

miniupdate

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

February 9, 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.



2005 Hallmark Card

Governor Signs Hallmark Card for California's New Parents!

The 2005 Hallmark congratulations cards for new parents, signed by Governor Schwarzenegger and First Lady Maria Shriver, are in production. This year's beautiful cards, donated by Hallmark, feature a very thoughtful and personal message from California's First Family. The card will become a keepsake for new parents and an enduring reminder about immunizations.

DISEASE ACTIVITY AND SURVEILLANCE

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The surveillance data reviewed in this section are reported in Table 1 on the next page. The table includes provisional number of cases of *Haemophilus influenzae* type b, hepatitis A, hepatitis B, measles, pertussis, rubella, and tetanus reported in 2004 with onset in 2004 (as of December 31, 2004). For comparison, the number of cases reported in 2003 with onset in 2003 (as of December 31, 2003) is included. If you have any questions about this table, please contact Jennifer Myers by telephone: (510) 540-2118 or by email: JMyers@dhs.ca.gov.

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Pertussis: Between January and December 2004, 911 cases of pertussis with onset in 2004 were reported in California based on provisional data, resulting in an incidence rate of 2.47 cases per 100,000 population. This represents an increase from 2003, when 713 cases were reported by the end of December 2003, resulting in an incidence rate of 2.0 cases per 100,000 population.

Preliminary analyses of cases with known age and race/ethnicity (n=783) indicate that 39.7% of cases were in infants and 30.4% of cases were in adults. The incidence of pertussis in Whites was 2.09 per 100,000 population (370 cases), 2.72 in Hispanics (327 cases), 0.46 in Asian/Pacific Islanders (21 cases), and 1.20 in African Americans (29 cases).

Three pertussis deaths occurred in 2004 in Ventura County, Santa Clara County, and Sacramento County. Two of these were laboratory confirmed cases under 2 months of age and therefore too young to be immunized. Information on the last case is pending.

Several local health departments reported relatively high numbers of cases of pertussis in 2004 due to large outbreaks: Alameda (79 cases, 5.08 incidence), Monterey (49 cases, 11.32 incidence), and San Mateo (43 cases, 5.48 incidence). In Los Angeles (116 cases, 1.14 incidence), there were a number of small outbreaks, mostly in the summer months of 2004. Other counties with high pertussis counts and/or incidence include San Diego (111 cases, 3.50 incidence), Orange (92 cases, 3.08 incidence), Sacramento (85 cases, 6.51 incidence), and Santa Clara (47 cases, 2.49 incidence).

Measles: In 2004, six confirmed cases of measles were reported in California, resulting in an incidence rate of 0.02 cases per 100,000 population. This is roughly comparable to 2003 measles incidence when five cases were reported in California.

Three of the 2004 cases were from San Francisco County, one from Kern County, one from Santa Cruz County, and one from Los Angeles County. Three cases were internationally imported from Saudi Arabia, Thailand, and the Philippines. One case was imported from Washington State and epidemiologically linked to a case that was imported from China in an adoptee (see April 16, 2004 MMWR article for details on measles among adoptees from China, www.cdc.gov/mmwr/preview/mmwrhtml/mm53d416a1.htm). Two cases that were epidemiologically linked to each other were classified as indigenous because the source of infection was unknown.

Two of the six 2004 cases were infants. Neither was vaccinated, although one did travel outside the U.S. The remaining four cases ranged in age from 14 to 26 years of age. One case was an adult who had a personal beliefs exemption (PBE) to vaccination when in school and the other three had unknown vaccination status.

Measles remains endemic in many countries and presents a significant threat to persons who live in or visit these areas. International travelers who do not have a history of disease should have two documented doses of a measles-containing vaccine such as MMR prior to travel. Children are routinely given MMR vaccine at 12-15 months of age, however, children age 6-11 months should be protected against measles with a dose of MMR before travel outside the U.S. Children who receive an early measles vaccine should be revaccinated at one year and 4-6 years of age, according to the current ACIP immunization schedule.

