

miniupdate

IMMUNIZATION BRANCH • DEPARTMENT OF HEALTH SERVICES • 2151 BERKELEY WAY • BERKELEY, CA 94704 (510) 540-2067 • www.dhs.ca.gov/ps/dcdc/izgroup

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

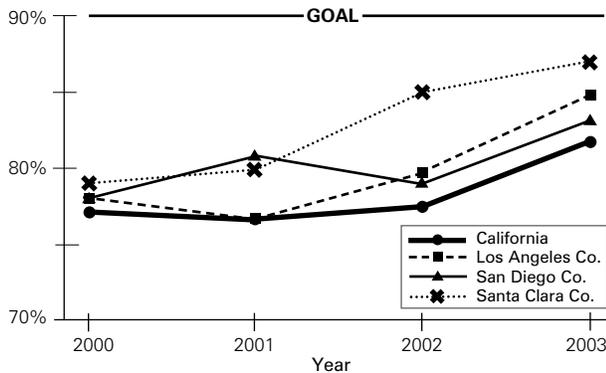
August 10, 2004

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.

Figure 1: Estimated Immunization Coverage, Children 19-35 Months of Age, Completed 4:3:1 Vaccine Series, California 2000-2003



Source: National Immunization Survey, 2000-2003
Prepared by California Dept. of Health Services, Immunization Branch

We're All Making Progress!

The results of the 2003 National Immunization Survey (NIS) indicate that immunization coverage levels in California's young children are continuing to rise. Coverage levels for all measured immunization series for the state as a whole, as well as for the three California Immunization Action Plan (IAP) areas (Los Angeles, San Diego, and Santa Clara counties) are statistically equivalent to the national rates.

Figure 1 shows the recent trend in the 4:3:1 vaccine series for California and the IAPs. For the first time this year, all 4:3:1 rates are over 80%!

All data are available on the National Immunization Program website at www.cdc.gov/nip/coverage. Further analysis of the California NIS data including ethnic disparities will be included in the October UPDATE.

TABLE OF CONTENTS

Disease Activity and Surveillance.....	1
Assessment Activity.....	3
Immunization Services.....	3
Vaccines for Children (VFC) Program.....	3
Professional Information and Education.....	3
Public Information and Education.....	4
Influenza and Pneumococcal Activities.....	4
Smallpox and BT Preparedness.....	5
Immunization Registries.....	5
IZ Coalition Activities.....	5

DISEASE ACTIVITY AND SURVEILLANCE

The surveillance data reviewed in this section are reported in Table 1 on the next page. The table includes provision-

Continued on page 2...

al number of cases of CRS, Hib, Hepatitis A, Hepatitis B, measles, pertussis, rubella, and tetanus reported in 2004 with onset in 2004 (as of June 30, 2004). For comparison, the number of cases reported in 2003 with onset as of June 30, 2003 is included. If you have any questions about this table, please contact Rina Shaikh by telephone: (510) 540-2069 or by email: rshaikh@dhs.ca.gov.

Pertussis: From January to June 2004, 222 cases of pertussis were reported with onset in 2004, resulting in an annualized incidence rate of 1.21 cases per 100,000 population. For the same time period in 2003, 343 cases were reported in California. Thirty-six percent (80 cases) of the 2004 cases were infants <1 year of age. Forty-six percent (103 cases) were White, 30% (66 cases) were Hispanic, 2% (5 cases) were African-American, 0.5% (1 case) was Asian/Pacific Islander, and the remaining 22% (47 cases) were of other or unknown race/ethnicity. One pertussis death was reported during this time, which was described in the June 2004 Immunization UPDATE.

Measles: From January to June 2004, six cases of measles were reported, and all but two of them were imported cases or linked to imported cases. The most recent case was a Los Angeles County man with travel history to Thailand. The patient remembered vaccination during childhood, but had no documented record.

Haemophilus influenzae, type B: From January to June 2004, one case of H. flu, type B was reported in an adult. This case was described in the April 2004 Immunization UPDATE.

Tetanus: From January to June 2004, three tetanus cases were reported. All three were in adults, one male and two females from Los Angeles, Sonoma, and Tulare Counties. One case had injection drug use (IDU) history, one had

acute wound history, and investigation for the third case is underway at the local health department.

Hepatitis A: From January to June 2004, 356 cases of Hepatitis A were reported with onset in 2004, resulting in an annualized incidence of 1.94 cases per 100,000 population. For the same time period in 2003, 484 cases were reported. The majority (81%) of the 2004 cases were adults. Thirty-one percent (109 cases) were White, 24% (87 cases) were Hispanic, 7% (26 cases) were Asian/Pacific Islander, 3% (11 cases) were African-American, and the remaining 35% (123 cases) were of other or unknown race/ethnicity.

