

miniupdate

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TO: Medical Directors, Community-Based Clinics
Directors, Medical Residency Programs
Directors, Nursing Schools
Interested Others

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FROM: Howard Backer, MD, MPH, Acting Chief
Immunization Branch



Below for your information and reference is an abbreviated copy of the Immunization Branch's bimonthly UPDATE memorandum. The edited version contains medical and technical information on immunization and vaccines. We hope it is helpful. If you have questions on immunizations, please contact the Immunization Coordinator at your local health department.



First Annual Natalie J. Smith Immunization Champions

Over 10 coalitions and other partners were represented at the May 20 California Coalition for Childhood Immunization (C3I) semiannual meeting in Pasadena. A highlight of the meeting was the first annual Natalie J. Smith Immunization Champion Award presentation. The group honored two individuals who were equally deserving: California State Senator Dede Alpert and Sandy Ross, PHN, Program Manager for the San Diego County Immunization Program. "These two individuals represent the best in health policy and public health leadership in California," stated Steve Baranov, who chaired the selection committee. Sandy Ross, PHN, recently retired from her 30-year career with San Diego County Health and Human Services Agency, including 24 years as the Immunization Coordinator. She made great contributions to the shape and direction of immunization efforts in California. Senator Dede Alpert carried legislation that helped establish the immunization registry and added varicella to the list of immunizations required for school entry.

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DISEASE ACTIVITY AND SURVEILLANCE

Twenty Years of Disease Data

Enclosed in this miniUPDATE is a fact sheet on reported vaccine-preventable disease cases in California for the past 20 years, demonstrating the dramatic impact of vaccines on these diseases. Historic figures are included as well.

The surveillance data reviewed in this section are reported in Table 1. The table includes provisional number of cases of CRS, Hib, hepatitis A, hepatitis B, measles, pertussis, rubella, and tetanus reported in 2004 with onset in 2004 (as of April 30, 2004).

Pertussis: From January to April 2004, 114 cases of pertussis were reported with onset in 2004, resulting in an annualized incidence rate of 0.93 cases per 100,000 population. For the same time period in 2003, 167 cases were reported in California. Twenty-eight percent of the cases were infants <1 year of age. Forty-four percent (50 cases) were White, 27% (31 cases) were Hispanic, 2% (2 cases) were African-American, 1% (1 case) was Asian/Pacific Islander and the remaining 26% (30 cases) were of other or unknown race/ethnicity. One pertussis death was reported during this time in a 6-week-old (too young for immunization) from Santa Clara County. Pertussis was not diagnosed until after death and the role pertussis infection played in the death is unclear.

Measles: From January to April 2004, five cases of measles were reported. The latest case was an unimmunized UC Santa Cruz student. She had a personal beliefs exemption to the MMR immunization. Her exposure occurred while visiting family in Washington who had recently adopted a Chinese infant. The infant was diagnosed with measles and was part of a larger outbreak of measles among recent Chinese adoptees. No other cases

associated with the UC Santa Cruz student have been identified.

Haemophilus influenzae type b (Hib): From January to April 2004, one case of Haemophilus Influenzae (Hib) was reported. This case was described in the April 2004 Immunization Update.

Tetanus: From January to April 2004, one tetanus case was reported. This case was a 48-year-old female from LA County with a history of drug abuse. Details on her clinical and immunization history are currently being investigated by the LA County Immunization Program.

Hepatitis A: From January to April 2004, 250 cases of hepatitis A were reported with onset in 2004, resulting in an annualized incidence of 2.04 cases per 100,000 population. For the same time period in 2003, 318 cases were reported. The majority (77%) of cases were adults. Twenty-seven percent (68 cases) were White, 30% (76 cases) were Hispanic, 8% (19 cases) were Asian/Pacific Islander, 3% (8 cases) were African-American, and the remaining 32% (79 cases) were of other or unknown race/ethnicity.

Hepatitis B: From January to April 2004, 153 cases of hepatitis B were reported with onset in 2004, resulting in an annualized incidence of 1.25 cases per 100,000 population. For the same time period in 2003, 205 cases were reported. Only one case was under 19 years of age, a 17-year-old, from Placer County. Thirty-one percent of all cases (47 cases) were White, 16% (24 cases) were Hispanic, 7% (11 cases) were Asian/Pacific Islander, 7% (11 cases) were African-American, and the remaining 39% (60 cases) were of other or unknown race/ethnicity.

Other VPDs: As of April 30, 2004, no case reports for Congenital Rubella Syndrome (CRS), diphtheria, polio, or rubella, had been received by the Immunization Branch.

