

miniupdate

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

February 10, 2003

FROM: John L. Dunajski, 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.

2003 NIIW "Lungs Event" Bib Costume



See article on 2003 NIIW Campaign on page 6.

California's Perinatal Hep B Program Wins Two (2!) National Awards!

At the National Hepatitis Coordinators Conference sponsored by CDC in January, California's perinatal hepatitis B program picked up two awards. The first was for substantial improvement by a large state in identification of births to HBsAg positive women (an 11% increase). The second award was for substantial improvement by a large state in the post-vaccination testing rate for infants (an 8% increase).

DISEASE ACTIVITY AND SURVEILLANCE

HIGHLIGHTS

- Year Review of VPD Cases
- 2002 Child Care Assessment Results: All Antigens 95% or Higher
- 2003 Recommended Childhood - and Adolescent - Immunization Schedule
- DTaP/IPV/Hep B Combination Pediatrrix® Licensed
- Smallpox Vaccination Programs Getting Started

Pertussis: Between January and December, 2002, 1,139 cases of pertussis were reported by local health departments. To date, only 706 of these cases have been closed (e.g., the case report has been completed by the local health department and entered into the Immunization Branch VPD database). This is a substantial increase from 2001 when 706 cases were reported for the year. The following counties experienced large increases in pertussis activity in 2002 in comparison with 2001:

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Alameda, Fresno, Los Angeles, Orange, Riverside, Sacramento, San Diego, Santa Clara, and Yolo.

Thirty-four percent of the 1,139 cases reported in 2002 were ≤ 3 months of age. Children 0-4 years old represented 50% of all reported cases and adults ≥ 18 years of age accounted for 24% of all reported cases. Most of the cases in infants were Hispanic (59%) or White, non-Hispanic (31%). Five pertussis deaths were reported in 2002. All five were ≤ 2 months of age when they became ill. Three of the cases were Hispanic, one was African American and one was White, non-Hispanic.

Measles: No new cases of measles were reported since July 2002. A total of five cases were reported in 2002. This is dramatically lower than the 40 cases reported in 2001. Nationally, there also were fewer cases of measles reported in 2002 than in 2001.

In February 2002, a small outbreak of measles occurred in a Southern California hospital. It involved a 10-year-old from Orange County who was hospitalized and two employees at the same hospital. Rash onsets of the three cases occurred within a few days of each other, indicating that all three cases were exposed at the same time. No source case was identified.

In July/August, two cases of measles were reported in adult brothers in San Francisco. Neither case had written documentation of measles immunization, although they reported having received all their childhood immunizations. No source was identified for the first case; there was no history of travel or contact with international visitors. Several local county health departments in the Bay Area were involved in follow-up of contacts. Due to their efforts, no further spread cases occurred among contacts of either brother.

It appears that measles may no longer be endemic in California and that the level of population immunity is high. Sustaining high levels of immunization and early detection of cases are important in limiting the indigenous spread of measles from imported cases and preventing measles from becoming re-established as an endemic disease in California.

Haemophilus influenzae, type b (Hib): Seven cases of *Haemophilus influenzae*, type b (Hib) were reported in California in 2002. Five of the cases were \leq one year of age, one case was 3 years old and another was 6 years old. One case who was only one month old died. Only two cases were adequately immunized. Specimens from these two cases were sent to CDC for further testing. Hib is reportable only for cases 30 years of age and under.

Tetanus: Seven cases of tetanus were reported in 2002. Four cases were adult intravenous drug users with unknown immunization status. Two other cases who had not been immunized in the past 10 years developed tetanus after receiving acute puncture wounds and a third case who did not recall receiving any tetanus immunizations fell from a ladder. None of the cases died.

Rubella: A total of six rubella cases were reported in 2002. Three of the cases occurred in adults and three in children. Two of the adults had traveled – one to Europe and one to the Philippines – before becoming ill. (Information about the 3 cases occurring in children was not available at the time of this report and is not included in table 1). No cases of Congenital Rubella Syndrome were reported in 2002.