Hepatitis B: From January to June 2004, 205 cases were reported with onset in 2004, resulting in an annualized incidence of 1.68 cases per 100,000 population. For the same time period in 2003, 314 cases were reported. Three cases were under 19 years of age. Investigations for these three cases are still in progress at the local level and we will report details as they become available. Of all 2004 cases, 31% (64 cases) were White, 17% (35 cases) were Hispanic, 7% (14 cases) were Asian/Pacific Islander, 9% (18 cases) were African-American, and the remaining 36% (74 cases) were of other or unknown race/ethnicity.

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

Reporting of Hospitalized Varicella Cases

This is our first summary of hospitalized varicella cases in California. In 2003, after consultation with the California

Continued on page 3...

Table 1: Reported Cases with Onset in 2004, by Age Group and Incidence of Selected Vaccine Preventable Diseases, California, 2004 (Provisional – as of 6/30/04)

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
H. influenzae, type B (Hib) ²	0	0	1	0	1	0.01
Hepatitis A	15	53	287	1	356	1.94
Hepatitis B	0	3	202	0	205	1.11
Measles ³	2	1	3	0	6	0.03
Pertussis	99	70	53	0	222	1.21
Rubella ³	0	0	0	0	0	0.00
Tetanus	0	0	3	0	3	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

Conference of Local Health Officers (CCLHO) Disease Control and Prevention Committee, the Immunization Branch recommended that local health departments implement case-based surveillance for hospitalized varicella cases. This recommendation partially supports the implementation of the CDC/CSTE recommendation for case-based varicella surveillance.

During the 12-month period (July 2003-July 2004), 11 local health departments reported 27 hospitalized varicella cases. The median age of a hospitalized case was 22 years of age (range 3 months to 69 years). Over half (59%) of the cases were male; 48% were Hispanic and 24% were white, non-Hispanic. Sixty percent of the cases were hospitalized for complications of pneumonia and encephalitis and two of the cases were pregnant. Three of the cases with known vaccine status had been immunized and six of the cases were known to be immunocompromised. The majority of cases whose source of infection was known were exposed at home (7 cases); two cases were exposed in correctional facilities (two different facilities); one case was exposed at a facility for developmentally disabled persons; and one case may have been exposed at school. The source of infection was unknown or not stated for 59% of the cases.

These data demonstrate that severe cases of varicella continue to occur despite the availability of varicella vaccine since 1995. For more information about reporting of hospitalized varicella cases, please contact Celia Woodfill at 510-540-2065 or CWoodfil@dhs.ca.gov.

ASSESSMENT ACTIVITY

2004 Selective Review Results

The annual Selective Review conducted each spring provides information on compliance with the California School Immunization Law. This year's Selective Review was conducted in a randomly selected sample of approximately 2-5% of California's child care facilities and schools. Local health departments visited 186 child care facilities, 224 schools with kindergartens, and 196 schools with seventh grades.

Immunization coverage for each vaccine was above 95% for all children, except for hepatitis B among seventh grade students, which was 92.7%. Over 90% of children in the assessed child care facilities had received all required immunizations, while 92.7% of kindergarteners and 89.5% of seventh graders had received all required immunizations.

IMMUNIZATION SERVICES

Increasing Supplies of Pneumococcal Conjugate Vaccine Are Available

Updated recommendations were issued by CDC and the Advisory Committee on Immunization Practices (ACIP) advising providers to routinely use a 3-dose schedule of the vaccine. The fourth dose should still be deferred for healthy children until further notice. CDC also recommends a catch-up dose for children who missed the third dose. The full 4-dose series should continue to be administered to children at increased risk for pneumococcal disease (e.g., those with sickle cell disease, anatomic asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, and cochlear implant). For additional information please refer to the MMWR report (7/9/04) on the CDC website.

VACCINES FOR CHILDREN (VFC) PROGRAM

Vaccines For Children (VFC) Evaluation

During 2003, VFC staff conducted 1136 visits to 1108 VFC provider sites in California, representing almost one third (32.4%) of the 3419 VFC private sector provider sites. Local health department immunization personnel performed 233 (18.8%) of these office evaluations during 2003, and the balance were conducted by VFC field staff. Because large practices were targeted during the early years of the VFC program, most of the practices visited in 2003 were small family practices, and 28% were pediatric practices. These provider sites had a median of 2 practitioners (MD, NP, PA) and 2 support staff (RN, LVN, MA).

