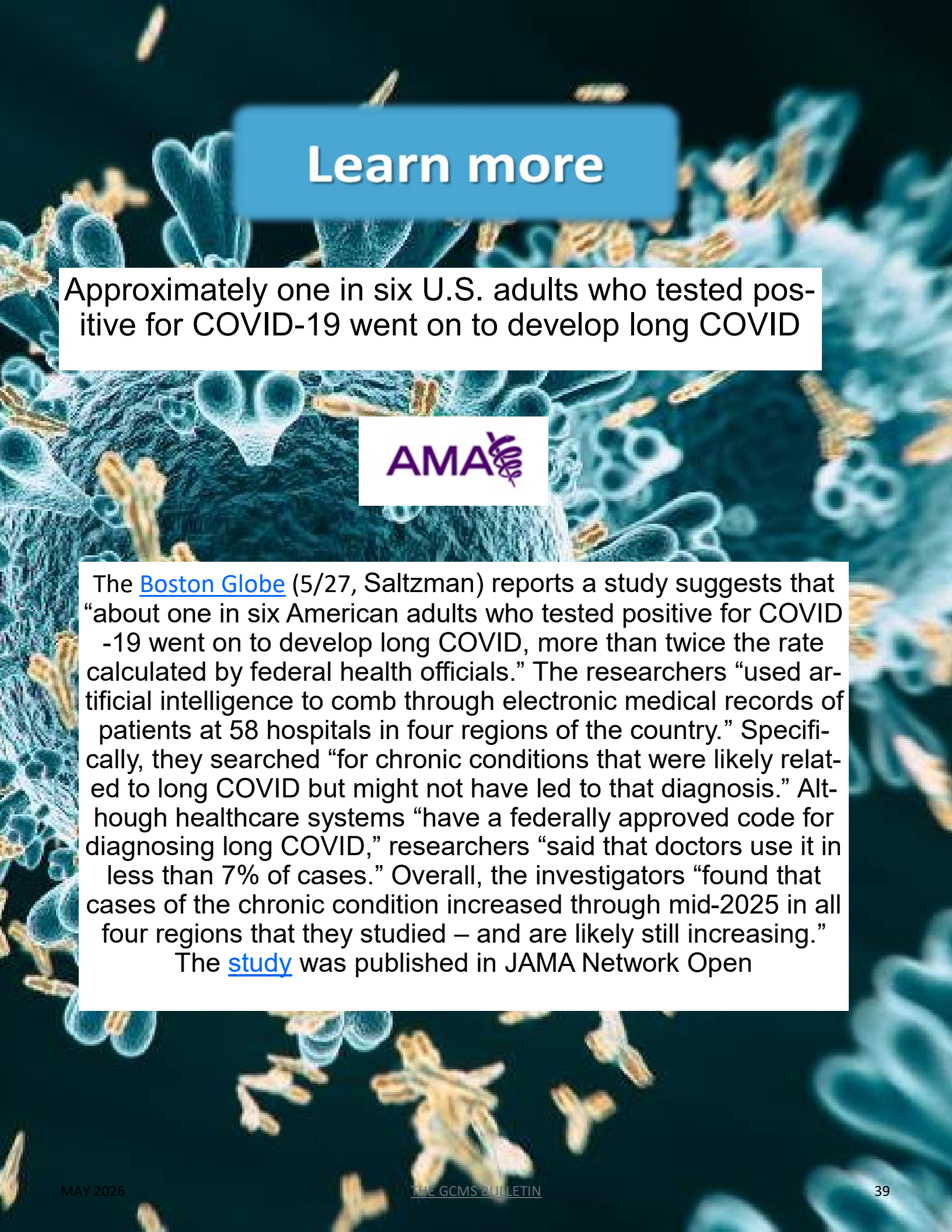
In your Trust, "Grantor directs Trustee to distribute __% of all assets then held in Trust or later added to this Trust to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing board of directors in furtherance of the purposes of the Foundation."

In your Will, "I give, devise and bequeath __% of my Estate to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing Board of Directors in furtherance of the purposes of the Foundation."

While this is not a subject that is comfortable to broach, it is an opportunity to support the Foundation which supports the Medical Society's charitable activities on behalf of the membership. Please give. You can give via a trust or will. You can give from your IRA. You can give appreciated stock, and you can give cash. Please support the organization which does so much on behalf of the medical community and the patients we serve.