Hepatitis A: A total of 1,432 cases of hepatitis A were reported in 2002, significantly less than the 6,806 cases

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Table 1: Reported Cases by Age Group and Incidence of Selected Vaccine Preventable Diseases California, 2002 (Provisional¹ – as of 12/31/02)

DISEASE	Age Groups ²			All Ages ³	
	0-4 yrs	5-17 yrs	18+ yrs	Cases	Rate ⁴
Congenital Rubella Syndrome	0	0	0	0	0.0
<i>H. influenzae</i> , type B (Hib) ⁵	6	1	0	7	0.0
Hepatitis A	31	251	1150	1432	4.0
Hepatitis B	0	5	586	591	1.7
Measles ⁶	0	1	4	5	0.0
Pertussis ⁷	394	153	159	706	2.0
Rubella ⁶	0	0	3	3	0.0
Tetanus	0	0	7	7	0.0

¹ Cases by date of report, not of onset

² Does **not** include cases with unknown age

³ Includes cases with unknown age

⁴ Incidence Rate = cases/100,000 population

⁵ *H. influenzae* is reportable only for cases 30 years of age and under

⁶ Confirmed cases only

⁷ Closed cases only (probable and confirmed)

Prepared by California Department of Health Services, Immunization Branch

reported in 1995 when hepatitis A vaccine was licensed. Disease rates have been declining in all racial/ethnic groups. Historically, the highest rates of disease have been among Hispanic persons under 19 years. By 2002, hepatitis A incidence in Hispanics <19 years of age had declined to 5 cases per 100,000 in contrast to 40 cases per 100,000 reported in 1995. Hepatitis A incidence among Hispanic persons <19 years of age is still higher than among other racial/ethnic groups.

Until recently, the reported incidence of hepatitis A was higher among persons under 19 years of age than among persons over 18 years of age. In 1995, hepatitis A incidence in persons under 19 years of age was 28 cases per 100,000 and by 2002 it had dropped to 3 cases per 100,000. In 1995, hepatitis A incidence in adults was 18 cases per 100,000 and by 2002 it had dropped to 4 cases per 100,000.

Hepatitis B: A total of 591 cases of hepatitis B were reported in 2002 compared with 854 cases reported in 2001. Since 1991, when California began implementing the comprehensive hepatitis B immunization strategy proposed by the ACIP to eliminate hepatitis B virus transmission, hepatitis B incidence decreased across all age and racial/ethnic groups.

In 2002, only eleven cases of acute hepatitis B were reported among persons <19 years of age. All of these cases were ≥16 years of age and had not been affected by school entry hepatitis B immunization requirements.

ASSESSMENT ACTIVITY

The Immunization Branch and local health departments conduct school assessments each fall to monitor compliance with California school immunization law. Assessments are performed at licensed child care/Head Start centers, kindergartens, and seventh grade schools. Each September, assessment forms are sent out to California schools and child care centers for completion by staff.

2002 Child Care Assessment Results: All Antigens 95% or Higher

The child care immunization assessment results show that 94.3% of the 445,007 two- to five-year-olds enrolled in reporting child care centers are adequately immunized. This year, the percent of children with permanent medical exemptions (PMEs) or personal beliefs exemptions (PBEs) are 0.2% and 0.3%, respectively, the same as last year. The coverage level for varicella vaccine is high at 95.6%. All other single antigen coverage levels are higher than 95% and are comparable to previous years.

Fall 2002 Kindergarten Assessment Results: Varicella Exceeds 98%

This year's immunization assessment showed the percent of kindergarten students with all immunizations required for kindergarten entry (3 or more doses of polio, 4 or more doses of DTP, 1 or more doses of MMR, 3 doses of hepatitis B, and 1 dose of varicella) is 92.3%, slightly higher than the coverage level last year. All individual antigen coverage levels exceed 96%. The coverage level for varicella vaccine (one dose of varicella vaccine or physician documented disease and/or immunity) is higher than last year, at 98.3%; it has only been a requirement since 2001. The fourth dose of DTP has the lowest coverage level among individual antigens; this is a continual trend from previous years.