PROFESSIONAL INFORMATION AND EDUCATION

CDC's 2004 Annual IZ Update by Satellite

Register now for CDC's 2004 Annual Immunization Update broadcast which is scheduled for August 19, airing twice, at 6:00 am – 8:30 am PT and 9:00am – 11:30 am PT. This broadcast, presented by Bill Atkinson, MD, promises to offer the latest information on immunization. A postcard with more information is attached to this  UPDATE.

More on page 4...

CDC/CDHS Vaccine Preventable Disease Courses

The 2004 CDC/CDHS annual Epidemiology and Prevention of Vaccine-Preventable Diseases live 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 presented by staff of the National Immunization Program. Courses fill quickly, so mail in your registration early. The cost is \$40 and CME is available. For registration forms, or questions, please contact Sandra Jo Hammer at (510) 540-2198 or e-mail SHammer@dhs.ca.gov

PUBLIC INFORMATION AND EDUCATION

National Immunization Awareness Month

August is National Immunization Awareness Month (NIAM) and a time to promote immunization awareness for those returning to school. Information and resources can be obtained from the National Partnership for Immunization (NPI) website at www.partnersforimmunization.org. Flyers, brochures, and media alerts can all be used to remind parents and seniors that timely immunizations are one of the most effective ways of preventing vaccine preventable diseases.

INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

Health Care Worker (HCW) Flu Shot Flyer/Cling-On

The theme of the IZ Branch communications to health care workers is "protect yourself, protect your family, protect your patients." The June UPDATE contained information on the IZ Branch promotion of the flu shots for health care workers. A laser copy of the HCW Flu Shot Static Cling (IMM-800) and the HCW flyer (IMM-801 Spanish/English) is included in this UPDATE. Printed copies will be available in late August. Contact Maureen Rafferty at (510) 540-3677 or MRaffer1@dhs.ca.gov for more information.

Two New Online Health Care Worker Immunization Toolkits

Two national organizations recently published online toolkits to support initiatives by employers and other organizations to increase flu immunization rates in health care workers. The Association for Professionals in Infection Control

(APIC) and the National Foundation for Infectious Disease (NFID) both offer a wealth of materials ranging from case studies that illustrate best employer practices to sample employee education materials. To access APIC's toolkit go to <http://66.11.193.197/Content.html> and for NFID's go to www.nfid.org/publications/hcwmonograph.pdf.

New Influenza Vaccine Information Statement (VIS) Translations

New inactivated trivalent influenza VIS translations are available in ten additional languages: Cambodian, Chinese, French, Hmong, Ilokano, Korean, Tagalog, Thai, Turkish, and Vietnamese. For information about the use of the VIS and for VISs in a total of 31 languages visit www.immunize.org/vis.

All Pregnant Women Need A Flu Shot

This year CDC recommends that all pregnant women be immunized against influenza because of their increased risk for influenza-related complications. Immunization can occur in any trimester. The IZ Branch is developing a cling-on (IMM-809) and English/Spanish flyer (IMM-809S) to increase awareness and prompt pregnant women to get a flu shot. The copy for these materials is included in this UPDATE. We anticipate printed supplies will be available towards the end of August through your local health department.

Reminder to Plan Now for Expanded Pediatric Immunization This Fall

The new ACIP recommendations, in combination with heightened public concern over the 2003-04 influenza season, will increase demand for pediatric influenza vaccine this autumn. To help meet the greater demand, Boston University School of Medicine is sponsoring webcasts and teleconferences to provide pediatric providers with a better understanding of who should be immunized. Information will include specific recommendations for timing, dosage and vaccine types. CME credit is available and you can participate via the web or the telephone. To register go to www.conferencesseek.com/pediatricflu or phone (866) 330-7335.

Planned Pilot of FluMist® in Sacramento Elementary Schools

Sacramento County will provide FluMist® to children 12 years old and younger with prior parental approval. MedImmune will be providing 500 doses to several low-income elementary schools that had to close down last year due to absenteeism. For more information contact Dr. Glennah Trochet at (916) 875-5881 or TRochetg@SacCounty.net.

More on page 5...

Influenza and Pneumococcal Coverage in Adults

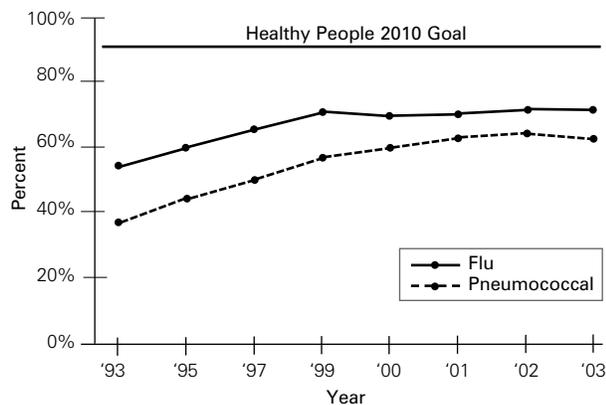
Flu and pneumonia are severe diseases that disproportionately affect persons over 65. With effective vaccines available, monitoring immunization coverage in this high risk population is critical. In 2003, information regarding flu and pneumococcal immunization coverage was collected from the Behavioral Risk Factor Surveillance System (BRFSS). The survey contained five questions related to immunizations.

