

# miniupdate

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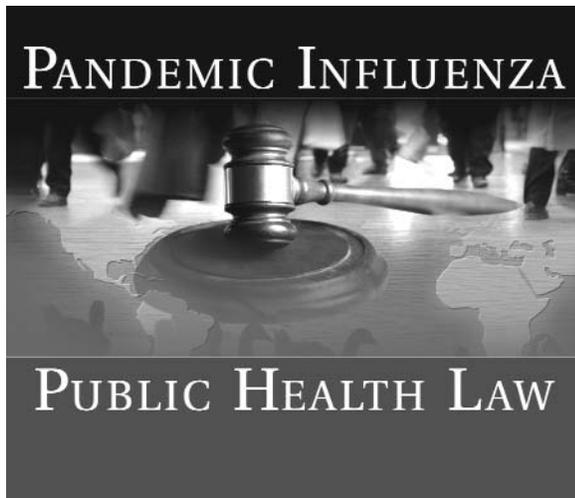
TO: Medical Directors, Community-Based Clinics  
Directors, Medical Residency Programs  
Directors, Nursing Schools  
Interested Others

June 9, 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.



See article on page 6...

## VFC Provider Survey Shows High Level of Satisfaction

Survey results are in! Among VFC providers responding to a 2005 Customer Satisfaction survey, nearly all (98%) indicated they would recommend the VFC program to their colleagues. The same proportion stated they were "very satisfied" with the Immunization Branch's vaccine replacement program. To find out more, see the complete article on page 4.

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### DISEASE ACTIVITY AND SURVEILLANCE

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The surveillance data reviewed in this section are reported in Table 1 at the bottom of the next 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 April 30, 2006). For comparison, the numbers of cases with onset in calendar year 2005 (January to December, 2005) are included. If you have any questions about this table, please contact Jennifer Myers at (510) 620-3848 or JMyers@dhs.ca.gov.

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**Pertussis:** From January to April 2006, 369 cases of pertussis were reported in California with onset in 2006, resulting in an annualized incidence rate of 3.01 cases per 100,000 population. Fifty-two cases (14.1%) were infants less than 12 months old, and 106 (28.7%) were 10–17 years old, and therefore eligible for the new adolescent Tdap vaccine. Race/ethnicity was specified for 289 out of 369 cases. Of these, 161 (55.7%) cases were White, non-Hispanic, 92 (31.8%) were Hispanic, 20 (6.9%) were Asian/Pacific Islander, 13 (4.5%) were African American, 2 (0.6%) were American Indian/Alaskan Native, and one (0.3%) was of other race/ethnicity. One pertussis-related death was reported in Kern County in early January in an infant that was less than one month old.

**Measles:** From January to April 2006, four confirmed measles cases have been reported. The first two cases were described in detail in the April 2006 IZ UPDATE. The third and fourth cases, an adult in Alameda County and a child in San Diego County, were exposed during recent travel to Australia, where an outbreak is occurring. There is no connection between these two cases. The child case had a personal beliefs exemption (PBE), and the adult case had a history of one MMR dose. Alameda and San Diego Counties are investigating the two cases.

**Haemophilus influenzae:** From January to April 2006, one case of invasive *Haemophilus influenzae* type B (Hib) was reported in Orange County. This case is reported in detail in the April 2006 IZ UPDATE.

**Tetanus:** From January to April 2006, one case of tetanus was reported in Los Angeles County. This case was a 42-year-old adult who stepped on a nail prior to onset of illness. Vaccination history is unknown for this case.

**Hepatitis A:** From January to April 2006, 314 cases of hepatitis A were reported in California in 2006, resulting in an annualized incidence rate of 2.56 cases per 100,000 population. Most of the cases (88.2%) were adults. Race/ethnicity was specified for 248 out of 314 cases. Of these, 100 (40.3%) cases were White, non-Hispanic, 85 (34.3%) were Hispanic, 16 (6.5%) were Asian/Pacific Islanders, 44 (17.7%) were African American, one (0.4%) was American Indian/Alaskan Native, and two (0.8%) were of other race/ethnicities.

