

# miniupdate

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

December, 2005

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.



## Cause for Celebration: First 5 California Funds for SIIS Integration

On October 20, the First 5 California Commissioners voted unanimously to fund a proposal for \$3.6 million over three years to integrate California's nine regionally based immunization registries and other large immunization databases. This is a major step for California's registry system that will benefit our children and our medical providers and give us higher immunization coverage for children up to age five.

The funding will link California's Statewide Immunization Information System (SIIS). The new funds will better enable health care providers to have rapid access to complete and up-to-date immunization records across the state. This is especially important with California's mobile population and kids in migrant families. Children who change doctors make it a challenge for clinics to keep immunization records up-to-date for 20 routine shots that children must have before starting school. In practical terms, the integration ultimately will help California's pediatric health care providers by enabling a toddler's new doctor to get the full immunization record, even when his family just moved from San Bernardino to Chico.

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Hats off to California's First 5 Commission for sharing our vision for the registry. Special thanks are due to the California Coalition for Childhood Immunization and our other partners who did such a great job helping First 5 understand the issues and the critical need for this funding.

## DISEASE ACTIVITY AND SURVEILLANCE

The surveillance data reviewed in this section are reported in Table 1 at the bottom of this page. The table includes provisional numbers of cases of *Haemophilus influenzae* type b, hepatitis A, hepatitis B, measles, pertussis, rubella, and tetanus reported in 2005 with onset in 2005 (as of October 31, 2005). For comparison, the numbers of cases reported in 2004 with onset in 2004 (as of October 31, 2004) are included.

**Pertussis:** From January to October 2005, 1,719 cases of pertussis were reported in California with onset in 2005, resulting in an annualized incidence rate of 5.60 cases per 100,000 population. This is a more than three-fold increase over the 541 cases reported in 2004 for the same time period (January to October). Of the 1,719 cases reported this year, 472 (28%) were in infants less than 12 months old. One-fourth (423) of the reported cases were in adolescents aged 10 to 18 years.

**Measles:** From January to October 2005, four cases of confirmed measles were reported: two in San Diego County, one in Santa Barbara County, and one in

Riverside County. Three were adult cases. Two of the adult cases were internationally imported (had traveled or lived outside the U.S. during their incubation period). The third was epidemiologically linked to an imported case. The fourth case was an infant too young to be immunized and whose source of infection was unknown.

### **Haemophilus influenzae type b invasive disease (Hib):**

From January to October 2005, four cases of invasive *Haemophilus influenzae* type b (Hib) were reported. Two were reported from Alameda County, one from Los Angeles, and one from San Bernardino County. One case was a 3-month-old infant who had received one dose of Hib vaccine. The other three cases were between 6 and 7 years old and had received four doses of Hib vaccine.

**Tetanus:** From January to October 2005, five cases of tetanus were reported. Their ages ranged from 24 to 73 years. Details on all cases are not yet available, as they are still being investigated.

**Hepatitis A:** From January to October 2005, 481 cases of hepatitis A were reported in California in 2005, resulting in an annualized incidence rate of 1.57 cases per 100,000 population. This is a decrease from 2004, when, for the same time period (January to October), 677 cases were reported. Most cases (79%) were reported in adults. Race/ethnicity was specified for 348 out of 481 cases. Of these, 136 cases were White (39.1%), 165 were Hispanic (47.4%), 34 were Asian/Pacific Islander (9.8%), 12 were African American (3.5%), and one was American Indian or Alaska Native (0.3%).