Haemophilus influenzae, type b (Hib): In 2004, two cases of *Haemophilus influenzae*, type b (Hib) cases under 30 years of age were reported in California based on provisional data, resulting in an incidence rate of 0.01

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Table 1: Reported Cases with Onset in 2004, by Age Group, and Incidence of Selected Vaccine Preventable Diseases, California, 2004 (Provisional – as of 12/31/04)

DISEASE	Age Groups			Age Unknown	All Ages	
	0-4 yrs	5-17 yrs	18+ yrs		Cases	Rate ¹
Congenital Rubella Syndrome	0	0	0	0	0	0.00
<i>H. influenzae</i> , type b (Hib) ²	0	1	1	0	2	0.01
Hepatitis A	27	122	627	4	780	2.11
Hepatitis B	0	4	416	3	423	1.15
Measles ³	2	1	3	0	6	0.02
Pertussis	423	247	238	3	911	2.47
Rubella ³	0	0	0	0	0	0.00
Tetanus	0	0	3	0	3	0.01

¹ Annualized Incidence Rate = cases/100,000 population

² *H. influenzae* is reportable only for cases ≤30 years

³ Confirmed cases only

Prepared by California Department of Health Services, Immunization Branch

cases per 100,000 population. This is similar to 2003 Hib incidence when four cases were reported in California.

The two 2004 cases occurred in Los Angeles and Tulare Counties. The first case was a 23-year-old Los Angeles County male who died one day after being hospitalized for pneumonia. It is not clear if he had any underlying conditions that contributed to his death. The other was a 13-year-old male from Tulare County who was hospitalized with meningitis. This case had several pre-existing conditions (brain tumors, hydrocephaly, seizures) but it is unclear if they contributed to this infection, from which he eventually recovered. Vaccination history is not routinely collected for cases over five years of age so it is unknown if either case was vaccinated for Hib.

Tetanus: In 2004, three cases of tetanus were reported in California, resulting in an incidence rate of 0.01 cases per 100,000 population. In 2003 there were also three tetanus cases reported. The 2004 tetanus cases were from Los Angeles County, Tulare County, and Sonoma County. The ages of these cases ranged from 41 to 65 years of age. Two were Hispanic females and one was a White female. Two cases had acute injuries, including an injury sustained during yard work and a puncture wound on the hand. One case was a likely injection drug user (IDU), but it is not certain since follow-up for this case was extremely difficult. Vaccination history was unknown for two cases and the third case had not received any doses. All three cases were hospitalized and all three recovered.

Hepatitis A: In 2004, 780 cases of hepatitis A were reported in California based on provisional data, resulting in an incidence rate of 2.11 cases per 100,000 population. This represents a 26% decrease from 2003, when 1,053 cases were reported by the end of December (incidence rate = 2.9 cases per 100,000 population) and an 88% drop from 1995 (6,773 cases, 21.12 incidence), the last peak year in California. Disease rates have been declining in all racial/ethnic groups. By 2004, the incidence of hepatitis A in Whites was 1.39 cases per 100,000 population (245 cases), 1.90 in Hispanics (228 cases), 1.64 in Asian/Pacific Islanders (75 cases), and 1.12 in African Americans (27 cases). These rates do not include the 205 cases that had other or unknown race/ethnicity. The majority of cases (80.4%) were adults.

Hepatitis B: In 2004, 423 cases of hepatitis B were reported in California based on provisional data, resulting in an incidence rate of 1.15 cases per 100,000 population. This represents a 32% decrease from 2003, when 619 cases were reported by the end of December 2003 (incidence rate = 1.7 cases per 100,000 population) and a 93% decrease from 1985 (5,969 cases, incidence rate =

22.61 cases per 100,000 population), the last peak year in California. By 2004, the incidence of hepatitis B in Whites was 0.74 per 100,000 population (130 cases), 0.52 in Hispanics (62 cases), 0.81 in Asian/Pacific Islanders (37 cases) and 1.37 in African Americans (33 cases). These rates do not include the 161 cases with other or unknown race/ethnicity.