This year, 0.15% and 1.11% of kindergarten students had permanent medical exemptions (PME) and personal beliefs exemptions (PBE), respectively. We are pleased to note the percentage of children with PBEs is lower than last year.

Fall 2002 Seventh Grade Assessment Results

The results of this year's seventh grade immunization assessment show that the percent of students adequately immunized jumped 4.1% this year. Seventy-four percent of students received all of the required immunizations (hepatitis B series and two doses of MMR).

Individual hepatitis B and MMR coverage rates were slightly higher than last year; 77.1% and 95.7% of students have been immunized for hepatitis B and MMR respectively.

This year, the percent of permanent medical exemptions (PME) stayed the same while the percent of personal beliefs exemptions (PBE) dropped slightly.

IMMUNIZATION SERVICES

2003 Recommended Childhood – and Adolescent – Immunization Schedule

Attached with this  UPDATE is a copy of the ACIP/AAP/AAFP's "Recommended Childhood and Adolescent Immunization Schedule – United States, 2003." Among the changes in the 2003 schedule:

- Addition of "catch-up schedules" for 4-month- to 6-year-olds and for 7-18-year-olds who are behind on immunizations.
- A "preference" for administering the first hepatitis B vaccine dose soon after birth to infants of HBsAg-NEGATIVE mothers, even if this may result in some

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- of these infants (e.g., those given COMVAX®) ultimately receiving a total of 4 doses of hepatitis B vaccine.
- Encouragement of influenza immunization in the fall for healthy 6-23-month-olds when feasible. (Influenza immunization of high-risk infants and children aged 6 months and older is already recommended.)
 - Elimination of a footnote on polio vaccine (footnote deemed no longer needed).
 - Recommendation for continued deferral of some pneumococcal conjugate vaccine (PCV) doses for healthy infants and young children while the PCV shortage continues.
 - Extension of the recommended age range for receipt of the Td booster to age 18 years.

(Note: Most California hospitals provide hepatitis B vaccine only to newborns of hepatitis B surface antigen positive (HBsAg) mothers because of California prenatal HBsAg testing law.)

Revised CIR Now Available

The yellow California Immunization Record card (CIR) has been revised to accommodate a growing number of requests for more space to list immunizations. The reformatting was reviewed by IZ Coordinators and other stakeholders around the state. As a result, the traditional CIR format (IMM-75) now will be longer, with additional spaces at the bottom, but will still fit into the plastic holder. A sample is enclosed with this UPDATE. The "laser" version (IMM-75 L), used by provider offices with information systems and laser printers, also was reformatted to provide more room; it will now be narrower than the traditional CIR, but will still fold to fit into the CIR plastic holder. We will continue to ship the earlier versions until they are depleted. Immunization registries that program in an electronic version of the form should contact Tammy Pilisuk at email: TPilisuk@dhs.ca.gov if they have questions about updating their existing e-version of the CIR to match this updated version.

DTaP-IPV-Hep B Combination Pediarix® Licensed; Other "Super-Combination" Vaccines

In December 2002 the FDA licensed Glaxo SmithKline's new pediatric combination vaccine Pediarix®, which is a combination of its DTaP product Infanrix®, its hepatitis B vaccine product Engerix-B®, and a new (to the U.S.) IPV product it has been marketing in other countries.

The FDA has licensed Pediarix for use, "... as a 3-dose primary immunization series in infants born to HBsAg-NEGATIVE [caps added] mothers, beginning as early as 6 weeks of age." The FDA's upper age limit for receipt of Pediarix® is the day before the 7th birthday. In addition to not being licensed for use in infants of HBsAg-POSITIVE mothers, it is licensed for only the first 3 doses of

the 5-dose DTaP immunization series and for only the first 3 doses of the 4-dose IPV series. The ACIP is meeting in February 2003 to develop more detailed recommendations for use of Pediarix®, including (a) "mixing and matching" in a child's immunization series doses of Pediarix® and of other vaccines containing some of the same antigens, and (b) managing infants and children who inadvertently receive it as the 4th and/or 5th DTaP series dose or as the 4th polio series dose, as well as infants of HBsAg-POSITIVE mothers inadvertently given a dose(s) of Pediarix®.