**Hepatitis B:** From January to April 2006, 91 cases of hepatitis B were reported in California with onset in 2006, resulting in an annualized incidence rate of 0.74 cases per 100,000 population. All reported cases were in adults. Race/ethnicity was specified for 64 out of 91 cases. Of these, 26 (40.6%) cases were White, non-Hispanic, 21 (32.8%) were Hispanic, 9 (14.1%) were Asian/Pacific Islanders, 5 (7.8%) were African American, one (1.6%) was American Indian/Alaskan Native, and two (3.1%) were of other race/ethnicities.

**Mumps:** From January to April 2006, 3 laboratory-confirmed cases of mumps with onset in 2006 were reported in California. None of these cases was linked to the current mumps outbreak in the Midwestern U.S. The State and local health department staff have increased surveillance efforts and are currently investigating several suspect cases.

*Continued on page 3...*

**Table 1: Reported Cases with Onset in 2006 (by Age Group) and Incidence of Selected Vaccine Preventable Diseases California, 2006 (Provisional - as of 4/30/2006)**

DISEASE	Age Groups				All Ages	
	0–4yrs	5–17yrs	18+yrs	Unknown	Cases	Rate <sup>1</sup>
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) <sup>2</sup>	1	0	0	0	1	0.11
Hepatitis A	2	34	277	1	314	2.56
Hepatitis B	0	0	90	1	91	0.74
Measles <sup>3</sup>	2	0	2	0	4	0.03
Mumps <sup>3</sup>	0	1	2	0	3	0.02
Polio	0	0	0	0	0	0.00
Pertussis	64	143	162	0	369	3.01
Rubella <sup>3</sup>	0	0	0	0	0	0.00
Tetanus	0	0	1	0	1	0.01

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

**Other VPDs:** As of April 30, 2006, for this report year, no confirmed cases of diphtheria, polio, rubella, or congenital rubella syndrome (CRS) have been reported to the Immunization Branch.

## California Update on Meningococcal Disease, 2001–2004

The recently released “California Epidemiology Update: Meningococcal Disease, 2001–2004” reveals 938 (864 confirmed, 74 probable) invasive meningococcal disease cases from 2001 to 2004. Of these cases, there were 102 deaths, for an average case fatality rate of 10.9%. Twenty-four percent of the cases were in children younger than 5 years, 22% were in 15 to 24-year-olds, and 41% were in adults 25 years and older. A copy of the article is enclosed in this **•UPDATE**. Meningococcal data for 2005 will be available later this year.

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## IMMUNIZATION SERVICES

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### MMWR Updated ACIP Recommendations for Hep A Vaccine

On May 19, CDC published the updated Advisory Committee on Immunization Practices (ACIP) recommendations for hepatitis A vaccination in the *MMWR* Recommendations and Reports. The *MMWR* includes new recommendations for the routine vaccination of children aged 1 year or older in the United States. Previous recommendations targeted only groups at increased risk for hepatitis A. These ACIP recommendations can be found at [www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5507a1.htm).

### ACIP Issues Modified Temporary Recommendations for Meningococcal Conjugate Vaccine (Menactra®)

The meningococcal conjugate vaccine (MCV4, or Menactra®) was licensed in 2005, and the ACIP recommends routine vaccination with MCV4 for 11- and 12-year-olds, adolescents at high school entry (if not previously vaccinated), and college freshmen living in dormitories.

However, because of limited supply of the vaccine, CDC, in consultation with ACIP, American Academy of Pediatrics, American Academy of Family Physicians, American College Health Association, and Society for Adolescent Medicine, recommends deferring MCV4 vaccination of 11- and 12-year olds at this time. If possible, providers should track these 11- and 12-year olds and vaccinate them when additional supply of the vaccine is available.

## More Pediatric Vaccines Are Coming!

It's almost summer, and it's time to think about cool things. Refrigerators keep your vaccines cool, but you may need more vaccine storage space soon. Time to get cool!

With the elimination of multidose vaccine vials, pediatric vaccines are now being packaged in single dose vials and prefilled syringes. In the next year you can expect more prefilled syringe packaging.