In Madera County, 38 cases of hepatitis B were reported from a women's correctional facility. The correctional facility reported catching up on backlogged cases and that most cases were diagnosed in 2003. Seventeen of the correctional facility cases (45%) were reported in women in the 30-39 years age group.

Six cases have been reported in the 2-18 years age group. The six cases are still being reviewed.

Rubella: In 2004, as in 2003, there were no confirmed cases of rubella reported. The last confirmed case in California occurred in 2002 when three cases were reported. Fewer than 10 confirmed rubella cases have been reported each year in California since 1998. No cases of congenital rubella syndrome have been reported in California since 2000. The extremely low incidence of rubella suggests that the indigenous transmission of rubella may have been interrupted in California.

Other VPDs: As of December 31, 2004, no confirmed cases of polio or diphtheria have been reported to the Immunization Branch.

ASSESSMENT ACTIVITY

2004 Kindergarten Achievement: 96% or higher for each required vaccine

Congratulations and thanks to Immunization Coordinators for your work on the kindergarten assessments and the positive results. Table 2 on the next page shows that the results from the fall 2004 kindergarten assessment are similar to previous years. This year 92.9% of the 510,074 students enrolled in reporting kindergartens received all required immunizations (4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ varicella). Under 1.5% of children had exemptions: 6,340 (1.24%) children had personal belief exemptions and 747 (0.15%) children had permanent medical exemptions. Coverage for each vaccine has been higher than 96% and the percent of students meeting the requirement for varicella (one dose of vaccine or physician-documented disease or immunity) is 98.8%!

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2004 Child Care Achievement: Over 96% for each required vaccine

Results from the fall 2004 assessment of licensed child care centers are similar to previous years. This year 93.7% of the 487,738 children enrolled in reporting child care facilities received all required immunizations (4+ DTP, 3+ Polio, 1+ MMR, 1+ Hib, 3+ Hep B, and 1+ varicella). There were 6,132 (1.26%) children with personal belief exemptions and 1,038 (0.21%) children with permanent medical exemptions.

CASA Results Double in Ten Years!

The 2004 statewide public clinic assessment included 124 local health department clinics and 202 community health centers (CHCs). To measure the immunization status of children served by these clinics, local staff collected immunization records from all two-year-olds attending the clinics (n=29,157) and entered them into CDC's Clinic Assessment Software Application (CASA). Statewide 4:3:1:3:3 coverage levels for both health department clinics (67.8%, ±0.84%) and CHCs (73.4%, ±0.66%) increased by 3.7 percentage points and 2 percentage points respectively since last year's assessments.

IMMUNIZATION SERVICES

No Changes to the Recommended Immunization Schedules for 2005

The childhood and adolescent immunization schedule for 2005 is unchanged from the July-December 2004 schedule published in April 2004. The catch-up immunization schedule for children and adolescents who start late or are more than a month behind also remains unchanged. For a copy that can be downloaded you can go to www.cdc.gov/mmwr/preview/mmwrhtml/mm5351-Immunizational1.htm.

The October 2004-September 2005 adult immunization schedule also contains no new recommendations: www.cdc.gov/mmwr/preview/mmwrhtml/mm5345-Immunizational1.htm. However, a separate color (purple) now appears for vaccines recommended for health care workers. The schedule also contains the updated recommendation for influenza vaccine for all pregnant women.

Meningococcal Conjugate Vaccine Licensed in U.S.

