

miniupdate

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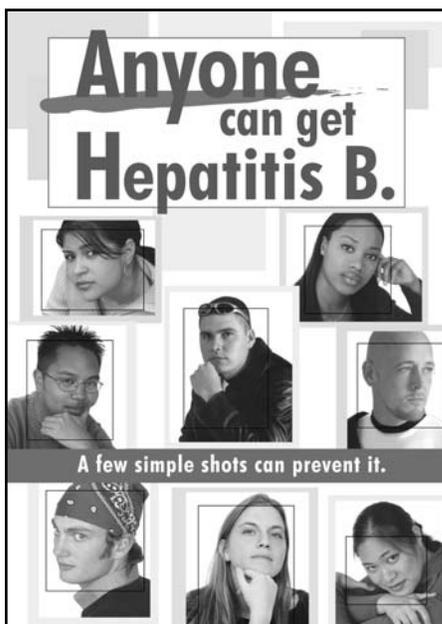
TO: Medical Directors, Community-Based Clinics
Directors, Medical Residency Programs
Directors, Nursing Schools
Interested Others

June 10, 2003

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

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

Hepatitis B Campaign



See article on the hepatitis movie ads on page 3.

HIGHLIGHTS

- 2003 "Everything" Poster Ready
- ACIP Publishes 2003-2004 Flu Season Recommendations
- Howard Backer Named Acting IZ Branch Chief

4th & 5th DTaP Limb Swelling

The Immunization Branch has received recent reports of significant limb swelling after the 4th or 5th DTaP dose. This kind of reaction had been anticipated and has been noted in CDC information, including their "Pink Book" (Epidemiology and Prevention of Vaccine Preventable Diseases) and satellite broadcasts on immunization, and discussed in previous Immunization Branch UPDATES (October 2002). It is possible that as more 5th DTaP doses are being given during back-to-school visits, we may see more of these reports.

Several physicians were alarmed by the reactions and felt they were related to the particular vaccine lot or brand they were using. Data available to date, while incomplete, suggest the risk for such reaction is unrelated to the type of DTaP product used or to whether or not different products are mixed for doses of the series. It does appear that the reaction is more common after the 5th DTaP dose than the 4th dose and occurs quite rarely after the 2nd or 3rd dose.

The injection site swelling can sometimes involve the entire thigh or upper arm (Pichichero ME: *Pediatrics* 2000;105:109-10. Rennels MB: *Pediatrics* 2000;105:110. ACIP: *MMWR* 2000;49/No.RR-13). Frequency of this reaction might be as high as 5%. The swelling typically

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develops 1-2 days after immunization and may be accompanied by redness, local tenderness or pain, temporary interference with limb movement, and general irritability. This type of reaction lasts 1-4 days and resolves completely with no specific treatment. Some general measures, including application of a cool wet cloth and acetaminophen may be soothing (ACIP: *MMWR* 2000;49/No.RR-13).

CDC requests that instances of extensive limb swelling following DTaP be reported to VAERS, describing the extent of limb swelling in detail. If you have questions about VAERS reporting please contact Alan Chan at telephone: (510) 540-2118. He is willing to assist you or the involved health care provider in filing a VAERS report. If you have questions about limb swelling after DTaP you also may call the Immunization Branch Nurse Consultant Sandra Jo Hammer at telephone: (510) 540-2198.

DISEASE ACTIVITY AND SURVEILLANCE

The surveillance data reviewed in this section are reported in Table 1 at the bottom of this page.

