

miniupdate

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

February 6, 2007

FROM: Howard Backer, MD, MPH, 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.



Preteen Vaccine Week a Smashing Success!

The first immunization milestone of 2007: reaching out to preteens! January's Preteen Vaccine Week (PVW) brought recognition to the growing number of vaccines and booster shots for 11 and 12 year olds. A kickoff event at Sacramento's Jonas Salk High-Tech Academy featured State Public Health Officer Dr. Mark Horton, Immunization Branch Chief Dr. Howard Backer, and Sacramento County Health Officer Dr. Glennah Trochet. Special guest, two-time Olympic gold medal winner and women's basketball star Ruthie Bolton, dazzled the audience of nearly 100 middle-schoolers and scored points for a good cause. The theme of the event: "Immunizations are your best shot!" resonated among all the speakers, impressing on the kids how lucky they are that vaccines now prevent many once common-place childhood diseases. Local radio personality Lee Perkins emceed the event, and a group of students joined Bay Area rapper Lavalley in performing a rap about the importance of preteen immunizations. The appearance of the dancing Izzy Bear, Immunization Branch mascot, capped off the event, bringing smiles and cheers from the students. All students in the school received day-glow orange wrist-bands with the campaign slogan to help spread the word.

The event was sponsored by CDHS in partnership with the California Coalition for Childhood Immunization (C3I), the California Distance Learning Health Network

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(CDLHN), and the Sacramento County Department of Health and Human Services. This year's awareness efforts can be seen across California and the nation on multiple websites, articles, and news stories. A number of local health departments also issued proclamations, held events, grand rounds, immunization clinics, and more to celebrate PVW. For more information about Preteen Vaccine Week and related outreach efforts, visit www.GetImmunizedCA.org.

DISEASE ACTIVITY AND SURVEILLANCE

The surveillance data reviewed in this section are reported in Table 1 at the bottom of this page. The table includes provisional numbers of cases of *Haemophilus influenzae* type b, hepatitis A, hepatitis B, measles, pertussis, rubella, and tetanus reported in 2006 with onset in 2006 (as of December 31, 2006). If you have any questions about this table, please contact Jennifer Myers at (510) 620-3848 or JMyers@dhs.ca.gov.

Pertussis: In 2006, 1,451 cases of pertussis were reported in California based on provisional data, resulting in an annual incidence rate of 3.89 cases per 100,000 population. This represents less than half of the 3,160 cases reported in 2005 (8.57 cases per 100,000).

Of the 2006 cases, 269 (18.5%) were infants less than 12 months old, 80 (5.5%) were 1-4 years old, 122 (8.4%) were 5-9 years old, 378 (26.1%) were 10-17 years old (and eligible for vaccination with Tdap) and 601 (41.4%) were adults. Although there were fewer cases in 2006, the proportion in each age group was similar to 2005. The disease rate among

infants was 48.84 cases per 100,000. In this age group, Hispanics represented the highest proportion of cases (153 cases) and had a higher incidence rate (52.87 cases per 100,000) than did the other racial/ethnic groups.

In 2006, outbreaks were reported in Alameda, Kern, Sacramento, San Diego and San Luis Obispo Counties.

Meningococcal Disease: In 2006, a total of 158 (139 confirmed, 19 probable) cases of meningococcal disease with onset in 2006 were reported in California. The resulting incidence rate was 0.42 cases per 100,000 population. This is just below the number of cases reported with onset in 2005 (182 cases, 0.59 cases per 100,000 population); however, these data are provisional and we expect that additional cases with onset in 2006 will be reported to DHS in the early part of 2007. Disease incidence was 0.42 cases per 100,000 among blacks (11 cases), 0.41 among Hispanics (56 cases), 0.38 among whites (60 cases), and 0.25 among Asian/Pacific Islanders (12 cases). These rates do not include the 19 cases that were of unknown race/ethnicity.

Measles: In 2006, six confirmed measles cases were reported in California, resulting in an incidence rate of 0.02 cases per 100,000 population. In 2005, there were four cases reported. The 2006 cases were reported from Alameda, Los Angeles, Sacramento, San Diego and Santa Clara Counties. All six cases involved recent international travel. Countries visited include India, Australia, China and Ukraine. One case was linked to an outbreak of measles in Australia and one case was linked to an outbreak of measles among U.S. families with adoptees from China.

