

miniupdate

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

April 17, 2006

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.



National Infant Immunization Week and Toddler Immunization Month 2006

The preparations for NIIW 2006 are underway with health departments and coalitions. The theme of this year's National Infant Immunization Week, which runs from April 22 through 29, is "Community Immunity." The California Coalition for Childhood Immunization (C3I) has partnered with the California Department of Health Services Immunization Branch and the California Distance Learning Health Network (CDLHN) to lead this statewide effort.

There are currently 33 local coalition organizations throughout California participating in the effort to raise awareness about the importance of infant and toddler immunizations.

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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 February 28, 2006). For comparison, the numbers of cases reported in 2005 with onset in 2005 (as of February 28, 2005) are included. If you have any questions about this table, please contact Jennifer Myers at (510) 620-3848 or JMyers@dhs.ca.gov.

Pertussis: From January to February 2006, 102 cases of pertussis were reported in California with onset in 2006, resulting in an annualized incidence rate of 1.69 cases per 100,000 population. This is more than the 85 cases reported in 2005 for the same time period (January to February). Of the 102 cases reported this year, 23 (22.5%) were infants less than 12 months old. Race/ethnicity was specified for 77 out of 102 cases. Of these, 38 cases were White, non-Hispanic (49.4%), 34 were Hispanic (44.2%), 4 were Asian (5.2%), and 1 was African American (1.3%). One pertussis-related death in a baby under a month old was reported in Kern County in early January.

Measles: From January to February 2006, two laboratory-confirmed measles cases were reported. Both cases had recently traveled to India, although the cases are unrelated. The first case was a Santa Clara County college student with unknown vaccination history. Contacts of this case included several foreign students with unknown vaccination histories; Santa Clara County CD investigators tracked these contacts for the duration of their incubation periods to

ensure that no spread cases occurred. The second case was a Los Angeles County child with no measles vaccination who was hospitalized; L.A. County CD investigators are following up with contacts of this case.

In February, a confirmed measles case was reported in Boulder, Colorado. This case also had recently traveled to India and had spent a week on her return in Los Angeles County. This case did not result in any new infections in California, although there were California residents among her contacts. Vaccination status of the case and contacts are being investigated.

Haemophilus influenzae: In January 2006, one case of invasive *Haemophilus influenzae* type B (Hib) was reported in Orange County. This case was a 3-year-old child who had received three doses of Hib vaccine. This child was hospitalized for 12 days and required mechanical ventilation, but eventually recovered.

Mumps: From January to February 2006, four cases of mumps were reported in California with onset in 2006. This is comparable to the five cases reported in 2005 for the same period (January to February). Three of the four cases were adults; three cases were Hispanic, and one was White, non-Hispanic.

Hepatitis A: From January to February 2006, 42 cases of hepatitis A were reported in California in 2006, resulting in an annualized incidence rate of 0.70 cases per 100,000 population. This is an increase from 2005, when, for the same time period (January to February), 32 cases were reported. Most of this increase is due to a recent hepatitis A outbreak reported in Los Angeles County. Most

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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 2/28/2006)

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	1	0	0	0	1	0.23
Hepatitis A	0	6	36	0	42	0.70
Hepatitis B	0	0	4	0	4	0.07
Measles ³	1	0	1	0	2	0.03
Mumps	0	1	3	0	4	0.07
Polio	0	0	0	0	0	0.00
Pertussis	28	33	40	1	102	1.69
Rubella ³	0	0	0	0	0	0.00
Tetanus	0	0	0	0	0	0.00

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

of the statewide cases (85.7%) were reported in adults. Race/ethnicity was specified for 37 out of 42 cases. Of these, 19 cases were White, non-Hispanic (51.4%), 10 were Hispanic (27.0%), 4 were Asian (10.8%), and 9 were African American (24.3%).

Hepatitis B: From January to February 2006, four cases of hepatitis B were reported in California with onset in 2006, resulting in an annualized incidence rate of 0.07 cases per 100,000 population. This is a decrease from 2005, when, for the same time period (January to February), eight cases were reported. All reported cases were adults; one case was White, non-Hispanic, and three cases were Hispanic.

Other VPDs: As of February 28, 2006, for this report year, no confirmed cases of diphtheria, polio, rubella, congenital rubella syndrome (CRS), or tetanus have been reported to the Immunization Branch. No varicella deaths have been reported in this time period. A discussion of varicella outbreaks over the past two years follows.

Chicken Pox Outbreaks Are Keeping Health Departments Busy

Even with only partial reporting, more than 150 chicken pox outbreaks in children attending schools have been reported in California since January 2004. The characteristics of the outbreaks reported to DHS in 2004 and 2005 were similar, except that a higher proportion of cases in 2005 occurred in 10–19-year-olds.