Pertussis: From January to April 2003, 245 confirmed and probable cases of pertussis were reported, resulting in an incidence rate of 0.7 cases per 100,000 population. Infants under one year of age represented 27% of all cases. Of the 67 infant cases, 62 (93%) were in children under six months of age, who were too young to be fully immunized. Children 1–4 years old represented only a small portion (3%) of all cases. Children 5–17 years old represented 46% of all cases and adults 18 years of age and

older represented 24% of all cases. Incidence of pertussis was highest in White, non-Hispanics at 0.75 per 100,000 population (133 cases), followed by Hispanics at 0.62 (73 cases), Asian/Pacific Islanders at 0.23 (10 cases), and African Americans at 0.21 (5 cases). Twenty-four cases are of other or unknown race/ethnicity. Twenty-four percent of this year's pertussis cases were hospitalized. Of the 59 hospitalized cases, 51 (86%) were in children less than six months of age. One case, a one-month-old Los Angeles County infant with laboratory-confirmed pertussis, died due to pertussis-related complications.

Measles: A 22-year-old male San Diego resident with no immunization history flew to San Francisco in mid-April after traveling in France and Italy. He developed a rash three days after his arrival and was diagnosed with laboratory-confirmed measles. The patient's family did not believe in childhood immunizations, so neither he nor his brother had been immunized against measles. In 2002, Italy had a large measles epidemic with an estimated 24,000 cases.

The case recovered, but local health departments are monitoring San Francisco Bay Area contacts, including the case-patient's 17-year-old brother who is a susceptible contact. CDC was notified of the case. The usual procedure for following up on flight contacts is to obtain passenger lists from the airlines and to notify all passengers and crew on the plane about their exposure. This is the first reported case of measles in 2003; five cases were reported in 2002.

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Table 1: Reported Cases by Age Group and Incidence of Selected Vaccine-Preventable Diseases California, 2003 (Provisional¹ – as of 4/30/03)

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	0	0	0	0	0.0
Hepatitis A	6	73	307	387	1.1
Hepatitis B	0	3	250	254	0.7
Measles ⁶	0	0	1	1	0.0
Pertussis ⁷	75	112	58	245	0.7
Rubella ⁵	0	0	0	0	0.0
Tetanus	0	0	0	0	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 the California Department of Health Services, Immunization Branch

Hepatitis A and B: From January to April 2003, 387 cases of hepatitis A were reported, resulting in an incidence rate of 1.1 cases per 100,000 population. The majority of cases (79%) were in adults (18 years of age or older). The incidence rate of hepatitis A was highest in Hispanics, at 1.00 cases per 100,000 population (117 cases), followed by Asian/Pacific Islanders at 0.83 (37 cases), White, non-Hispanics at 0.75 (132 cases), and African Americans at 0.46 (11 cases). Ninety cases are of other or unknown race/ethnicity.

In the same time period, 254 acute cases of hepatitis B were reported, resulting in an incidence rate of 0.7 per 100,000 population. One case was reported in a person under 18 years of age – a 14-year-old male from Los Angeles County. The incidence rate of hepatitis B was highest in African Americans, at 1.09 cases per 100,000 population, although this represents only 26 cases. The incidence rate for Hispanics was 0.48 (56 cases) and 0.47 for White, non-Hispanics (83 cases). The lowest incidence rate was for Asian/Pacific Islanders at 0.34 (15 cases). Seventy-four cases are of other or unknown race/ethnicity.

IMMUNIZATION SERVICES

"Catch-Up" Immunization Schedules

Here are some tips on catch-up schedules for children and adolescents from the May 2003 issue of "Immunization Works!," an email newsletter published by the Centers for Disease Control and Prevention (CDC).

What should you do when a child presents in your clinic after having missed one or more doses of vaccine? A recent study in the May 2003 Pediatrics indicates that childhood vaccine providers are largely unaware of the proper protocol when a child falls behind schedule. A new, easy-to-use Catch-Up Immunization Schedule is enclosed in this  UPDATE. It can help clinic staff determine the correct timing and spacing of missed doses for children and adolescents.

The first rule of catch-up is never restart a vaccine series. Just continue the series where it left off, regardless of the amount of time that has elapsed between doses. Give all indicated immunizations when an opportunity presents; don't leave a child at risk by giving only one shot when a child needs to catch up on three or four different vaccines—give them all.