Meningococci (*Neisseria meningitidis*) are bacteria which can cause severe infections, including meningitis, loss of limbs, and death. Meningococcal infections are most common in infants, followed by adolescents and young adults. In January 2005 the U.S. Food and Drug Administration (FDA) licensed a quadrivalent meningococcal conjugate vaccine (MCV4) for protection against meningococcal disease in adolescents and adults aged 11-55. The Meningococcal [Groups A, C, Y, and W-135] Polysaccharide Diphtheria Toxoid Conjugate Vaccine (MCV4) is now licensed to sanofi pasteur formerly (formerly Aventis Pasteur) for sale under the name Menactra™. We expect this new conjugated vaccine will eventually replace Aventis' earlier polysaccharide meningitis vaccine (Menomune™). ACIP is expected to provide specific recommendations for the use of MCV4 in persons between 11 years old and college age at its February 2005 meeting. sanofi pasteur is expected to submit a supplemental application to FDA shortly for use of this vaccine in children younger than 11 years. Additional vaccines for *Neisseria meningitidis* are currently under evaluation by Chiron, Wyeth, and GlaxoSmithKline. Stay tuned for additional information about the availability and use of MCV4.

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Table 2: Kindergarten Assessment, 2000-2004

	2000	2001	2002	2003	2004
Number of Schools	8,473	8,705	8,646	8,544	8,510
Number of Students	526,466	523,516	519,397	513,519	510,074
All Required Immunizations	92.20%	90.85%	92.29%	92.53%	92.87%
Conditional Entrants	6.92%	7.83%	6.45%	6.18%	5.74%
Permanent Medical Exemptions	0.11%	0.14%	0.15%	0.13%	0.15%
Personal Belief Exemptions	0.77%	1.19%	1.11%	1.16%	1.24%
DTP 4+	96.3%	96.6%	96.2%	96.5%	96.6%
Polio 3+	96.9%	97.1%	97.2%	96.9%	97.0%
MMR 2+	96.3%	96.7%	97.0%	96.8%	96.9%
Hep B 3+	97.3%	97.7%	98.1%	98.1%	98.3%
Varicella 1+	n/a	96.9%	98.3%	98.6%	98.8%

Source: 2000-2004 Kindergarten Assessments
Prepared by California Department of Health Services, Immunization Branch

New Temperature Logs Encourage "Aim for 40" Degrees

"Aim for 40" is a new message on Immunization Branch vaccine handling materials. As freezers have gotten colder to accommodate varicella vaccine, a mistaken perception has developed that 'colder is better' for storing vaccines in the refrigerator. Inactivated vaccines lose potency below 32° F, even though they may not appear to be frozen solid. This has resulted in many expensive vaccine losses in recent years, as well as hours of staff time in patient call backs and reimmunization. We now recommend that providers "Aim for 40" degrees in vaccine refrigerators to prevent the refrigerator temperature from dropping too low.

AAP Posts Changes in Vaccine Procedure Codes

On January 5, the American Academy of Pediatrics (AAP) posted on its website the eight-page document "Comprehensive Overview: Immunization Administration 2005." The document describes the eight immunization administration CPT codes (current procedural terminology codes) now available, including four new codes. There are significant changes to immunization administration in terms of both procedure codes and their valuation, which have brought about myriad questions and concerns. The document, www.aap.org/visit/ImmunizationAdmin2005.doc, also presents a series of questions and answers that explain how to use the codes.

It's a Small World – Vaccines Given in Mexico and Other Countries

Recently a child's immunization record listed the receipt of "Triacel" in Mexico. Triacel® is a DTaP vaccine produced in Canada and distributed in Mexico by sanofi pasteur (formerly Aventis Pasteur). It is recommended for children at 2, 4, 6, and 18 months. A copy of the Spanish-language product information document for Triacel® is available at www.amv.com.mx/aventis_pdf/TRIACEL.pdf

Other resources on foreign vaccines include:

- www.cdc.gov/nip/publications/pink/appendices/D/foreign_terms.pdf
This links to Appendix D of the new 2005 CDC "Pink Book", *Epidemiology and Prevention of Vaccine Preventable Diseases*. You may also purchase the written edition of the 2005 Pink Book on-line.
- www.dhs.ca.gov/ps/dcdc/izgroup/pdf/Vaccineab-brev.pdf
DHS Immunization Branch maintains a partial list of vaccines available worldwide.
- www.immunofacts.com/products.asp
ImmunoFacts (Grabenstein JD. *ImmunoFacts: Vaccines*

and *Immunologic Drugs*. St Louis, MO: Wolters Kluwer Health, Inc.; 2005), requires purchase.