Also, get familiar with prefilled syringes. Vaccine manufacturers will be color coding their syringe-packaged products for easier identification. To prevent leakage, safety needles need to be affixed to the luer-loc™ tip of the prefilled syringes and rotated until tight. Syringes should be carefully examined for cracks or chipping before use. Vials and prefilled syringes should be gently agitated before administration to assure proper mixing.

Additionally, the new rotavirus vaccine (RotaTeq® [Rotavirus Vaccine, Live, Oral, Pentavalent]) will also require refrigerator shelf space. Prefilled syringes will require some extra storage space in the refrigerator, but manufacturers are working hard to decrease the size of the packaging.

This is a good time to take a look at your refrigerator. Check the age and reliability of the device, as well as the available shelf space and storage devices, like plastic baskets and containers. If you are considering a new refrigerator, consider the amount of vaccine you will be storing. If you store and administer a lot of vaccine, a stand-alone glass-door refrigerator with only shelves (no crispers) may be best. Several companies make these, but you may need to visit a restaurant or medical supply supplier to find one. A small stand-alone freezer will provide optimal vaccine storage conditions for your frozen vaccines (MMR, MMRV, LAIV, and varicella).

Also, get familiar with prefilled syringes. Vaccine manufacturers will be color coding their syringe-packaged products for easier identification. To prevent leakage, safety needles need to be affixed to the luer-loc™ tip of the prefilled syringes and rotated until tight. Syringes should be carefully examined for cracks or chipping before use. Vials and prefilled syringes should be gently agitated before administration to assure proper mixing.

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## VACCINE RISKS AND BENEFITS

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### New Mercury-Free Act to Take Effect July 1, 2006

A new state law, set to go into effect on July 1, 2006, prohibits administering mercury-containing vaccines to pregnant women or to children under three. To meet the “mercury-free” standards in this law, vaccines may not exceed 0.5

*Continued on page 4...*

micrograms of mercury per 0.5 milliliters of vaccine dose. The mercury limit for influenza vaccine is 1 microgram per 0.5 milliliters. Thimerosal, a chemical used to preserve some multidose vaccines, contains ethylmercury. Recent advances in vaccine manufacturing mean that formulations of all routine vaccines for pregnant women and young children except influenza vaccine are already thimerosal-free.

Passage of this law sparked much debate in California. When Governor Schwarzenegger signed the bill into law, he said, "While I take this action in an abundance of caution, I want to encourage parents to get their children vaccinated. There are significant risks associated with the failure to vaccinate children which far outweigh any theoretical risk associated with thimerosal."

### **Medical Associations to Congress: Vaccines Are Safe!**

On April 3, 2006, more than 20 professional medical associations and other groups signed an open letter to all members of Congress entitled "Opposition to Efforts to Restrict Access to Vaccines." The strongly worded letter asked Congress to avoid false and misleading information that vaccines are not safe. It also emphasized that there is no documented scientific evidence that ethylmercury (in the form of thimerosal) in vaccines poses any risk to health. The letter was in response to recent public and political controversies over vaccine and thimerosal safety. A copy of this letter is posted on the "Immunization News" section at [www.getimmunizedca.org](http://www.getimmunizedca.org).

### **Immunizations Rank among Cheapest, Most Effective Preventive Measures**

A recent Partnership for Prevention survey ranked childhood immunizations, the flu vaccine, and the pneumococcal vaccine among the top 10 most cost-effective preventive measures.

The study compared how much each measure cost with how much it improved length and quality of life. The resulting "bang for the buck" score was used to determine the top 10 interventions. With immunizations claiming 3 of the top 10 spots, it's clear that immunizations are not just a good idea for health, but they also make financial sense.

To read the entire report, visit [www.prevent.org/content/view/46](http://www.prevent.org/content/view/46).

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## **VACCINES FOR CHILDREN (VFC) PROGRAM**

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### **The VFC Program Has a New URL!**

We're happy to announce that we've acquired a new user-friendly domain name for our VFC web page. Now you can get all the latest VFC information at [www.vfcca.org](http://www.vfcca.org). Check back regularly for VFC letters, forms, news, and more!