Table 1: Reported Cases with Onset in 2004, by Age Group and Incidence of Selected Vaccine-Preventable Diseases California, 2004 (Provisional – as of 4/30/04)

DISEASE	Age Groups			Age Unknown	All Ages	
	0-4 yrs	5-17 yrs	18+ yrs		Cases	Rate ¹
Congenital Rubella Syndrome	0	0	0	0	0	0.00
<i>H. influenzae</i> type b (Hib) ²	0	0	1	0	1	0.02
Hepatitis A	10	47	192	1	250	2.04
Hepatitis B	0	2	151	0	153	1.25
Measles ³	2	1	2	0	5	0.04
Pertussis	40	30	24	20	114	0.93
Rubella ³	0	0	0	0	0	0.00
Tetanus	0	0	1	0	1	0.01

¹ Annualized Incidence Rate = cases/100,000 population

² *H. influenzae* is reportable only for cases ≤30 years

³ Confirmed cases only

Prepared by California Department of Health Services, Immunization Branch

ASSESSMENT ACTIVITY

Los Angeles and Santa Clara Counties Win National Awards

Two of California's local health departments picked up National Immunization Survey (NIS) awards at the 38th National Immunization Conference sponsored by CDC. Los Angeles and Santa Clara Counties were two of three urban areas that received awards for 4:3:1:3:3 coverage. Congratulations to both local health departments for their accomplishments!

As reported in the April UPDATE, the most recent NIS results, for the period July 2002 through June 2003, show that California immunization coverage rates for surveyed children (19-35 months) continue to rise. In California 4:3:1:3:3 coverage for the state is above 77%, while 4:3:1:3:3 coverage for Los Angeles and Santa Clara Counties are both above 82%. (www.cdc.gov/nip/coverage)

IMMUNIZATION SERVICES

New ACIP Guidelines: Plan now for expanded pediatric immunization this fall

The annual flu immunization is now recommended for all healthy children aged 6-23 months and close contacts of children aged 0-23 months. The VFC program has been expanded to provide influenza vaccine to all VFC-eligible children aged 2-18 years who are household contacts of children aged 0-23 months. For the 2004-2005 season, CDC has awarded the VFC influenza contract to Aventis Pasteur. Both preservative-free and preservative-containing flu vaccine will be available for VFC-eligible children.

The American Academy of Pediatrics has developed helpful fact sheets to assist pediatricians in implementing the new flu vaccine recommendations.

These documents are available to AAP members at www.aap.org/moc/immunizations/0405influenzain.htm. The National Foundation for Infectious Diseases is preparing a packet of materials to assist providers in planning for expanded influenza immunization. This collection, entitled "Kids Need Flu Vaccine, Too!" will be available shortly at www.nfid.org. A consensus paper on increasing influenza coverage in infants and children is available at www.nfid.org/publications/pediatricflu.pdf.

Perinatal Hepatitis B Screening and Immunization Practices Hospital Study

The Perinatal Hepatitis B Prevention Program plans to conduct a hospital study to assess newborn hepatitis B vaccination practices and HBsAg screening practices for pregnant women who delivered without prenatal care in 2002. The survey will be conducted in hospitals with

high numbers of women presenting for delivery without prenatal care. Twenty- one hospitals in 10 health jurisdictions (San Bernardino, Riverside, San Joaquin, San Diego, Los Angeles, Orange, Fresno, San Francisco, Imperial, and Sutter) have been selected for inclusion in the study. Maternal medical records will be reviewed to evaluate HBsAg screening practices for pregnant women with no prenatal care and newborn medical records will be reviewed to evaluate the timeliness and appropriateness of post-exposure prophylaxis for infants born to women with positive/unknown HBsAg status. An IRB application is in progress. The chart reviews will be conducted by State Department of Health Services staff and/or by local health department staff.

VACCINES RISKS AND BENEFITS

Further Evidence To Refute the Autism-MMR Link

The eighth and final report of the Immunization Safety Review Committee of the Institute of Medicine (IOM) examines the hypothesis that vaccines, specifically the measles-mumps-rubella (MMR) vaccine and thimerosal-containing vaccines, are causally associated with autism. The committee reviewed published and unpublished epidemiological studies regarding causality and studies of potential biological mechanisms by which these immunizations might cause autism. The committee concluded that the body of epidemiological evidence rejects a causal relationship between the MMR vaccine and autism. The committee also concluded that the body of epidemiological evidence favors rejection of a causal relationship between thimerosal-containing vaccines and autism. Potential biological mechanisms for vaccine-induced autism that have been generated to date are theoretical only. The full news release and IOM report is available at <http://national-academies.org>.