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Table 1: Reported Cases with Onset in 2005 (by Age Group) and Incidence of Selected Vaccine Preventable Diseases California, 2005 (Provisional - as of 10/31/05)

DISEASE	Age Groups				All Ages	
	0 - 4 yrs	5 - 17 yrs	18+ yrs	Unknown	Cases	Rate <sup>1</sup>
Congenital Rubella Syndrome	1	0	0	0	1	0.00
Diphtheria	0	0	0	0	0	0.00
<i>H. influenzae</i> , type b (Hib) <sup>2</sup>	1	3	0	0	4	0.03
Hepatitis A	14	80	381	6	481	1.57
Hepatitis B	0	2	262	1	265	0.86
Measles <sup>3</sup>	1	0	3	0	4	0.01
Mumps	10	5	18	0	33	0.11
Polio	0	0	0	0	0	0.00
Pertussis	611	527	572	9	1,719	5.60
Rubella <sup>3</sup>	1	0	0	0	1	0.00
Tetanus	0	0	5	0	5	0.02

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

**Hepatitis B:** From January to October 2005, 265 cases of hepatitis B were reported in California with onset in 2005, resulting in an annualized incidence rate of 0.72 cases per 100,000 population. This is a decrease from 2004, when, for the same time period (January to October), 343 cases were reported. Almost all reported cases were adults (262 out of 265); one pending case is of unknown age and two pending cases are adolescents. Race/ethnicity was specified for 171 out of 265 cases. Of these, 80 were White (46.8%), 43 were Hispanic (25.2%), 26 were Asian/Pacific Islander (15.2%), 21 were African American (3.5%), and one was American Indian or Alaska Native (0.6%).

**Rubella and Congenital Rubella Syndrome (CRS):** From January to October 2005, one confirmed rubella case and one case of Congenital Rubella Syndrome (CRS) were reported by Los Angeles County. These cases were described in detail in the August 2005 Immunization UPDATE.

**Mumps:** From January to October 2005, 33 cases of mumps were reported in California with onset in 2005. This is comparable to the 36 cases reported in 2004 for the same period (January to October). Eighteen of the 33 cases (55%) were adults. Race/ethnicity was specified for 24 out of 33 cases. Of these, 6 were White, 11 were Hispanic, 5 were Asian, one was African American and one was American Indian or Alaska Native.

**Varicella:** From January to October 2005, two varicella deaths have been reported. The first was an adult case from Sacramento County who died in September. He attended a day school for the developmentally delayed where an outbreak with four cases (including the death) occurred. The case that died was not vaccinated and the culture was positive for varicella zoster virus. The second case was a two-year-old female from Orange County who died in October. The investigation for this case is still being completed, so details on this death are pending.

**Other VPDs:** As of October 31, 2005, for this report year, no confirmed cases of diphtheria or polio have been reported to the Immunization Branch.

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## ASSESSMENT ACTIVITY

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### 2005 Expanded Kindergarten Retrospective Survey Results

A number of local health departments conducted an Expanded Kindergarten Retrospective Survey in 2005 and have shared their data with us. The expanded retrospective

survey provides one of the only sources of data on childhood immunization coverage at the local level. Table 2 below shows results of immunization coverage among kindergarten students at 24 months of age from the eight jurisdictions that conducted expanded retrospective surveys this past spring. As these are retrospective surveys, estimates reflect immunization coverage from approximately three to four years ago.

Table 2: Percent of 2005 Kindergarten Students Immunized in 2001-2002 by Age 24 Months, by Selected Local Health Departments

Health Department	Sample Size (n)	4:3:1 (4 DTaP, 3 Polio, 1 MMR)
Alameda	4,512	69.9%
Contra Costa	379	75.2%
Fresno	489	74.4%
Orange	851	76.0%
San Diego	4,647	80.1%
Santa Cruz	862	69.4%
Stanislaus	529	76.2%
Sonoma	1,131	76.0%

Source: 2005 Expanded Kindergarten Retrospective Surveys  
Prepared by the California Department of Health Services,  
Immunization Branch

### New NIS Fact Sheet: "How is California Doing?"

Enclosed in the mini UPDATE is a new fact sheet: "How is California Doing on the National Immunization Survey?" This fact sheet shows that vaccination coverage among young children has been steadily improving over the past five years, as reported by the NIS. The "How is California Doing?" fact sheet and the "School 2004" fact sheet are also available online at [www.dhs.ca.gov/ps/dcdc/izgroup/requirements.htm](http://www.dhs.ca.gov/ps/dcdc/izgroup/requirements.htm).