- www.vacunas.com.mx
This website provides information, including trade names, of vaccines available in Mexico. It is worth reviewing this website if you evaluate Mexican vaccination records. Click on "productos".

Vaccines administered in countries other than the U.S. are acceptable when substantiated by proper documentation and generally coincide with recommended U.S. schedules. The 2002 ACIP General Recommendations provide details regarding vaccine doses given outside the U.S. and is available at www.cdc.gov/mmwr/preview/mmwrhtml/rr5102a1.htm.

Mexico has started administering a two-dose live, oral rotavirus vaccine, Rotarix®. This vaccine was developed by AVANT Immunotherapeutics, and will be produced in a new plant in Belgium and marketed through its partner, GlaxoSmithKline (GSK). GSK plans to launch Rotarix® in additional Latin American countries as well as Asia Pacific countries during the course of 2005. We do not know yet how this vaccine will appear or be abbreviated on Mexican records.

Regretfully, Immunization Branch is unable to assist with translation of immunization records.

VACCINES FOR CHILDREN (VFC) PROGRAM

It's VFC Recertification Time

VFC providers were notified January 5 that it was time to complete their VFC Provider Enrollment Form and other documents to continue in the VFC program for another year. The deadline for submission of the VFC Provider Enrollment Form, VFC Provider Profile Form and Supplemental Form was February 7. Because of federal requirements, these forms must be mailed to the VFC office. If you did not receive your enrollment materials, contact the VFC Customer Service toll-free at (877) 243-8832.

Preservative-Free Td Vaccine is Now Available to VFC Providers

VFC providers were notified in late January that they can now order the newly licensed preservative-free adult Td vaccine. This vaccine is for VFC-eligibles who are 7

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through 18 years of age. P-free Td is packaged in single dose syringes, ten to a box. It is produced by sanofi pasteur (formerly Aventis Pasteur) and commercially known by the brand name DECAVAC™. The VFC Vaccine Order Form (DHS8501 [1/05]) was revised to include Td.

Accountability for VFC Vaccine Handling

The recertification package sent to VFC providers in January noted that the VFC enrollment agreement had been revised so that providers agree to use the official VFC Temperature Logs (IMM-682) and after they are completed, to retain them on file for a period of 12 months. In late January providers also were notified that VFC vaccine losses due to office mishandling can result in their repaying for vaccine wasted, as well as halt their participation in the VFC program. Additional resources for training and informing staff about proper vaccine handling were included in the late January mailing.

VFC Influenza Vaccine

Concerning our “seasonal” influenza vaccine products, the entire order of VFC flu vaccine (in 10 dose vials) has been distributed to VFC providers. However, the VFC program retains very good inventory of the Influenza - preservative free (Flu-PF in syringes) product for VFC-eligible infants 6-35 months. VFC Providers are encouraged to continue to order Flu-PF vaccine in single dose syringes, ten to a box, for VFC-eligible infants 6-23 months of age, whether it is for their initial dose or the recommended second dose one month later.

PROFESSIONAL INFORMATION AND EDUCATION

39th NIC in Washington DC

The 39th annual National Immunization Conference will be March 21-24, 2005 at the Washington Hilton in Washington, DC. NIC brings together a wide variety of local, state, federal, and private-sector immunization partners to explore science, policy, education, and planning issues related to immunization in general and vaccine-preventable disease. Please visit www.cdc.gov/nip/nic for more information.

Improving Vaccine Storage and Handling in the Private Sector

As part of the national effort to reduce vaccine storage and handling mistakes, particularly with federally purchased VFC vaccines, CDC has produced an updated video “How To Protect Your Vaccine Supply.” This new “How To” video was featured as a valuable training tool

on the December satellite conference “Quality Assurance in Vaccine Storage and Handling.” The CDC training video moves quickly, summarizing basic procedures for proper vaccine storage, equipment, record keeping, and steps to take when a problem occurs. Health care providers need to be reminded that staff competency in vaccine storage and handling should be assessed by medical directors or office supervisors on an annual or more frequent basis. Single copies of the “How To” video are available free to providers directly from CDC at www2.cdc.gov/nchstp_od/PIWeb/niporderform.asp.