### **Annual Recertification Due**

The annual recertification mailing to private providers currently active and enrolled in the California Vaccines for Children Program (IZB-FY 0506-16) went out in late April. Completed forms from providers that want to continue in the VFC Program were due to the VFC Program by May 26th. After June 2, we will not process orders from any private-sector VFC provider who has not submitted their completed forms.

### **VFC Program Provider Satisfaction Survey Results**

The VFC Program conducts a survey every two years to evaluate provider satisfaction. In 2005, we mailed surveys to 4,309 active VFC Providers; over a third (39.7%) were completed and analyzed. Overall, the survey demonstrates high levels of satisfaction with the VFC Program. In addition to the findings cited on page 1, Providers continue to be highly satisfied with the toll-free VFC phone line. Seventy-four percent strongly agreed or agreed that the 800 phone system was easy to navigate, and 86% strongly agreed or agreed that the 800 number for faxing in materials was simple to use.

Interest ran high among providers for Internet access to VFC Program updates and documents (now available at [www.vfcca.org](http://www.vfcca.org)) and placing orders online. Fifty-nine percent of providers already use the Internet in their business operations, and another 22% are prepared to order via the Internet when online ordering becomes available.

As reported by survey respondents, 1,120 practices had a VFC office evaluation within the last two years. More than 90% of these practices found the VFC office visits beneficial and felt that the visit did not interfere with their office flow. A majority of the respondents believed that the materials distributed during the visit were useful. Most importantly, the survey data indicated that the VFC visits had a impact on provider practices. Nearly 3 in 4 (73%) providers reported that the visit changed some of their immunization practices. At least 83% percent strongly agreed or agreed that the VFC Customer Service Representative with whom they had phone contact had been knowledgeable and had satisfactorily solved their problems.

Apart from routine quality assurance site visits, 39% of the survey respondents had contacted VFC field representatives to assist with programmatic situations, including vaccine management, within the last two years. At least 95% of the providers found the VFC representatives to be knowledgeable, their responses to be timely, and their resolutions to the providers' situations to be effective.

Suggestions for improvement of the VFC program included prompt notifications about problems or changes to vaccine orders. VFC staff remains committed to meeting the

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needs of enrolled providers. For a complete report, please contact Betty Tran at [BTran@dhs.ca.gov](mailto:BTran@dhs.ca.gov) or (510) 620-3760.

## Recent VFC Mailings

During the past two months, we've sent technical assistance memoranda to VFC-participating providers which included important information about the Tdap vaccine and about provider recertification. For copies of these memoranda, visit [www.vfca.org](http://www.vfca.org) or call the VFC program office at (877) 243-8832.

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## PROFESSIONAL INFORMATION AND EDUCATION

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### 2006 Epidemiology and Prevention of Vaccine-Preventable Diseases Course

The live version of CDC's annual Epidemiology and Prevention of Vaccine-Preventable Diseases Course will be hosted by the Immunization Branch in Concord on November 13 and 14, 2006 and in Torrance on November 16 and 17, 2006. Previously, the Northern California course was located in Sacramento, but this year we are offering the course in Concord. The brochure is available on the Immunization Branch website at [www.dhs.ca.gov/ps/dcdc/izgroup/news.htm](http://www.dhs.ca.gov/ps/dcdc/izgroup/news.htm). A \$40 nonrefundable fee is required to confirm your registration. For questions, please contact Myan Nguyen at [MNnguyen2@dhs.ca.gov](mailto:MNnguyen2@dhs.ca.gov) or (510) 620-3739.