Many of the children affected in these outbreaks have been vaccinated. Similar to other vaccine-preventable diseases, the proportion of chicken pox cases who have been vaccinated is expected to increase as vaccination coverage levels increase and total numbers of cases decrease. At the Antelope Valley surveillance project implemented by the Los Angeles Department of Health Services, 53% of the varicella cases reported in 2004 had been vaccinated.

Although varicella vaccine has shown substantial effectiveness against moderate and severe chicken pox, some vaccinated children will develop breakthrough disease caused by wild type virus. Chicken pox in vaccinated children is generally mild, consisting of fewer pox lesions that in some cases will appear like papular insect bites without vesicles. However, an estimated 1% to 5% of vaccinees who fail to respond to vaccination remain susceptible to full-blown chicken pox.

IMMUNIZATION SERVICES

ACIP Recommendations for Tdap for Health Care Workers

On March 2, 2006, the Advisory Committee on Immunization Practices (ACIP) released provisional recom-

mendations for health care personnel who work in hospitals or ambulatory care settings with direct patient contact. These personnel are to receive a single dose of Tdap as soon as feasible, if they have not previously received Tdap. Priority should be given to vaccination of health care personnel who have direct contact with infants aged <12 months. An interval as short as 2 years from the last dose of Td is recommended for the Tdap dose. Other health care personnel (i.e., those who do not work in hospitals or ambulatory care settings or who do not have direct patient contact) should receive a single dose of Tdap according to the routine recommendation and interval guidance for use of Tdap among adults. However, these personnel are encouraged to receive the Tdap dose at an interval as short as two years following the last Td. Hospitals and ambulatory care facilities can maximize vaccination rates through efforts such as requiring the Tdap booster as appropriate, education about the benefits of the Tdap booster, and providing Tdap at work, at no charge, and where it is most convenient to staff.

Rotavirus Vaccine Licensed in U.S.

The Advisory Committee on Immunization Practices (ACIP) recommended a newly licensed vaccine to protect against rotavirus, a viral infection that can cause severe diarrhea, vomiting, fever, and dehydration (gastroenteritis) in infants and young children. Further details on provisional recommendations and federal contract for Vaccines for Children Program (VFC) for rotavirus vaccine will be in the next UPDATE.

New Varicella Zoster Immune Globulin (VZIG) to Address Product Shortage

The only manufacturer of U.S.-licensed VZIG, Massachusetts Public Health Biologic Laboratories (Boston), has discontinued production of VZIG, which is indicated for patients in need of passive immunization to prevent severe varicella zoster infection. The supply of the licensed VZIG has essentially been depleted. However, an unlicensed VZIG product manufactured by Cangene Corporation (Winnipeg, Canada) is now available under an investigational new drug application (IND) protocol. This product may be requested through FFF Enterprises (Temecula, CA, telephone 1-800-843-7477) for individuals who have been exposed to varicella and who are at increased risk of complications from varicella.

For more information about investigation VZIG, visit the following websites:

- www.fda.gov/cber/infosheets/mphvzig020806.htm
- www.cdc.gov/mmwr/preview/mmwrhtml/mm55e224a1.htm
- www.fffenterprises.com/web_pages/varizig_protocol.html

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VACCINES FOR CHILDREN (VFC) PROGRAM

MMRV Now Available from the VFC Program

In February, VFC providers were notified of the addition of the new combined measles, mumps, rubella, and varicella (MMRV) vaccine to California's VFC formulary (IZB-FY 0506-14). MMRV vaccine is commercially known as ProQuad® (Merck). MMRV, like the monovalent varicella vaccine, **MUST BE STORED** in the FREEZER at 5° F or below. The reconstituted vaccine must be administered within 30 minutes or be discarded. The Immunization Branch strongly recommends freezer storage of all live vaccines (MMRV, varicella, and MMR) to prevent damaging varicella or MMRV through inadvertent refrigeration. There has always been the option of freezer or refrigerator storage for MMR. While MMR has traditionally been stored in the refrigerator, moving it to the freezer is appropriate and will free up refrigerator space needed for other vaccines.

VFC Annual Recertification: It's Time

The public sector recertification forms were sent to local health department clinic sites and other associated public providers last month and were due back April 3. Private sector providers received their annual recertification in early March; forms must be returned to the VFC program by April 30.

Recent VFC Mailings

The Immunization Branch continues to keep enrolled pediatricians and family practice doctors aware of new vaccines and updated recommendations from the Advisory Committee on Immunization Practices (ACIP). During the past two months, VFC providers received information about the new MMRV vaccine, Tdap and hepatitis A recommendations, and thimerosal law implications for flu vaccine orders. For additional copies of these memoranda, visit www.getimmunizedca.org or call the VFC program office at (877) 243-8832.