A total of 880 Californians over the age of 65 responded to the survey. 72% of the respondents reported having received a flu shot in the past 12 months while 65% reporting having ever received a pneumococcal immunization. These coverage levels show no improvement from the previous year as shown in Figure 2. When looking at individuals under the age of 65 who reported being diagnosed with diabetes, 42% reported having a flu shot in the past twelve months and 30% reported having ever received a pneumococcal shot. Flu immunization coverage is even lower (33%) in respondents under the age of 65 who reported having asthma.

For this population the most common place to obtain a flu shot was a doctor's office (59%), followed by mobile health unit (19%), senior/health center (10%), store(9%) and hospital or emergency room (9%). Among respondents who did not receive a flu shot, the most common reasons for not receiving were not recognizing one's own risk (31%) and medical reasons (26%).

Continued efforts to improve flu and pneumococcal immunization coverage are needed to reach the Healthy People 2010 goals of 90%.

Figure 2: Flu and Pneumococcal Immunizations Coverage in 65+ Population, California 1993-2003



Source: Behavioral Risk Factor Surveillance System, 1993-2003
Prepared by California Dept. of Health Services, Immunization Branch

SMALLPOX AND BT PREPAREDNESS

Emergency Preparedness CD-ROM Available

Emergency Medical Services Authority (EMSA) of California developed a CD-ROM on Chemical, Biological, Radiological, Nuclear and Explosives (CBRNE) designed to help first responders and healthcare providers prepare for natural and man-made emergencies. The CD-ROM provides information applicable for healthcare providers, administrators and support personnel in hospitals, clinics and local health departments. It includes an overview of the different agents or threats, along with a discussion on safety and preparedness. The format is interactive, user-friendly and designed for all learners, from beginner planners to more experienced bioterrorism coordinators in the local health departments. EMSA will provide free copies of the CD-ROM to healthcare providers in California. For additional information, email EMSA at CBRNE@emsa.ca.gov.

IMMUNIZATION REGISTRIES

October 2004 Registry Conference in Atlanta

It's time to register for the 2004 Immunization Registry Conference, to be held October 18-20 in Atlanta, GA. This year's conference theme will be "Healthier Lives Through Sharing Information." This annual conference brings together registry staff and stakeholders from all regions of the US to share best practices, promote support for registries, and advance registry development across the 50 states. The "early bird" registration deadline is August 20. For more information on this conference go to www.cdc.gov/nip/registry/irc or call (404) 639-8225.

IZ COALITION ACTIVITIES

Health Care Worker Initiatives By Local Coalitions

Several immunization coalitions have a special emphasis this year on increasing flu coverage rates for healthcare workers. The San Diego Immunization Initiative (I-3) is planning to promote several "Vaccinate Your Staff" contests for public and private providers. All private providers

Continued on page 6...

currently participating in I-3's Immunization Management Consultancy program, will be invited to participate in a contest to get their staff fully immunized against influenza by the end of November. The contest also includes an "Innovative Strategies" segment which will recognize creative approaches used to raise coverage. One of I-3's partner coalitions, Community Health Improvement Partners (CHIP) is working with the local hospital association and the County Medical Society to promote a parallel competition among hospitals.

The San Francisco Immunization Coalition (SFIC) is also focusing efforts on increasing immunizations of health care workers. They have gathered baseline coverage data for four hospitals and are working to foster friendly competition and innovative strategies to increase coverage.

In Sacramento, the Northern California Partnership for Influenza Prevention is working with all local hospital systems to get the medical community immunized. They will be doing a mailing to all physicians disseminating a "Who To Immunize" reference card that will highlight health care providers

IZ Coalition Conference in September

The Sixth National Conference on Immunization Coalitions: Chart Your Course for Norfolk will take place September 20-22, 2004 in Norfolk, Virginia. To learn more about the conference go to www.cme.hsc.usf.edu/coph/immcoal/.

Update Now Available by E-Mail:

If you would like to receive an electronic copy of Update, we can now email Update as an Adobe Acrobat pdf file. To get on our email list, please send an email to izupdate@dhs.ca.gov. Please indicate whether you would like to still receive the mailed version as well.