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## IMMUNIZATION SERVICES

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### Community Health Center RFA: Reminder

The California Department of Health Services will be sending out a Request for Applications (RFA) for Community Health Centers in January 2006. All currently funded Community Health Centers must reapply when the RFA is released. Current awards will end on June 30, 2006. We encourage Immunization Coordinators to contact CHCs in their areas to reinforce this message. For questions, please contact Leona O'Neill at (510) 620-3752 or at [LOneill@dhs.ca.gov](mailto:LOneill@dhs.ca.gov).

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## VACCINES FOR CHILDREN (VFC) PROGRAM

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### VFC Now Provides Tdap Vaccines

The California Vaccines for Children (VFC) Program notified providers that they can now order their choice of two new Tdap vaccines: GlaxoSmithKline's BOOSTRIX® and sanofi pasteur's ADACEL®. CDC issued an Interim Vaccine Information Statement (VIS) for Tdap in late September, and it is available at [www.cdc.gov/nip/publications/VIS/vis-tdap.pdf](http://www.cdc.gov/nip/publications/VIS/vis-tdap.pdf).

Reimbursement details were sent to Child Health and Disability Prevention (CHDP) and Vaccines for Children (VFC) providers in October ([www.dhs.ca.gov/pcfh/cms/onlinearchive/chdppl.htm](http://www.dhs.ca.gov/pcfh/cms/onlinearchive/chdppl.htm)).

In the 10/31/05 category from the link above, you can also find the VFC Program letter, titled "Combined Tetanus, Diphtheria, and Pertussis (Tdap) Vaccines for Adolescents 10-18 Years of Age," dated October 3, 2005. It includes recommendations for vaccine use, potential vaccine reactions, contraindications and precautions to Tdap, and ordering and billing information (including CPT codes used by Medi-Cal).

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## PROFESSIONAL INFORMATION AND EDUCATION

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### Updated Recommended Adult Immunization Schedule 2005-2006

The 2005-2006 adult recommendations have been published and are available at [www.cdc.gov/mmwr/preview/mmwrhtml/mm5440-Immunization1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5440-Immunization1.htm).

There have been many changes to the schedule, and they are discussed in detail on the weblink. All providers serving adults should become familiar with this schedule. Adult recommendations are more complex than those for the universal childhood vaccines. Although the new Tdap adult recommendations have been voted and approved by ACIP, they have not been officially published yet, so they are not included in the 2005-2006 Schedule.

### CDC's Annual Four-Part VPD Satellite Course

Don't miss CDC's annual four-part satellite program "Epidemiology and Prevention of Vaccine Preventable Disease" broadcast on four consecutive Thursdays: February 9, 16, 23, and March 2. This live interactive program will provide the most current information available in the constantly changing field of immunization.

Enclosed in this mini UPDATE is a postcard about this program.

### New AAP Publication: Immunizations & Infectious Diseases: An Informed Parent's Guide

The American Academy of Pediatrics has published a new parenting guide to immunizations and infectious diseases. The "Informed Parent's Guide" provides an authoritative resource for parents who are seeking a reliable source of information on childhood vaccines. The book features evidence-based guidance based on the AAP's medical reference for pediatric infectious diseases, the "Red Book." This book will be a great resource for immunization providers to use with parents. For more details see the AAP Online Bookstore at [www.aap.org/bst](http://www.aap.org/bst) or call their toll-free line at 1-888-227-1770.

### African American Infant Health Week

February 19-25, 2006 will launch a week of activities to recognize the importance of supporting the health needs of African American mothers, infants, and children. The CDHS Black Infant Health sites will celebrate this event with community health fairs, forums, and conferences to educate and improve local community awareness of the benefits of early prenatal care, breastfeeding, and well-baby care including immunizations. For additional information visit their website at [www.mch.dhs.ca.gov/programs/bihp](http://www.mch.dhs.ca.gov/programs/bihp).