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Table 1: Reported Cases with Onset in 2006 (by Age Group) and Incidence of Selected Vaccine Preventable Diseases California, 2006 (Provisional - as of 12/31/2006)

DISEASE	Age Groups				All Ages	
	0-4yrs	5-17yrs	18+yrs	Unknown	Cases	Rate ¹
Congenital Rubella Syndrome	0	0	0	0	0	0.00
Diphtheria	0	0	0	0	0	0.00
<i>H. influenzae</i> , type B (Hib) ²	3	0	0	0	3	0.11
Hepatitis A	14	73	661	2	750	2.01
Hepatitis B	0	4	356	1	361	0.97
Measles ³	3	0	3	0	6	0.02
Meningococcal Disease	47	38	73	0	158	0.42
Mumps ³	5	1	14	0	20	0.05
Polio	0	0	0	0	0	0.00
Pertussis	349	500	601	1	1,451	3.89
Rubella ³	0	0	1	0	1	0.00
Tetanus	0	0	8	0	8	0.02

1. Annualized incidence rate = cases/100,000 population. Population estimates source: California Department of Finance projections based on the 2000 Census

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

3. Confirmed cases only

Prepared by California Department of Health Services, Immunization Branch

Mumps: From January to December 2006, 171 possible cases of mumps were reported. Twenty cases have been laboratory confirmed either by the CDHS Viral and Rickettsial Disease Laboratory (VRDL, n=5), commercial laboratories (n=12) or by both VRDL and commercial laboratories (n=3).

Thirteen of the 20 laboratory confirmed cases were between 26 and 59 years of age, one case was 75 years old, one case was 11 years old and five cases were under 5 years of age. Race/ethnicity was known for 16 of the 20 laboratory confirmed cases. Of these, 6 were White, 4 were Hispanic and 6 were Asian/Pacific Islanders.

The remaining 151 cases are being reviewed by CDHS and those meeting the clinical case definition for mumps are being classified as probable cases. Only confirmed mumps is being reported to the CDC.

Haemophilus influenzae type b: In 2006, three cases of invasive *Haemophilus influenzae* type B (Hib) under 30 years of age were reported based on provisional data. The resulting incidence rate was 0.11 cases per 100,000 population. In 2005, four cases were reported.

The 2006 cases were reported from Orange, Los Angeles and San Diego Counties. Two of the cases were white and one case was of unknown ethnicity. One case was 3 years of age and had a history of three Hib vaccinations. Another case was 5 months of age and had received one dose of Hib vaccine. The third case, also a 5-month old, is currently being investigated by the local health jurisdiction. All three of these cases survived.

Tetanus: In 2006, eight cases of tetanus were reported resulting in an incidence rate of 0.02 cases per 100,000 population. In 2005, seven cases were reported. The 2006 cases were reported in Los Angeles (3 cases), Orange, San Bernardino, San Francisco, Santa Clara, and Tulare. The cases ranged in age from 42 to 81 years of age. Three cases were white, 3 cases were Hispanic, one case was Asian and one case was black. Three cases were injecting drug users (IDU). All three used some form of heroin. Three cases were diabetic, two of them were insulin-dependent. Only two of the six cases had any history of tetanus vaccinations. Both had received their last dose over 40 years earlier. Two deaths occurred: one had diabetes and one was an IDU. Neither of them had any known tetanus vaccinations.

Hepatitis A: In 2006, 750 cases of hepatitis A were reported in California based on provisional data, resulting in an annual incidence rate of 2.01 cases per 100,000 population. This represents a historic low report rate for California. In 2005, 1,088 cases were reported (2.95 cases per 100,000 incidence rate). Nearly one half of the cases (48.1%) reported in 2006 were reported from Los Angeles County. In 2006, the majority of reported cases occurred in adults (88.1%).

Incidence rates continue to drop for most racial and ethnic groups. Historically, the highest rates of hepatitis A have been among Hispanic children. Between 1996 and 2006, disease incidence among Hispanic children declined from 40.29 cases per 100,000 to 0.96 cases per 100,000. In 2006, the highest disease rates were among adults. Disease incidence was 3.97 cases per 100,000 among black adults (73 cases), 1.97 among white adults (248 cases), 1.68 among Hispanic adults (146 cases), 1.11 among Asian/Pacific Islander adults (40 cases), and 1.15 among American Indian/Alaskan Natives (4 cases). These rates do not include the adult cases that were of other or unknown race/ethnicity.