### Epidemiology and Prevention of Vaccine-Preventable Diseases, Ninth Edition

The ninth edition of Epidemiology and Prevention of Vaccine-Preventable Diseases, commonly known as the "Pink Book," is now available. The Pink Book provides physicians, nurses, nurse practitioners, physician assistants, pharmacists, and others with comprehensive information on vaccine-preventable diseases. For more information, visit [www.cdc.gov/nip/publications/pink](http://www.cdc.gov/nip/publications/pink). The Pink Book is published by the National Immunization Program, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

### Alternate Methods for Mass Antibiotic Dispensing

Don't miss the August 3rd satellite broadcast of "Mass Antibiotic Dispensing: Alternate Methods." State and local Strategic National Stockpile (SNS) planners have suggested that it might not be possible to provide prophylaxis to an entire community using the traditional Point of Delivery (POD) model. This live interactive program is designed for state and local SNS planners and will describe several alternate dispensing methods. Please visit the PHTN website at [www.phppo.cdc.gov/phtn](http://www.phppo.cdc.gov/phtn) for more information.

## Immunization Update

Thursday, August 10, 2006

6:00–8:30 a.m. PT, rebroadcast at 9:00–11:30 a.m. PT

Mark your calendars now for CDC's 2006 Immunization Update! This live satellite broadcast and webcast will provide up-to-date information on the rapidly changing field of immunization. Anticipated topics include influenza vaccine, pertussis vaccine for adolescents and adults, revised recommendations for hepatitis A vaccination of children, and the new vaccines for rotavirus and herpes zoster. Information about human papillomavirus (HPV) vaccine may also be included.

Local health departments will want to encourage allied health professionals including physicians, nurses, nurse practitioners, physician assistants, pharmacists, health educators, and their colleagues who either administer vaccines or set policy for their offices, clinics, communicable disease, or infection control programs. Continuing education credits will be available for a variety of professions.

Site registration begins on June 22, 2006, and individual registration begins on July 13, 2006 at [www.phppo.cdc.gov/phtnonline](http://www.phppo.cdc.gov/phtnonline).

More information is available at [www.phppo.cdc.gov/phtn/immup-2006/default.asp](http://www.phppo.cdc.gov/phtn/immup-2006/default.asp).

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## PUBLIC INFORMATION AND EDUCATION

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### Final Hepatitis A VIS Available

The final version of the Hepatitis A Vaccine Information Statement (VIS) has been approved and posted on the NIP website at [www.immunize.org/vis/v-hepa.pdf](http://www.immunize.org/vis/v-hepa.pdf). It is dated 3/21/06, and has been updated to include both the 1-year minimum age and routine use guidelines among children. Bulk supplies of the Hepatitis A VIS in English are now available to the local health departments through your usual ordering system. The Spanish version will be available to order soon. Translations of other languages are now available online at [www.immunize.org](http://www.immunize.org). A copy of the Hep A VIS is enclosed in this  UPDATE.

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## INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

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### Recap: California's Influenza Program, 2005–2006

The California Department of Health Services has purchased influenza vaccine for administration by local health departments since 1974. The state and counties pur-

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chased a total of 814,252 doses of flu vaccine for the 2005–2006 season. Delayed supplies by a major manufacturer contributed to lower rates of administration, and only 659,727 (81%) of these doses were given.

Similar to previous years, the majority of vaccine (55%) was administered to persons ages 60 and older (Table 1), and 279,977 doses were distributed to long-term and acute care facilities and other local partners (Table 2). About 7,000 doses of live attenuated flu vaccine (LAIV or FluMist®) were ordered, but only a quarter of the doses were given.

Please see tables 2 and 3 for the summary of vaccine usage by local health departments.

**Table 2: Age distribution of state-purchased flu vaccine: 2005-2006**

Age group	Percentage of vaccine administered
6–23 mos	5%
2–5 yrs	4%
6–18 yrs	5%
19–49 yrs	17%
50–59 yrs	13%
60–64 yrs	12%
65+ yrs	43%

Source: 2005–2006 Influenza Vaccine Usage Report

### Flu Shots up to the Fifth Birthday!

At their February meeting, ACIP recommended annual influenza shots for children 6–59 months. This is big news, since the old cutoff was 23 months. Notifying our partners of the new recommendation will be a focus for the 2006–2007 flu season, so keep an eye out for materials with the new age range. An early draft of an updated flyer is included in this [Coordinator UPDATES](#).