VACCINES FOR CHILDREN (VFC) PROGRAM

August 2 New Ordering Date For VFC Vaccine

The VFC annual influenza mailing will be sent in July. Orders for vaccine will be accepted beginning August 2. The two types of influenza vaccine formulations available for VFC-eligible children this year are the same as last year's formulations: (listed on page 4)

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Influenza-Preservative Free, brand name Fluzone® (no thimerosal)

- For use in VFC—eligible infants 6 through 35 months of age
- Available ONLY in packages of 10 X 1 Tip-Lok® Syringes (No Needle)
- Prefilled dose 0.25 ml

Influenza, brand name Fluzone® (contains thimerosal)

- For use in VFC—eligible children 6 months through 18 years of age
- Packaged in 10-dose vials
- Dosing: 6-35 months, 0.25 ml; ≥ 36 months, 0.5 ml

NOTE: Children under 9 years of age who receive influenza vaccine for the first time will require two doses, one month apart.

Results of the 2003 VFC Program Provider Satisfaction Survey Results

The VFC Program evaluates provider satisfaction through surveys conducted every two years. In 2003, surveys were mailed to 3,676 active VFC Providers; one-third (33.9%) were completed and returned.

Overall, the survey demonstrates high levels of satisfaction with the VFC Program. Ninety-nine percent were either very satisfied or satisfied with the VFC program in general and 98% indicated that they would recommend the VFC Program to their colleagues. Ninety-three percent indicated that they were very satisfied or satisfied with the ease of documenting VFC eligibility, and 83% were very satisfied or satisfied with the ease of recertification. At least 84% percent strongly agreed or agreed that the VFC Customer Service Representative with whom they had phone contact had been knowledgeable, and they had satisfactorily solved their problems

Among the 1,228 returned surveys, 847 practices had a VFC office evaluation within the last two years. More than 91% of these practices found the VFC office visits beneficial and felt that the visit did not interfere with their office flow. A majority of the respondents believed that the materials distributed during the visit were useful. Most importantly, the survey data indicated that the VFC visits had an impact on provider practices: 74% of the providers reported that the visit changed some of their immunization practices.

In the last two years, in response to providers' concerns, VFC has made significant changes in communication equipment, most notably installing a new phone system. Seventy-six percent strongly agreed or agreed that the 800 number phone system was easy to navigate. Nearly 90% strongly agreed or agreed that the new 800 number for faxing in materials was simple to use.

Suggestions for improvement of the VFC program

included simplifying the transfer of short-dated VFC vaccines and sending notification promptly of changes in delivery and availability of vaccines. Annual recertification remains unpopular. VFC staff will review suggestions made to streamline the process and other suggestions for improvements.

PROFESSIONAL INFORMATION AND EDUCATION

Fourth Annual California Adult Immunization Conference

Over 160 people attended the May 26th summit in Sacramento. Dr. Greg Poland, of the Mayo Clinic Vaccine Research Center, gave a stirring mixed media presentation leading the audience through a historical tour of influenza epidemics in the United States, the economic and human costs, and threats that loom on the horizon. He also gave compelling data on health care worker flu immunization rates and reasons that efforts should be expended to increase these rates. The conference attracted an expanded group of participants, and alliances were formed for further action on adult immunizations.

CDC/CDHS Vaccine Preventable Disease Courses

The 2004 CDC/CDHS annual Epidemiology and Prevention of Vaccine-Preventable Diseases courses will be held in Sacramento on November 15-16, and in Torrance on November 18-19. This two-day course provides the most current information available in the constantly changing field of immunization, including updates on schedules, contraindications, standard immunization practices, vaccine-preventable diseases, and vaccine management and safety. Courses fill up quickly so mail in your registration early. The cost is \$40 and CME is available. A registration form is included in this **mini UPDATE**.

CDC's 2004 Annual IZ Update by Satellite—Save the Date!

Mark your calendars! The CDC's 2004 Annual Immunization Update broadcast is scheduled for August 19, airing twice at 6:00 am – 8:30 am PT and 9:00am – 11:30 am PT. This national satellite downlink promises to offer the latest information on immunization.

More on page 5...

PUBLIC INFORMATION AND EDUCATION

Encouraging Infant and Toddler Immunizations

A six-week, statewide Spanish-language radio campaign was launched in 36 local health jurisdictions to encourage on-time infant and toddler immunizations. Radio ads aired during April's National Infant Immunization Week (NIIW) and continued through Toddler Immunization Month (TIM) in May. The messages were broadcast on 26 Spanish-language radio stations across California.

Hepatitis B Movie Ad Campaign Continues

Last year, the IZ Branch launched our first immunization education campaign targeting young adults—the Hepatitis B Movie Ad Campaign. Sixteen California counties participated. Due to popular demand and some additional funding, the campaign is continuing this year. Thirteen counties are participating this year, showing the hepatitis B slide in movie theaters throughout May, National Hepatitis Awareness Month. Materials to support the campaign's outreach efforts are available from local health departments. They include cling-ons, brochures, take-home postcards and bookmarks.

INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

Health Care Workers Flu Shot Campaign

This fall, the Immunization (IZ) Branch kicks off the first round in an ongoing campaign to increase flu immunizations in health care workers. Only 36 percent of health care workers receive flu shots each year, despite a longstanding recommendation that they be immunized for their own protection and to prevent the spread of the disease. In February 2004, the National Foundation for Infectious Disease issued a "Call to Action" with over 20 other prominent national organizations urging health care organizations to develop policies and programs that can increase health care worker immunization rates. (Available at: www.nfid.org/publications.) The theme of the DHS campaign will be "protect yourself, protect your family, protect your patients."

Pediatric Flu Campaign Materials Available

As we discuss elsewhere in this UPDATE, flu immunization is recommended for all children 6-23 months

of age this fall. Influenza immunization continues to be recommended for high-risk children of all ages: those with asthma, cardiac disease, sickle cell disease, HIV, and diabetes, among other chronic conditions.

Samples of reminder postcards and "Guess Who Needs a Flu Shot" cling-on were enclosed in the April UPDATE.

CDC to Stockpile Influenza Vaccine for Children

The U.S. government plans to stockpile influenza vaccine to avoid future shortages like the one experienced last fall. Eighty million dollars has been allocated over the next two years to create a stockpile of 4 million doses. There are challenges to creating an adequate stockpile as vaccine manufacturers will have to produce these extra doses without decreasing their regular commercial supply. It is hoped that the influenza vaccine stockpile will alleviate spikes of excess demand during a normal flu year.

SMALLPOX AND BT PREPAREDNESS

LA and Orange Counties Hold Mass Smallpox Vaccination Exercises

Orange County held a mass smallpox vaccination clinic exercise on May 26 at the famous Crystal Cathedral. The Orange County Health Care Agency partnered with the county's American Red Cross chapter to stage the exercise, and 1,400 people participated. The LA Times and other local media covered the event.

Los Angeles County is conducting their mass vaccination clinic exercise on Wednesday, June 23, at the Carson Center in Carson. They are seeking volunteers, including families, to participate as patients; if you would like to see LA's exercise first hand, contact them at (213) 351-7800 to volunteer.

IMMUNIZATION REGISTRIES

Registry Meeting Shares the Vision

On April 23, DHS held the 19th Statewide Immunization Information System (SIIS) meeting in Berkeley. The theme, "sharing the vision," was reflected in the broad-based representation from health plans, local health departments, and CDHS programs such as Genetics Diseases Branch and Indian Health Services. Every Child By Two founder, Betty Bumpers, was on hand to encourage development of immunization registries.

IZ COALITION ACTIVITIES

NIIW Stop Whooping Cough! Another Huge Success

On April 28th, 2004, at 44 locations in California, health jurisdictions and immunization coalitions launched National Infant Immunization Week (NIIW) events. This is the highest number of participating jurisdictions ever for one of California's signature simultaneous coordinated NIIW kick-offs. Many thanks to all the local planners, coalitions, and participants, as well as to the California Coalition for Childhood Immunization (C3I) and the California Distance Learning Health Network (CDLHN) for pulling this off.

This year's California campaign emphasized pertussis, a respiratory disease with high rates of cases in young children in California. Activities involved children blowing bubbles, playing kazoos, and singing, all reinforcing how we use our lungs. The event also provided an opportunity to promote covering your cough with your elbow to prevent spreading diseases. Several counties had great media and radio coverage.

Vaccination Week in the Americas

From April 25–May 1, 2004, multiple health care agencies collaborated to promote Vaccination Week in

the Americas (VWA) in conjunction with National Infant Immunization Week (NIIW) and Toddler Immunization Month (TIM). Participants included the Pan American Health Organization (PAHO), Centers for Disease Control and Prevention (CDC), the U.S.-Mexico Border Health Commission (USMBH), the California Distance Learning Health Network (CDLHN), and the San Diego County Immunization Program. Physician's forums and children's events were held in San Diego and Tijuana.

MISCELLANEOUS

New Staff

Roberta Lewis has joined the Immunization Branch as our new Program Manager for the Immunization Registry System. Roberta comes to us after a varied and successful managerial career at all levels of the Kaiser health care system. At the Kaiser San Francisco Medical Center, Roberta directed the Department of Cardiovascular Surgery, Cardiovascular Services and the Department of Medicine. Before retiring from Kaiser, she worked on compliance activities related to the national implementation of their automated medical record.

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