At this time the Immunization Branch does not know the exact private medical sector commercial price for Pediarix®. It is anticipated that this vaccine will become available for use in California's public clinics that receive Immunization Branch-supplied vaccines and in VFC Program participating health care providers' offices some time in the spring.

In the December 2002 Update we included a brief table listing four "super-combination" vaccines. Attached with this UPDATE is an expanded version of that listing which, among other things, now identifies Pediarix® as a licensed vaccine in the U.S.

PROFESSIONAL INFORMATION AND EDUCATION

Epidemiology and Prevention of Vaccine-Preventable Diseases

Don't miss this important four-part satellite series from CDC! February 13, 20, & 27 and March 6, 2003, from 9:00 a.m. - 12:30 p.m. PT.

This live interactive program provides the most current information available in the constantly changing field of immunization. Session one will cover principles of immunization, general recommendations on immunization, and strategies to improve immunization coverage levels, including registries, and vaccine coverage assessment. Session two will cover pertussis, pneumococcal disease (childhood), polio, and Hib. Session three will cover measles, rubella, varicella, and smallpox. Session four will cover hepatitis B, hepatitis A, influenza, and pneumococcal disease (adult).

This series will be presented by William Atkinson, MD, MPH; Judy Schmidt, RN, EdD; and Donna Weaver, MN, RN, National Immunization Program, Centers for Disease Control and Prevention. Continuing education credit will be offered for a variety of professions, based

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on three hours of instruction. For more information and to register for this broadcast, visit www.phppo.cdc.gov/PHTN/epv03/factsheet.asp or call CDC at telephone: (800) 418-7246.

PUBLIC INFORMATION AND EDUCATION

Hepatitis B Vaccine for Teens and Young Adults

Only an estimated 15 percent of California's high school juniors and seniors have had their hepatitis B immunizations, and young adult hepatitis B immunization levels may be even lower. To reach these older adolescent and young adult populations, DHS is partnering with local health departments on a movie theater advertising campaign this May. Movie theater ads are slides projected on-screen while moviegoers are waiting for the movie to begin. Thirteen counties are targeted. Together these counties account for over 75% of California's older adolescent/young adult population.

To support the movie theater campaign, the Immunization Branch will be working with other partners to help get the message out to young adults, high school juniors and seniors, parents, and health care providers. We will be partnering with the California School Nurses Organization on a "Vaccinate before they Graduate" campaign. School nurses and California health care providers have done an excellent job protecting school children in kindergarten through 10th grade. However, there is still time to reach the older students and high school graduates who did not have to meet hepatitis B school requirements.

INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

New Study Finds Increase in Number of Influenza Deaths in Past Two Decades

A new study published January 8, 2003 in the Journal of the American Medical Association reports that annual estimates of influenza- and respiratory syncytial virus (RSV)-associated deaths have increased significantly between 1976-1977 and 1998-1999. A statistical model was developed based on national mortality and viral surveillance data to estimate annual influenza- and RSV-associated deaths in the United States. The results of this study indicate that influenza was associated with more deaths than RSV in all age groups except for children younger than 1 year, and on average, influenza was associated with three times as many deaths as RSV.

The increase in deaths can be partially attributed to the aging of the U.S. population. Between 1976 and 1999, the number of persons aged 85 years and older doubled in the United States (Centers for Disease Control and Prevention, 1999.) Mortality associated with both influenza and RSV circulation disproportionately affects elderly persons. In the last two decades, influenza deaths have increased substantially, which highlights the need for better prevention measures, including more effective vaccines and immunization programs for elderly persons.

Medicare Announces Increase in Payment for Administration of Flu Vaccine

In December 2003, the Centers for Medicare & Medicaid Services announced an updated Medicare physician fee schedule to be effective March 1, 2003. (For more information, please visit www.cms.hhs.gov/physicians/pfs/.)

The physician fee conversion factor, which adjusts the base calculation for all physician services, will be reduced by 4.4%, although total physician spending will increase by 2% in 2003. Although many services will be affected by the new physician fee conversion factor, the good news is the Medicare payment for administration of some vaccine immunizations, including flu shots, nearly doubles from \$3.98 to approximately \$7.26.