You can print or download the enclosed Catch-Up Schedule on the Internet at www.cdc.gov/nip/recs/child-schedule.htm#catchup. Laminated copies are free from the National Immunization Program using the online publications order format at www.cdc.gov/nip/publications.

PROFESSIONAL INFORMATION AND EDUCATION

Adult Immunization Satellite Broadcast June 26

Don't miss CDC's live 2.5 hour broadcast on current adult immunization practices airing from 9:00 a.m. to 11:30 a.m. (PST). The broadcast will highlight the 2002-2003 Recommended Adult Immunization Schedule and latest strategies to improve adult immunization coverage levels. As with all CDC immunization education by satellite, it will include a live question and answer session, and CEs are available.

A flyer about this satellite course is included in this  UPDATE. Local health departments throughout California will be hosting the live satellite course. For registration information, visit the CDC/ATSDR Training and Continuing Education Online System at www.phppo.cdc.gov/phtnonline. You also can visit: www.cdlnh.com or call: (619) 594-3348.

CDC's 2003 Annual IZ Update— Save the Date!

Mark your calendars! The CDC's 2003 Annual Immunization Update broadcast is scheduled for August 21, 10:00 a.m. - 11:30 a.m. (Pacific Time). This national satellite downlink promises to offer the latest information on immunization. A flyer about this satellite course is included in this  UPDATE.

2003 "Everything" Poster Ready

Supplies of the "Summary of Pediatric Immunization Recommendations, 2003," which includes the schedule and other useful immunization information, are now available to local health departments. Samples are included in this  UPDATE. IZ Coordinators can order them on the regular quarterly order form, specifying "Summary of Pediatric Immunization 2003," order number IMM-232. They will be available to order from local health departments in the near future.

PUBLIC INFORMATION AND EDUCATION

Hepatitis Movie Ads Extended in Theaters through June 14

Moviegoers will see hepatitis B movie advertisements for an additional week in the selected movie theaters in 16 California counties. The advertising slide, shown before the movie begins, started playing on April 25. The message,

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“Anyone can get Hepatitis B. Why risk it? You decide,” is appearing in observance of National Hepatitis Awareness Month in May.

The ad sports the name and logo of the local health department or coalition and a link to a newly created website www.hepbfacts.org.

For supporting the campaign with outreach, the hepatitis B brochure (IMM-747) and oversized postcard (IMM-747P) included in April's UPDATE are available. Spanish versions are now available, and copies are included in this UPDATE. In addition, a campaign static cling sign (IMM-747SC) is now available. A sample is enclosed in this UPDATE. The hepatitis B cling-on peels off its backing and clings to most surfaces, e.g., mirrors, windows, walls, doors. Although the cling-ons can be displayed and removed easily without tape, thumbtacks, staples, or any surface or property damage, please caution partners and outreach workers to obtain a business's or building's permission prior to posting.

Evaluation of the movie theater advertising is in progress by the UCLA School of Public Health, working with the IZ Branch. For more information on this campaign, contact Debra Howell at telephone: (510) 540-3677 or by email: DHowell1@dhs.ca.gov.

INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

ACIP Publishes 2003-2004 Flu Season Recommendations

The ACIP has published its “Prevention and Control of Influenza” recommendations for the 2003-2004 season (*MMWR* 2003 [April 25, 2003];52/RR-8), as well as the updated Influenza Vaccine Information Statement (available at www.cdc.gov/nip/publications/vis/). Both of these documents were included in the Immunization Branch's annual influenza program mailing to local health departments that went out in May.

The 2003 recommendations include the following principal changes or updates:

- Because of recent vaccine shortages, immunization efforts in October should focus on persons ≥ 50 years and those aged 6-23 months, persons aged 2-49 years with certain medical conditions that place them at increased risk for influenza related complications, children <9 years receiving influenza vaccine for the first time, health-care workers, and household contacts of persons at high risk.