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## PUBLIC INFORMATION AND EDUCATION

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### This Holiday Season: Wash Your Hands!

On December 1, State Health Officials, including Howard Backer, Chief of the Immunization Branch, new State Health Officer Mark Horton, MD, and Yolo County's Assistant Health Officer, Samrina Marshall, MD, visited the Washington Children's Center in West Sacramento to promote respiratory disease prevention and the holiday-themed Wash Your Hands singing jingle. A busy classroom of 24 preschoolers learned a lesson in staying healthy during colds and flu season: wash your hands, cover your cough, and stay home if you are sick. Kaiser Permanente shared their "Germ Glow" program to reinforce good hand washing hygiene for the kids. The event resulted in media coverage on television, radio, and print news. Through a partnership with local health departments including the California Coalition for Childhood Immunization (C3I) and the California Adult

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Immunization Coalition (CAIC), copies of the 30-second jingle and a hand hygiene lesson plan were shared with preschool and elementary school classes in nearly 20 schools in at least 10 counties. Copies of the audio CD were also sent out to 380 radio stations across the state to reach audiences of all ages with this fun, seasonally appropriate public health message. To listen to the jingle, an MP3 file is posted online at [www.getimmunizedca.org](http://www.getimmunizedca.org).

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## INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

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### Latina 50+ Radio Spots

Short, Spanish-only flu spots will be run on select Spanish-language radio stations in December. Although Latina women between 50 and 64 years of age are not a large population in California, they often make healthcare decisions for their families as well as for themselves. We hope direct promotion may decrease the disparities in vaccine uptake seen between other 50+ women and Latinas even as it encourages Latina women to seek out immunization for at-risk family members. The radio markets for this campaign include Bakersfield, Fresno, Imperial Valley, Los Angeles, Monterey, Oxnard, Riverside, Sacramento, Salinas, San Bernardino, San Diego, San Francisco, San Jose, Santa Barbara, and Ventura.

### Nasal LAIV for Health Care Workers and Caregivers

For healthy care-givers, the nasal spray flu vaccine (Flumist®) is an excellent alternative to flu shots. Live Attenuated Influenza Vaccine (LAIV) can protect caregivers and healthcare workers from influenza, which also protects their patients. A case of the flu, which might cause mild illness in a healthy adult, can have serious results when passed to an elderly person, an infant, or anyone with a compromised immune system or other high risk condition such as diabetes or asthma. Of course, early is best, but since the flu season usually peaks in February, immunizations in December or January can still protect healthcare workers and caregivers, their patients and their families. The enclosed flyer is included in this mini UPDATE encouraging flu vaccine for caregivers may be ordered in quantity by local health departments.

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## MISCELLANEOUS

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### New State Public Health Officer Appointed

Governor Arnold Schwarzenegger appointed Mark Horton, MD, as the new State Public Health Officer. Dr. Horton is a pediatrician and public health official with more than 28 years of experience, most recently as the deputy agency director and health officer for the Orange County Health Care Agency. Before coming to California Dr. Horton served as director of public health for the State of Nebraska. Horton, 59, earned a Medical Doctorate degree and a Bachelor of Science degree from St. Louis University and holds a Master of Science in Public Health from the University of North Carolina School of Public Health.

Howard Backer, MD, Chief of the DHS Immunization Branch, had been serving as interim state health officer, and we are pleased to have him back leading the Immunization Branch.

### New Director for National Immunization Program

The CDC announced that Dr. Anne Schuchat is the new Director of the National Immunization Program, the position previously held by Dr. Walt Orenstein and more recently by Acting Director Dr. Steve Cochi. Dr. Schuchat began her career at CDC as an Epidemic Intelligence Service Officer in 1988 and most recently served as the Acting Director of the National Center for Infectious Diseases. She has been instrumental in pre- and post-licensure evaluations of conjugate vaccines for bacterial meningitis and pneumonia, and in accelerating availability of these new vaccines in resource-poor countries through the World Health Organization and the Global Alliance for Vaccine and Immunization.

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