African American Flu Campaign Still Underway

California's African American newspapers have carried news coverage about the campaign in their newspapers this fall and winter. The articles feature the DHS collaboration with the National Medical Association (NMA), the voice of over 25,000 African American physicians, to promote flu shots for the 50+ population. Several newspapers included photos from the event launch event in late October. Also, Essence Magazine's January annual health issue included our African American print ad.

SMALLPOX AND BT PREPAREDNESS

Smallpox Vaccination Program Getting Started

In preparation for vaccinating public health and hospital response team members against smallpox, California Department of Health Services (CDHS) ordered 10,000 doses of smallpox vaccine from the CDC on Monday, January 27th. The state may request up to 30,000 additional doses of vaccine. CDHS is currently finalizing preparations with local health departments to begin smallpox vaccinations. Los Angeles County began vaccinating health care workers on January 29th. The Depart-

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ment of Defense also began vaccinating members of the military stationed in California in January.

Statewide Train-the-Trainer Sessions

Earlier this month the Immunization Branch conducted a series of 7 one-day Train-the-Trainer courses on how to implement the smallpox vaccination program and administer the smallpox vaccination. About 400 local smallpox leaders attended the highly regarded trainings from across the state. Although there was no vaccine at the trainings, participants had the opportunity to practice the vaccination administration technique using dry bifurcated needles. Attendees of the Train-the-Trainer courses now are training local health department staff and others. Media attended several of the trainings and helped to generate good public awareness of the local level preparations to protect the public from a smallpox bioterrorism event.

Smallpox Interactive CD-ROM Available

The California Distance Learning Health Network (CDLHN) has produced an innovative instructional CD-ROM on smallpox vaccination basics. "Smallpox Vaccination Basics: A Guide to Screening, Administration, and Post-Care" presents the latest information available from the CDC in a self-paced, interactive process that speeds learning. The developer, Total Recall Learning, specializes in interactive, instructional formats that enhance learning retention. Copies are available from www.cdlnh.com. The CD-ROM can supplement smallpox program trainings, prepare staff for a live training opportunity, and be used as a quick refresher course. The CD-ROM provides very basic information and is appropriate for anyone wanting an introduction to smallpox disease and vaccination.

IMMUNIZATION REGISTRIES

C3I Funding Summit Seeks Additional Funds for IZ Statewide Registry

On January 17th, the California Coalition for Childhood Immunization (C3I), convened a first-ever Immunization Registry Funding Summit. The meeting brought together a group of about 30 key stakeholders to discuss strategies for seeking funds needed to cover potential shortfalls in implementing the integrated statewide immunization

information system (SIIS) in California. Participants included representatives of health plans and foundations as well as regional registry managers and C3I coalition members. Action steps were developed to follow-up within the next six months. C3I's initiative in developing strategies to secure additional funding for the implementation of California's statewide immunization registry was heartily appreciated, and the meeting participants were enthusiastic about moving forward.

IZ COALITION ACTIVITIES

NIIW Campaign: "Lungs Event" Planning Underway

The California Coalition for Childhood Immunization (C3I) is collaborating with local health departments on activities for National Infant Immunization Week (NIIW), April 13-19, 2003. The C3I NIIW Task Force is in full force planning for local and statewide campaign kick-offs. This year's Lungs Event kick-off will focus on influenza, pneumococcal, and pertussis disease awareness. Lungs costumes (bibs) and toys that focus on blowing will provide educational opportunities as well as media photo opportunities at participating child care centers.

Reach 2010 Conference

In Long Beach on February 27-28, grantees and partners of the REACH 2010 (Racial and Ethnic Approaches to Community Health) initiative are holding a 2-day forum to examine the root causes of and to develop community solutions to disparities in health for ethnic communities. For more information or to register contact email: slee@ocapica.org.

MISCELLANEOUS

Update Index

Enclosed in this UPDATE is the UPDATE Index for 2002. If you are looking for a past UPDATE article, this is the place to look; articles are listed by category with the month and the page that it appeared.

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.