PROFESSIONAL INFORMATION AND EDUCATION

Everything Poster Revision

Enclosed in this edition of the **UPDATE** is the new 2006 Summary of Pediatric Immunization Recommendations (IMM-232), commonly known as the "Everything Poster." It includes the 2006 ACIP Recommended Childhood and Adolescent Immunization Schedule, along with other frequently requested tables and information. IZ Coordinators

can order the posters, as usual, at www.izcoordinator.org.

New Webcast Training on *Haemophilus influenzae* type b (Hib)

The National Immunization Program recently announced the release of a new Web-based training program entitled "You Call the Shots." The fourth in a series, this latest module, titled "*Haemophilus influenzae* type b (Hib)," discusses characteristics of Hib-related diseases, the Hib vaccine, and recommendations for vaccine use. The "You Call the Shots" series is a self-paced interactive study course intended for introductory training of health care professionals who provide immunizations. The series can serve as a refresher for more seasoned immunization providers. Earlier modules are available on demand, including "Understanding the Basics: General Recommendations on Immunization," "Diphtheria, Tetanus, and Pertussis," and "Polio."

The course is available free on the National Immunization Program website at www.cdc.gov/nip/ed/youcalltheshots.htm. Continuing education credits will be provided.

CDC Schedules Live Courses for Fall

The live version of CDC's Epidemiology and Prevention of Vaccine Preventable Diseases course will be hosted by the Immunization Branch in Concord on November 13 and 14, and in Torrance on November 16 and 17. Previously, the Northern California course was located in Sacramento, but this year we are offering the course in Concord. Additional information about the course will be available on the Immunization Branch website and the CDC NIP website. Enclosed in this **UPDATE** is a registration form. A \$40 nonrefundable fee is required to confirm your registration. For questions, please contact Myan Nguyen at MNgyuen2@dhs.ca.gov or (510) 620-3739.

PUBLIC INFORMATION AND EDUCATION

Revised Pertussis Flyer Now Available

The bilingual flyer, "What Should Parents Know about Whooping Cough" (IMM-817 ES), has been revised and includes a recommendation for parents and other family members to get the new Tdap vaccine to protect themselves from pertussis. The flyer is suitable for providing to parents or posting in exam and waiting rooms. A copy is enclosed in this **UPDATE** and can also be downloaded from www.getimmunizedca.org.

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It's Time to Vaccinate Before You Graduate!

We're proud to be partnering with the California School Nurses Organization (CSNO) again this year for the "Vaccinate Before You Graduate" campaign. This reminds parents about immunizations for high school seniors. Although not required, we are also recommending that seniors get the new Tdap and meningococcal conjugate immunizations to protect themselves against pertussis and meningococcal disease. A copy of the student flyer for this campaign will be included in this  UPDATE.

Revised Meningococcal College Informing Flyer Now Available

The meningococcal college informing flyer, "Off to College?" (IMM-688), has been revised and includes a recommendation for college freshmen living in dorms to get the new meningococcal conjugate vaccine to protect themselves from meningococcal disease. We will start alerting colleges this spring that the new version is available online for them to download and print. A copy is enclosed in this  UPDATE and can also be downloaded from www.getimmunizedca.org.

New "Check Your Vial" Flyer Now Available

With the alphabet soup of available DTP preparations, it could be easy to pick the wrong vial. We have received reports of inadvertent administration of Tdap instead of DTaP to children younger than 7. Enclosed in this  UPDATE is a copy of the new vial mix-up flyer, "Check Your Vials: Is it Tdap, DTaP, or Td?" (IMM-508), designed to teach staff double check the vial they are using.

INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

New Recommendations: Flu and Health Care Workers

The Advisory Committee on Immunization Practices (ACIP) has new recommendations on influenza vaccination for health care workers (HCW). Briefly, they recommend education and free access at the workplace. They also recommend collecting signed declinations from HCW's who do not accept vaccination, as well as tracking health care worker vaccinations as part of patient safety. These new recommendations will be a big part of our fall flu campaign, which will continue to have health care workers as a priority vaccination population. The full report is available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm.

PANDEMIC AND BT PREPAREDNESS

Upcoming Satellite Broadcast and Tabletop Exercise on Public Health Law

A 90-minute broadcast on June 8, "Pandemic Influenza and Public Health Law," will introduce the new "Health Officer Guide for Communicable Disease Control in California." It will include highlights from the California Conference of Local Health Officers' (CCLHO) April 2006 meeting on public health law. The tabletop exercise will be based on the broadcast and will provide opportunities to practice what was learned using potential real-world pandemic flu scenarios.