Hepatitis B: In 2006, 361 cases of hepatitis B were reported in California based on provisional data, resulting in an annual incidence rate of 0.97 cases per 100,000 population. This continues the trend of decreasing incidence in California. In 2005, 381 cases were reported (1.04 cases per 100,000).

Almost all reported cases were in adults (98.6%). Eight cases ranging from 15 to 19 years of age are being investigated by local health departments. The incidence rate was 0.86 per 100,000 population among Asian/Pacific Islanders (41 cases), 0.84 whites (133 cases), 0.45 among Hispanics (61 cases), 0.61 among blacks (16 cases), and 0.57 among American Indian/Alaskan Natives (3 cases). These rates do not include the 107 cases that were of other or unknown race/ethnicity.

Rubella: In 2006, one case of laboratory confirmed rubella was reported from Santa Clara County. In 2005, there was also a single rubella case reported in California. The 2006 case had recently traveled to the Philippines and was in contact with a family member with a rash illness during that visit. The case was 56 years old and had not been vaccinated for rubella. This case was not hospitalized and did not have any severe complications.

Other VPDs: As of December 31, 2006, for this report year, no confirmed cases of diphtheria, polio, or congenital rubella syndrome (CRS) have been reported to the Immunization Branch.

ASSESSMENT ACTIVITY

Fall Assessment Results

The annual childcare and kindergarten assessments are conducted each fall to monitor compliance with the California School Immunization Law. Results from these assessments are used to measure immunization coverage among children entering licensed childcare and kindergarten.

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2006 Childcare Assessment Results

The age group assessed is 2 years to 4 years, 11 months. Roughly one-third of children in this age group attend licensed childcare centers. The following data are only for children in licensed childcare centers and may not be representative of the entire population of California children in this age group. Results from the fall 2006 childcare assessment are similar to previous years (Table 2). This year 93.6% of the 511,103 children enrolled in reporting childcare facilities received all required immunizations (4+ DTP, 3+ Polio, 1+ MMR, 1+ Hib, 3+ Hep B, and 1+ Var or physician-documented varicella disease). There were 852 (0.17%) children with permanent medical exemptions and 7,051 (1.38%) children with personal belief exemptions. Immunization coverage was above 95% for each vaccine.

2006 Kindergarten Assessment Results

Table 3 (on the next page) shows that the results from the fall 2006 kindergarten assessment are similar to previous years. This year 92.7% of the 503,160 students enrolled in reporting kindergartens received all required immunizations (4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var or physician-documented varicella disease). There were 827 (0.16%) students with permanent medical exemptions and 7,108 (1.41%) students with personal belief exemptions. Immunization coverage was above 95% for each vaccine.

IMMUNIZATION SERVICES

The ACIP Childhood and Adolescent Harmonized Schedules for 2007 has been published. This document is available at: www.cdc.gov/mmwr/preview/mmwrhtml/mm5551a7.htm?s_cid=mm5551a_e

Significant changes include :

- The schedule has been separated into two pages, one for 0-6 years and another for 7-18 years. Special pop-

ulations are represented with purple bars; the 11-12 years assessment is emphasized with the bold, capitalized fonts in the title of that column.

- Rotavirus vaccine (Rota) is recommended in a 3-dose schedule at ages 2, 4, and 6 months.
- The influenza vaccine is now recommended for all children aged 6 to 59 months.
- Varicella vaccine recommendations are updated to reflect two-doses .
- The new human papillomavirus vaccine (HPV) is recommended in a 3-dose schedule for females 9-26 years.
- Rota, HPV, and varicella vaccines are incorporated in the catch-up immunization schedule.

Additionally, the ACIP general recommendations were published on December 1, 2006. They are a valuable resource and should be reviewed— especially the expanded section on vaccine storage and handling. This document is available at: www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm?s_cid=rr5515a1_e.

VACCINES FOR CHILDREN (VFC) PROGRAM

New National Vaccine Management Project to Pilot in California

The Centers for Disease Control and Prevention (CDC) will soon begin implementing the Vaccine Management Business Improvement Project (VMBIP).

The State of California will serve as a pilot site for the transformation to a centralized national vaccine distribution system. The newly selected national distributor is McKesson Specialty, Limited. California will move to the centralized distributor on February 26, 2007.

Currently, the VFC Program uses GIV as a third party distributor. The VFC Program will send a mailing to private providers.