2005 Epidemiology and Prevention of Vaccine-Preventable Diseases Course

Mark your calendars now! The live version of CDC’s Epidemiology and Prevention of Vaccine Preventable Diseases Course will again be hosted by the Immunization Branch in Sacramento on November 15-16, 2005 and in Torrance on November 17-18, 2005. Additional information about the course will be available in April on the Immunization Branch website, the CDC NIP website, and in UPDATE.

PUBLIC INFORMATION AND EDUCATION

Hand Washing Cling-ons Now Available

A colorful hand washing cling-on is now available for local health departments to order. This was originally developed for the statewide Multi-jurisdiction Bioterrorism Community Education Exercise that took place on January 11, 2005 (please see article in BT section of this UPDATE). These hand washing signs are also part of our respiratory hygiene campaign materials and provide a particularly appropriate message during cold and flu season. They can be posted in bathrooms on mirrors, stall doors, towel dispensers, etc. or in public areas, such as waiting rooms. A sample of the cling-on is enclosed in this UPDATE.

Bilingual Pertussis Flyer Now Available

A pertussis flyer (IMM-817ES) in English and Spanish is now available and a sample flyer is enclosed in this UPDATE. The flyer focuses on tips for families to prevent the spread of pertussis to babies. Peak pertussis disease activity is usually April through August in California, as shown in Figure 1 on the next page.

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INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

Flu Vaccine With a Return Policy Now Available

On January 7, 2005, State Public Health Officer Dr. Richard Jackson rescinded the Public Health Order that previously restricted use of flu vaccine. This means that all Californians are now eligible to receive flu shots. The restriction was lifted to ensure that all remaining flu vaccine in physician offices is used and to encourage providers to order vaccine to vaccinate individuals who have not been able to receive vaccine thus far. The media, medical societies, health plans, and other partners have already been notified of this change.

Due to the extraordinary situation this year, it is important to extend influenza vaccination season so as many people as possible can be protected. Since influenza activity has not reached its peak yet in California, there is still time to order vaccine and protect patients from serious flu complications. As of January 1, 2005, Medicare reimbursement rates have doubled so that providers are better able to cover their administrative costs.

On January 27th, CDC announced that a supply of three million doses of flu vaccine with a return policy is now available from sanofi pasteur (formerly Aventis Pasteur) and some distributors. Orders made directly from sanofi pasteur qualify for refunds on any unused doses that are returned. However, orders made through distributors may or may not qualify, depending on

when their vaccine was purchased. Providers should confirm the details of return policies from distributors before ordering.