The Immunization Branch is partnering with CCLHO and the California Distance Learning Health Network (CDLHN) to produce the broadcast.

Health departments can register now as a downlink site at www.cdlnh.com. Participant registration (for continuing education credit) will be online at CDLHN in May.

Please see the enclosed  postcard for more information about the June 8 broadcast and tabletop exercise.

California-Los Angeles Joint Pandemic Influenza Preparedness Summit

As H5N1 avian influenza continues to spread throughout Asia, Europe, Africa, and the Middle East, the California Department of Health Services partnered with Los Angeles County to present "California and Los Angeles Prepare," a half-day summit that will address readiness for pandemic influenza. Hosted jointly by Gov. Arnold Schwarzenegger, the Los Angeles County Board of Supervisors, and the U.S. Department of Health and Human Services, the event was designed to inform and engage California leaders in business, education, local government, health care, social services, and other sectors to better prepare and respond to the impacts an influenza pandemic will have for California.

"California and Los Angeles Prepare" was broadcast live via satellite to local health departments and partner agencies throughout California. It has been archived for continued future viewing on the Governor's website at www.governor.ca.gov. Additional information including fact sheets can be found at www.pandemicflu.gov.

Immunization Branch Continues to Prepare for Avian Influenza (Bird flu)

During the period from February through the end of March 2006, avian influenza H5N1 has been discovered in poultry flocks and migratory birds in more than 17 new countries. As of March 24, 2006, avian influenza H5N1 has not entered the United States, nor has the virus acquired the ability to pass from human to human easily. The current human death toll has exceeded 100 and for those infected

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the case fatality rate remains greater than 50%. The virus appears to cause illness and death by preferentially attacking cells of the lower respiratory tract leading to rapid respiratory failure. An H5N1 influenza vaccine is still undergoing clinical trials and not yet available to the public in the U.S. Health and Human Services has purchased an additional 12.4 million courses of oseltamivir (Tamiflu) and has added 1.75 million treatment courses of zanamivir (Relenza) to the strategic national stockpile.

CDHS Immunization Branch continues to support and coordinate several preparedness efforts thorough outreach to partners and stakeholders. These activities include tracking and responding to inquiries and feedback about the draft CDHS Pandemic Influenza Preparedness and Response Plan. To date there have been nearly 50,000 visits either via the CDHS and Immunization Branch websites to view the pandemic influenza plan. Input about the CDHS draft plan received from the website and other sources is being considered for the final version of the plan anticipated due out late spring 2006.

IZ COALITION ACTIVITIES

CA Adult Vaccine Summit on May 1

The theme of the Sixth Annual California Adult Immunization Summit will be "Influenza and Much More: New Immunizations and New Strategies." The summit will be on Monday, May 1, 2006 at the Elihu Harris State Building in Oakland, CA. The full-day Summit will feature keynote and plenary presentations by Dr. Litjen Tan, Director Infectious Diseases, Immunology, and Molecular Medicine, at the American Medical Association, Dr. Raymond Strikas, Associate Director for Adult Immunization at CDC, Dr. Robert Frenck from UCLA School of Medicine's Center for Vaccine Research, along with our Branch Chief Dr. Howard Backer. All representatives of public and private sector health care organizations involved in influenza and adult immunization programs are invited to attend. The Summit is sponsored by the California Adult Immunization Coalition (CAIC) and registration information can be found on their website at www.immunizecaadults.org.

Don't Miss the C3I Annual Meeting, May 11

On Thursday, May 11, 2006, The California Coalition for Childhood Immunization (C3I) will hold its annual meeting and 11th Anniversary celebration in San Jose at the Wyndham Hotel from 8:30-4pm. California immunization coalitions are encouraged to send a representative to the meeting. This is the only statewide opportunity to bring local coalitions and partners across the state together. The Natalie J. Smith Memorial Immunization Champion Award will be presented for the third year to a person or organization with outstanding contributions in immunizations.

Media Spots for NIIW/TIM '06

On behalf of local immunization coalitions across the state, the California Coalition for Childhood Immunization (C3I), with help from the California Distance Learning Health Network (CDLHN), has organized a statewide media campaign for National Infant Immunization Week and Toddler Immunization Month (NIIW/TIM) 2006. On March 21, sixteen of California's African American newspapers will run "Grandma Ad" advertisements and from March 17-30, thirty second "Dos y Dos" immunization radio spots will be broadcast by fifteen Spanish-language radio stations. Keep an eye and ear out for both!