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## PANDEMIC AND BT PREPAREDNESS

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### Pandemic Influenza and Public Health Law: What Public Health Departments Need to Know

The Immunization Branch partnered with the California Conference of Local Health Officers (CCLHO) to create *Pandemic Influenza & Public Health Law*, a day-long training designed to help local health departments prepare for the legal challenges they are likely to face during an influenza pandemic. This multimedia training event, which consists of a 90-minute broadcast and a three-hour tabletop exercise, launches June 8 throughout California.

The broadcast was produced in collaboration with the California Distance Learning Health Network (CDLHN), which will make the broadcast available on their website, [www.cdlhn.com](http://www.cdlhn.com), as a webcast through July 8.

Complete materials for conducting the daylong training, are available at [www.cdlhn.com](http://www.cdlhn.com).

### Distribution and Dispensing Antivirals and Vaccines for an Influenza Pandemic: The Last 50 Yards

In the event of an influenza pandemic or a particularly virulent strain of flu, the distribution and dispensing of protocols for vaccines and antiviral medications will become increasingly important. Once vaccine and antiviral medications are released from the Strategic National Stockpile and CDHS stockpile, there must be a reliable mechanism in place to get these limited yet essential materials to the people who need it—the public. The role of the local Immunization Coordinators in vaccine distribution and dispensing will be crucial to assure a smooth process.

IZ Coordinators have preexisting relationships with local providers and are familiar with the demographic, geographic, and logistical challenges of their respective counties. Having this knowledge gives them a distinct advantage for supporting the incident command and emergency response structure.

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**Table 3: Distribution of vaccine outside of local health departments: 2005–2006**

	Total number of facilities	Total number of doses
Longterm care facilities	316	20,841
Acute care facilities	59	26,397
Other types of facility or private provider*	742	232,739

\* includes vaccine distributed to community health centers and private providers who were unable to order flu vaccine

During the 2004–2005 flu season, 19 counties declared a countywide emergency as a result of the flu vaccine shortage. Mass vaccination principles were applied, including implementing security, screening patients for priority groups, using staff outside of public health departments for surge support, and establishing clinics at locations that do not ordinarily operate as medical sites. IZ Coordinators were at the forefront of these efforts.

IZ Coordinators have also developed and refined new and interesting methods of distributing vaccines and antiviral medications to the public on a large scale. One successful model is “drive-through” vaccination. This is a quick, efficient way to vaccinate the public in large numbers. School clinics also can play an important role in reaching one of the priority risk groups for seasonal flu: children, who will have special consideration during an influenza pandemic.

### **American Red Cross Issues “Home Care for Pandemic Flu” Flyer**

The American Red Cross has recently developed a “Home Care for Pandemic Flu” flyer, perfect for your consumer preparedness efforts. A copy is attached in this  UPDATE, and it can also be downloaded from [www.bostonredcross.org/pandemic/Pandemichomecare.pdf](http://www.bostonredcross.org/pandemic/Pandemichomecare.pdf).

### **Pandemic Flu Satellite Broadcast Wins Telly and Videographer Awards!**

Public Health Preparedness: Pandemic Influenza—California Update 2005, the October 2005 satellite broadcast produced by Johnson Communication, recently won a bronze Telly Award and a Videographer Award of Distinction.

The Immunization Branch produced the broadcast in partnership with the California Distance Learning Network (CDLHN) and the Centers for Disease Control and Prevention (CDC). The Telly Awards is a respected international competition honoring outstanding local, regional, and cable TV commercials and programs, as well as fine video and film productions.

### **Pandemic Influenza Preparedness in California: Now on DVD!**

Get the basics on pandemic flu preparedness with this 35-minute presentation featuring Howard Backer, MD, MPH, CDHS Immunization Branch Chief. The presentation takes viewers through the risk, planning issues, and basic steps on how to prepare for the potential threat of a pandemic flu. Produced as a collaborative effort between CDHS and the California Distance Learning Network (CDLHN), the DVD can be purchased online at [www.cdlnh.com](http://www.cdlnh.com). For more information, email [orders@cdlnh.com](mailto:orders@cdlnh.com) or call (619) 594-5933.