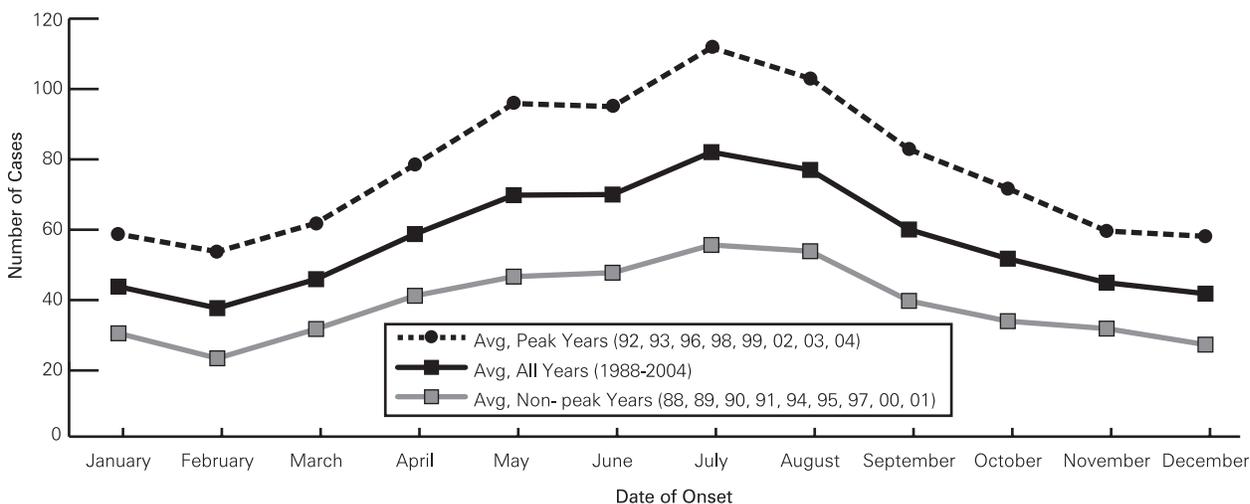
Influenza Surveillance in California

As of February 2, 2005, influenza activity has been mild this season. However, because the virus is unpredictable and more than one strain may circulate at the same time, it is difficult to predict at this point whether overall this will be a mild, moderate or severe influenza season. All the strains characterized by CDHS as of February 2 have matched the components of the 2004-05 influenza vaccine for the Northern Hemisphere (A/Fujian/411/2002-H3N2-like and, no type A H1N1 isolates). Additionally, an influenza A (H3N2) isolate sent to CDC in September 2004 has been identified as a new prototype reference strain called A/California/7/2004. Based on further studies, influenza H3 isolates identified in California in the future may be tested for two reference strains, A/Fujian/411/2002-H3N2-like and A/California/7/2004 (H3N2). This latter isolate is closely related to A/Fujian/411/2002 (H3N2).

In addition, if a significant percentage of this season's strains characterized as A/California/7/2004 (H3N2), it may be considered as potential candidate strain to include in the influenza vaccine next season. Testing for the new strain will be important to evaluate how much is circulating and the impact of this new H3N2 strain in California. Please visit CDC web page which was updated with this information at www.cdc.gov/flu/weekly.

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Figure 1: Seasonality of Pertussis in California, Averaged by Month of Onset 1988-2004* (2004 Data are preliminary)



Prepared by California Department of Health Services, Immunization Branch

The importance of monitoring influenza has been underscored recently by the emergence of avian influenza (H5N1) in Asia, the subsequent threat of an influenza pandemic, and the 2004-2005 influenza vaccine shortage. Influenza surveillance in California is particularly important due to its large population and coastal location with several ports of entry for flights and shipping to and from Asia. A report on the California Flu Surveillance Project including discussion of influenza diagnosis is enclosed with this UPDATE.

IMMUNIZATION REGISTRIES

Save the Date – State Immunization Registry Meeting April 14, 2005

The next Statewide Immunization Information System (SIIS) Conference will be held on April 14, 2005, in Berkeley. This will be an opportunity to review goals and objectives for the 2004-2007 SIIS Strategic Plan with the larger registry and stakeholder community in California. One focus will be promoting consistency in operational procedures, quality assurance, and other technical standards across nine regionally-based registries in the state. As SIIS continues to move forward, integration of all the registries is a top priority, advancing the goal of a seamless statewide immunization registry system.

IZ COALITION ACTIVITIES

2005 NIIW Campaign Is Underway!

April 24-30, 2005 is National Infant Immunization Week (NIIW) and May is Toddler Immunization Month (TIM). The CDHS Immunization Branch, in partnership with the California Coalition for Childhood Immunization (C3I) and the NIIW Task Force committee, will coordinate local and statewide campaign kick-offs. This year's theme "It's Not Magic, It's Immunizations" will focus on the successes of immunization in the past and present, emphasizing the success of eliminating polio and the dramatic reduction in other vaccine-preventable diseases.

MISCELLANEOUS

UPDATE Index

Enclosed is the UPDATE Index for 2004. Articles are listed by category with the month and the page on which they appeared.

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