Don't Forget!
Donations are tax deductible!

Please contact GCMS at 733-9923 or email executivedirector@gcms.org



Learn more

Approximately one in six U.S. adults who tested positive for COVID-19 went on to develop long COVID

AMA

The Boston Globe (5/27, Saltzman) reports a study suggests that "about one in six American adults who tested positive for COVID-19 went on to develop long COVID, more than twice the rate calculated by federal health officials." The researchers "used artificial intelligence to comb through electronic medical records of patients at 58 hospitals in four regions of the country." Specifically, they searched "for chronic conditions that were likely related to long COVID but might not have led to that diagnosis." Although healthcare systems "have a federally approved code for diagnosing long COVID," researchers "said that doctors use it in less than 7% of cases." Overall, the investigators "found that cases of the chronic condition increased through mid-2025 in all four regions that they studied – and are likely still increasing." The study was published in JAMA Network Open

Do you have an advertising NEED?

- Are you a Physician **and** you are a member of GCMS and you have a new practice in Michigan?
- Do you have a medical practice **and** you are a member of GCMS and your office has relocated?
- Do you have a business that serves Michigan and business slow?

Let Genesee County Medical Society help!

Genesee County Medical Society Bulletin

(ONLINE MAGAZINE)

Your ad will be featured in the Genesee County Medical Society monthly bulletin that is provided to 1,500+ viewers. The Bulletin can also be found on the GCMS website, and is also published through Calameo virtual magazine. (HTTPS://En.Calameo.com/)

1/2-page ad $195/month

3/4-page ad $290/month

Full page ad $350/month

A link to the business website or email can be added for **NO** *additional* fee.

Click here to connect with GCMS, we can provide your advertising needs!

GENESEE COUNTY MEDICAL SOCIETY
Established 1841

**all ads placed by Physicians or Medical Practices must have a GCMS membership.

MEDICAL SOCIETY FOUNDATION

Did you know that all donations made to the ***Medical Society Foundation*** are 100% Tax-deductible? If you are interested in donating, or if you have any further questions, please contact

executivedirector@gcms.org Thank you!

LARA
LICENSING AND REGULATORY AFFAIRS

BUREAU OF PROFESSIONAL LICENSING

Mainstreaming Addiction Treatment Act/Medication Access and Training Expansion Act and Corresponding State Modifications

June 21, 2023

To all controlled substance licensees:

Most practitioners are now aware that Congress has passed the Mainstreaming Addiction Treatment (MAT) Act that removed the federal "DATA 2000" or "DATA-Waiver Program," and the Medication Access and Training Expansion (MATE) Act that established a one-time training on substance use disorder for practitioners who prescribe controlled substances when they obtain or renew their Drug Enforcement Administration (DEA) registration. In light of these changes, which are intended to educate practitioners and reduce barriers to obtaining medications for opioid use disorder (OUD) by eliminating burdens on providers who currently prescribe medications and new providers who wish to treat patients with OUD, the Bureau of Professional Licensing (BPL) would like to convey the following corresponding changes at the state level:

- The new DEA one-time 8-hour training requirement is effective June 27, 2023. Effective on this date, or the date on which the DEA requires the 8-hour training in the event the effective date is delayed, and until further notice, a practitioner required to attend a one-time opioid and controlled substances awareness training by the state's Controlled Substances Rules, may use the 8 hours of training that is accepted by the DEA for their controlled substances registration to also meet the state's required one-time training on opioids and other controlled substances awareness.

- In addition, R 338.3163 that limits prescribing, dispensing and administering a controlled substance to an individual with a substance use disorder will not be enforced by BPL until the rule is either modified or rescinded. This rule limited the circumstances under which a practitioner could treat an individual with substance use disorder, as well as the number of individuals that could be treated. All other laws and rules, both federal and state, must still be followed.

For more information about the elimination of the DATA-Waiver Program, and DEA's 8-hour substance disorder training, please refer to the following websites:

https://www.samhsa.gov/medications-substance-use-disorders/removal-data-waiver-requirement

https://www.deadiversion.usdoj.gov/pubs/docs/MATE_training.html

MATE_Training_Letter_Final.pdf (usdoj.gov)

Questions may be sent to BPLHelp@michigan.gov.

Thank you,

Bureau of Professional Licensing
Licensing Division

GENESEE COUNTY MEDICAL SOCIETY
Established 1841

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WWW.GCMS.ORG