- Immunization of other groups should begin in November.
- Influenza immunization of healthy children aged 6-23 months continues to be encouraged when feasible. Immunization of children ≥ 6 months who have certain medical conditions continues to be strongly recommended.

The 2003-2004 trivalent inactivated vaccine virus strains are A/New Caledonia/20/99 (H1N1)-like, A/Moscow/10/99 (H3N2)-like, and B/Hong Kong/330/2001-like antigens. This is the same formulation as last year's vaccine. Please be aware that even though the two vaccines are the same formulation, last year's vaccine should NOT be used for this year's flu shot programs. The FDA is not extending the expiration date of last year's influenza vaccine (2002-2003) past the June 30, 2003 date.

- Make sure to properly discard last year's influenza vaccine before starting this year's clinics.
- A limited amount of influenza vaccine with reduced thimerosal content for children aged 6-35 months should be available for the 2003-2004 influenza season.
- Influenza vaccine for the U.S. market will be available from two manufacturers in 2003-2004, compared with three manufacturers in 2002-2003.

For the latest information on influenza for the upcoming flu season, download the latest Influenza Bulletin published by the National Immunization Program from the following website: www.cdc.gov/nip/Flu/News.htm#Bulletin.

2002-2003 Flu Season Was Light

Flu activity for the 2002-2003 winter was mild and is comparable to last year's flu season, which also was very mild. The flu season usually lasts through late March or early April. Approximately 80% percent of the total influenza detections reported (1158) were type A strain and 20% were type B strain, similar to the 2001-2002 season.

Flu and Pneumococcal Immunization Coverage in California's Seniors Remain Level in 2002

Flu and pneumonia are severe diseases that disproportionately affect elderly persons. Monitoring immunization coverage in this high-risk population is useful for evaluating immunization program activities. In 2002, information regarding flu and pneumococcal immunization coverage was collected from the Behavioral Risk Factor Surveillance System (BRFSS); 782 respondents were at least 65 years of age. In 2002, the percent of seniors who reported having received a flu shot was 71.4% [95% Confidence Intervals

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(CI), 68.2 – 74.6%] and the percent reporting having ever had a pneumococcal shot was 66.4% (95% CI, 63.1-69.7%). Both estimates are similar to levels reported in the previous 2 years.

Respondents who reported not receiving a flu shot were asked why not; the most common responses were not recognizing one's own risk (32%) and misconceptions about the flu vaccine (24%). Respondents who reported never having received the pneumococcal shot were asked why not; the most common responses were not considering themselves at risk (40%), doctor did not recommend it (19%), and did not think about it (12%).

New Medicare Administration Fees for Influenza, Pneumococcal, Vaccines

In December 2002, the Centers for Medicare & Medicaid Services announced the release of an updated physician payment rate schedule under the Medicare physician fee schedule for 2003, as well as revisions to a number of other policies affecting Medicare Part B payment for physicians and other providers. (For more information, please visit the following website: <http://cms.hhs.gov/physicians/pfs/>.)

Medicare payment rates for administration of influenza and pneumococcal have increased substantially for 2003. The rates vary by geographic area and the California rates are shown in Table 2 below.

SMALLPOX AND BT PREPAREDNESS

Smallpox Vaccination Program Status

As of May 30, 2003, 1,772 people were vaccinated in California (including Los Angeles). Of those, 851 were members of public health response teams, 753 were members of health care response teams, and 168 were other eligible vaccinees. Vaccination has started in 65 hospitals.

Compensation Act Signed by the President

On April 30, 2003, the President signed into law the Smallpox Emergency Personnel Protection Act of 2003 (SEPPA). It establishes a no-fault program to provide benefits and/or compensation to certain individuals, including health care workers and emergency responders, who are injured as the result of smallpox countermeasures, including the smallpox vaccine, or are injured as a result of accidental inoculation through contact. A vaccine injury table and guidelines for filing a claim are expected in the near future.