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## IMMUNIZATION REGISTRIES

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### **Two SIIS Fact Sheets Show IZ Registry Progress and Value**

“California’s Immunization Registries: Present, Past, Future” is a concise fact sheet that shows the progress we’ve made toward integrating California’s regional registries. It’s a great tool for showing policy makers where California’s registry system stands and where it’s going.

A second fact sheet, “Immunization Registries and Emergency Preparedness: Lessons Learned from Hurricane Katrina,” highlights the vital role immunization registries played for families displaced by Hurricane Katrina. It uses this example to underscore the value of registries in an emergency situation like an earthquake or fire. Copies of these fact sheets are enclosed in this  UPDATE and can also be found online at [www.ca-siis.org](http://www.ca-siis.org) and [www.immunizeca.org](http://www.immunizeca.org)

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## IZ COALITION ACTIVITIES

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### **2006 NCIC Meeting in Denver**

The National Conference on Immunization Coalitions (NCIC) will hold its seventh annual meeting in Denver, Colorado, August 9–11, 2006. The meeting will reach out to immunization coalition partners across the country to share information on models of coalition activities that increase community awareness and immunization rates. To register online, go to [www.seeuthere.com/rsvp/invitation/invitation.asp?id=/m2c666-455170415278](http://www.seeuthere.com/rsvp/invitation/invitation.asp?id=/m2c666-455170415278) or go to Google and search for the conference by name.

### **California Adult Immunization Summit**

The 6th Annual California Adult Immunization Summit was held in Oakland on May 1, 2006. More than 150 professionals from all over California attended, as well as nationally recognized speakers. Topics included new and developing vaccines, immunizations for the college-aged population, long-term care facility issues, pertussis, influenza, vaccine distribution, and immunization registries. The Summit provided information on strategies and trends related to improving adult immunization rates. For more information, see the California Adult Immunization Coalition website at [www.immunizecaadults.org](http://www.immunizecaadults.org).

## Community Immunity

Our statewide 2006 National Infant Immunization Week (NIIW) and Toddler Immunization Month (TIM) campaign was a great success. This year's theme, "Community Immunity," focused on pertussis (whooping cough) and how adult vaccinations against whooping cough can protect young children.

A total of 40 counties participated in the NIIW/TIM campaign by holding media events to raise awareness about pertussis and other vaccine-preventable diseases. To illustrate the great work that counties and local immunization coalitions did to make this year's NIIW/TIM campaign a success, the San Francisco Immunization Coalition held an evening reception featuring former first lady Rosalyn Carter, with participation by the San Francisco Giants. Sonoma County Public Health Department partnered with a local dairy to display the NIIW/TIM campaign message on milk cartons. The Pasadena Public Health Department placed ads on buses, and the San Diego County Health Department worked with local government officials to develop and implement a County Board of Supervisors NIIW/TIM proclamation.

For more information about this campaign, visit [www.immunizeca.org](http://www.immunizeca.org).

We'd like to thank Walt Lasota for his contributions as VFC Coordinator for the past three years and welcome him to his new position as Senior Field Representative in the Bay Area which will begin in July.

Rebeca Montealegre Boyte has joined our Richmond office as the newest member of the Branch's health education team. Prior to joining the Branch, Rebeca led a team of health educators from La Clinica de La Raza. Rebeca graduated from the University of California at Berkeley. She is fluent in Spanish and has experience in translation and editing.

## Oops...

An error has been identified on IMM-232(1/06), AKA the "everything poster." On the right hand side in the green "Recommended and Minimum Ages" section, the ages for MMRV are listed as 1 YRS and 10 YRS.

It should say: 12-15 MONTHS as the recommended age, and 1 YR as the minimum age.

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## MISCELLANEOUS

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### Staff Update

Claudia Aguiluz has been selected as our new Vaccines for Children Coordinator. Claudia has been with the Branch since 1997 and has served as Field Representative in both the Bay Area and Kern County. She currently works in San Diego County doing Binational Activities and serving as part of their Executive Team. Claudia's start date in her new position is June 26, 2006.