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Table 2: Childcare Assessment, 2002-2006

	2002	2003	2004	2005	2006
Number of Facilities	9,595	9,550	9,925	9,771	9,824
Number of Children	445,007	456,675	487,738	498,860	511,103
All Required Immunizations	92.8%	93.4%	93.7%	93.3%	93.6%
Conditional Entrants	5.66%	5.05%	4.81%	5.19%	4.82%
Permanent Medical Exemptions	0.25%	0.25%	0.21%	0.18%	0.17%
Personal Belief Exemptions	1.27%	1.35%	1.26%	1.38%	1.38%
4+ DTP	95.3%	95.6%	96.2%	95.3%	95.2%
3+ Polio	97.8%	97.7%	97.5%	97.0%	96.9%
1+ MMR	97.9%	97.9%	97.7%	97.1%	97.1%
1+ Hib	97.8%	97.6%	98.0%	97.2%	97.4%
3+ Hep B	96.5%	96.1%	96.9%	95.9%	95.6%
1+ Var (or physician-documented disease)	95.6%	96.3%	96.6%	96.2%	96.3%

Source: 2002-2006 Childcare Assessments
Prepared by the California Department of Health Services, Immunization Branch

Great Demand For HPV Vaccine!

In December 2006, the Vaccines for Children (VFC) Program announced the availability of HPV vaccine for all VFC-eligible girls aged 9 through 18 years of age. Since then, over 35% percent of California's VFC providers have submitted a request for this vaccine. Over 100,000 doses alone are expected to be distributed statewide within the first two months of the launch of this vaccine!

As with any newly introduced vaccine, vaccine requests may be adjusted during an introductory period to ensure an adequate vaccine distribution. Providers are encouraged to place their initial vaccine order based on actual usage of other adolescent-recommended vaccines, such as Tdap. Keep in mind that this vaccine is for girls only and if initial supplies are used quickly, providers can always re-order additional doses as needed.

VFC Recertification

Due to the implementation of the Vaccine Management Business Improvement Project (VMBIP), this year's annual VFC recertification process will begin in mid-to-late February. The annual recertification process is a federal requirement that allows providers to continue to be enrolled in the VFC Program.

Public and private providers will be required to submit recertification forms for each individual site receiving state and VFC supplied vaccines. Completed forms will be due to the VFC office no later than March 30th, 2007.

PROFESSIONAL INFORMATION AND EDUCATION

2007 NIC in Kansas City

Congratulations to all of you who submitted abstracts to the 41st National Immunization Conference (NIC), which will be held March 5-8, 2007 in Kansas City, Missouri. For more information about this year's NIC, visit www.cdc.gov/nip.

New Public Health Café Highlights HPV!

An informative overview on Human Papillomavirus (HPV), the disease and the vaccine, is now available. The new two-part webcast is part of the Public Health Café series hosted by the California Distance Learning Health Network.

Recorded in December 2006, these 20-minute presentations provide an overview of human papillomavirus types, risks for infection, effectiveness of proper screening, advances in cervical cancer prevention, information on vaccine efficacy, current recommendations for vaccination, and the present status of HPV vaccines.

Part 1: "Human Papillomavirus and Advances in Cervical Cancer Prevention," features Heidi Bauer, MD, Chief, Office of Medical Affairs, Sexually Transmitted Diseases Control Branch. Part 2: "Human Papillomavirus (HPV) Vaccine Update" is presented by the Immunization Branch's Public Health Medical Officer, Eileen Yamada, MD, MPH.

Please refer colleagues to these important new resources. To view the webcasts, go to www.cdlhn.com under the Public Health Café Menu, or find a link to the presentations by going to www.hpvvaccineca.org.

Epidemiology & Prevention of Vaccine-Preventable Diseases (4-part)

Epidemiology & Prevention of Vaccine-Preventable Diseases is an annual program sponsored by the Centers for Diseases Control and Prevention (CDC) providing a comprehensive overview on immunization. The program is presented in four satellite broadcasts. Session One covers principles of vaccination; general recommendations on immunization; vaccine storage, handling, and administration; and vaccine safety. Session Two covers pertussis, pneumococcal disease (childhood), polio, rotavirus, and Hib. Session Three covers measles, rubella, varicella, zoster, and meningococcal disease. Session Four covers hepatitis B, hepatitis A, influenza, HPV, and pneumococcal disease (adult). The program's first three segments originally aired on January 25th and on February 1st and 8th. The last segment will be shown on February 15th.