IZ COALITION ACTIVITIES

C3I's Live Satellite Broadcast for Outreach Workers, "Eliminating Health Disparities," Airs July 10

Calling all outreach workers! California Coalition for Childhood Immunization's (C3I) nationwide satellite broadcast "Eliminating Health Disparities" will air live from San Diego on July 10 from 9:00-11:00 in California. This two-hour course addresses eliminating health disparities and will offer insights into working with diverse communities and the latest outreach strategies. Enclosed in this UPDATE is a flyer describing the broadcast. Most local health departments will be downlinking the course for outreach workers from a variety of programs and employers in their community.

This program will address how to do outreach with minimal resources, providing outreach support for media campaigns, presenting the outreach worker's program to a community, and maximizing resources while building community partnerships. The C3I broadcast is being produced by the California Distance Learning Health Network. Check www.cdlhn.com for more information.

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Table 2: 2003 Administrative Rate Allowances

	2003 Fee Schedule	2002 Fee Schedule	Dollar Increase	Percent Increase
Anaheim/ Santa Ana, CA	\$9.06	\$4.63	\$4.43	96%
Los Angeles, CA	\$8.73	\$4.47	\$4.26	95%
Marin/ Napa/ Soleno, CA	\$9.44	\$4.77	\$4.67	98%
Oakland/ Berkeley, CA	\$9.34	\$4.72	\$4.62	98%
Santa Clara, CA	\$10.39	\$5.23	\$5.16	99%
San Mateo, CA	\$10.79	\$5.43	\$5.36	99%
San Francisco, CA	\$10.98	\$5.53	\$5.45	99%
Ventura, CA	\$8.57	\$4.36	\$4.21	97%
Rest of California	\$7.88	\$4.01	\$3.87	96%

Source: Centers for Medicare and Medicaid Services
Prepared by California Department of Health Services, Immunization Branch

MISCELLANEOUS

Howard Backer Named Acting IZ Branch Chief

We are pleased to announce that Howard Backer, MD, MPH, who joined the Immunization Branch November 2001, has been named Acting Immunization Branch Chief. Howard originally was in the Technical Support Section of the Branch and has been involved in a wide range of Branch activities. Since last fall Howard also has been serving as the official DHS lead for California's Smallpox Vaccination Program. He will now be acting in the Chief position left vacant when Natalie Smith left DHS to join the National Immunization Program as Deputy Director.

End of an Era: Loring Dales Retires

After 25 years with the Immunization Branch, Dr. Dales retired on May 15. He has provided the Immunization Branch with leadership and seemingly limitless immunization expertise, and has been a joy to work with. He will be sorely missed in our office, in local health departments, and in the field.

New Staff

Relda Robertson-Beckley, RN, DrPH, is the new Smallpox Planner for the IZ Branch, working in our Surveillance, Investigation, Research and Evaluation (SIRE) Section. She comes to IZ as the former founder and Executive Director of Nurses in Action. She also has worked as a research evaluator for the Bay Area Breast and Cervical Health Collaborative, for the State African American Task Force, and with Head Start where she followed over 1,600 children 0-3 years of age. As a professor of nursing she taught public health nursing and research at SFSU and Samuel Merritt College. Her public health planning and research evaluation expertise are a welcome addition to the Branch. Glad to have you on board, Dr. Robertson-Beckley!

We also are very pleased to welcome Karina Celaya, our new bilingual, bicultural health educator. Karina joined the I&E Section in late May and filled a gap left by Cielo Avalos nearly two years ago. Karina holds a BA in biology from Stanford and an MPH from the University of Michigan. Until recently, she was a fellow at the Tuberculosis Division at CDC and has worked with culturally and ethnically diverse audiences in the U.S. and Latin America. Welcome to the IZ Branch, Karina!

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