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Table 3: Kindergarten Assessment, 2002-2006

	2002	2003	2004	2005	2006
Number of Schools	8,646	8,544	8,510	8,496	8,481
Number of Students	519,397	513,519	510,074	512,733	503,160
All Required Immunizations	92.3%	92.5%	92.9%	92.8%	92.7%
Conditional Entrants	6.45%	6.18%	5.74%	5.70%	5.74%
Permanent Medical Exemptions	0.15%	0.13%	0.15%	0.15%	0.16%
Personal Belief Exemptions	1.11%	1.16%	1.24%	1.33%	1.41%
4+ DTP	96.2%	96.5%	96.6%	96.4%	96.3%
3+ Polio	97.2%	96.9%	97.0%	96.8%	96.6%
1+ MMR	97.0%	96.8%	96.9%	96.8%	96.5%
3+ Hep B	98.1%	98.1%	98.3%	98.4%	98.4%
1+ Var (or physician-documented disease)	98.3%	98.6%	98.8%	98.8%	98.8%

Source: 2002-2006 Childcare Assessments
Prepared by the California Department of Health Services, Immunization Branch

Each of the four sessions can be viewed independently for Continuing Education (CE) credit. To receive CE credit you must register using CDC's online system and then complete the course evaluation. Continuing Education for this activity will expire on March 15, 2007.

Visit this page: www2a.cdc.gov/PHTN/epv07/default.asp for further information about this program and other distance learning courses.

PANDEMIC AND BT PREPAREDNESS

May Pan Flu Broadcast

Mark your calendars for "Pandemic Influenza Preparedness for Schools", a satellite broadcast debuting on May 17, 2007. For more information, please visit www.GetImmunizedCA.org

Gold Award for Pan Flu Satellite Broadcast!

The 2006 "Pandemic Influenza and Public Health Law" satellite broadcast was recently honored with the prestigious Gold Award from the MarCom Creative Awards. CDHS and the California Distance Learning Health Network (CDLHN) partnered to produce this broadcast, which focused on helping local health departments understand the role public health law could play during a pandemic emergency. It originally aired June 8, 2006.

The MarCom Creative Awards is an international competition for marketing and communication professionals involved in the writing and design of marketing and communication programs and print, visual and audio materials.

IMMUNIZATION REGISTRIES

The California Statewide Immunization Information Systems (SIIS) website, www.ca-siis.org, is the place to go for information on California's immunization registries. It's worth visiting the site periodically to get the latest news, program updates, and registry-related materials. Recent updates include important items for immunization registry staff and stakeholders across the state:

- The latest edition of the SIIS messaging newsletter
- SIIS strategic plan activities
- Information from the November 30, 2006 SIIS Conference
- Implementation of the PROW Standards of Excellence after Hurricane Katrina

New and revised materials for health care providers include:

- Is Your Registry Workflow All it Could Be? (IMM-861)
- How an Immunization Registry Benefits Your Practice (IMM-721, revised 2006)

IZ COALITION ACTIVITIES

New C3I Executive Director

California Coalition for Childhood Immunization (C3I) is pleased to welcome new Executive Director, Catherine Martin. Catherine most recently served as the Program Manager of the Childhood Immunization Registry Partnership linking providers in Fresno, Madera and Kings Counties to the Central Valley Immunization Information System (CVIIS). Catherine has extensive professional experience in immunization and health promotion, non-profit organization management, and local coalitions. She can be reached at (916) 447-7063 ext. 333 or CMartin@communitycouncil.org. We welcome her to this important role!

Celebrate NIIW/TIM 2007!

Coalitions and local health departments across California are preparing for another successful and fun National Infant Immunization Week (April 21-28) and Toddler Immunization Month (May). NIIW/TIM is an annual campaign emphasizing the need to fully immunize children age 2 and younger against 14 vaccine-preventable diseases.

This year we are celebrating that California is at or near all-time high vaccination coverage levels with our theme, "Up-to-date? Celebrate!" Communities throughout the state will participate in outreach events to raise awareness about the importance of childhood immunizations. For more information about NIIW/TIM, please contact Jana Stone at JStone2@dhs.ca.gov or visit the California Coalition for Childhood Immunization (C3I) website at www.immunizeca.org.

7th CA Adult IZ Summit

The California Adult Immunization Coalition (CAIC) will host a summit on Monday, April 30, 2007 at the California Endowment's Center for Healthy Communities in Downtown Los Angeles. The full-day event will feature presentations and discussions on adult immunization issues and practices. Representatives from public and private sector health organizations involved or interested in learning are invited to attend. Registration information and materials are available on the CAIC website at www.immunizecaadults.org.

