

# miniupdate

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

June 8, 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.



Rendering courtesy of Studio Architecture

## We're Moving!

The Immunization Branch will have a new home next month at the California Department of Health Services' new 28.5 acre Richmond Laboratory Campus. The first phase of this state of the art complex was opened several years ago and houses the Department's Viral and Rickettsial Diseases Laboratory, the Microbial Diseases Lab, and other laboratory services. The third and final building will house us and several other branches of the Department's Division of Communicable Disease Control, including Infectious Disease Branch, Sexually Transmitted Disease Branch, and Tuberculosis Branch, along with other DHS program and field offices. The Richmond Campus boasts a 200-seat auditorium, a 150-seat indoor/outdoor cafeteria, a 2,500 square foot reference library, a video-conferencing room, and six separate conference rooms that can seat 25 to 50. Our new phone numbers have not yet been assigned, but our new address is:

**Immunization Branch  
Department of Health Services  
850 Marina Bay Parkway  
Building P, 2nd floor  
Richmond, CA 94804-6403**

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## DISEASE ACTIVITY AND SURVEILLANCE

### VPD Surveillance

The surveillance data reviewed in this section are reported in Table 1. The table includes provisional number 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 April 30, 2005). For comparison, the numbers of cases reported in 2004 with onset in 2004 (as of April 30, 2004) are 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.

**Pertussis:** From January to April 2005, 213 cases of pertussis were reported in California with onset in 2005, resulting in an annualized incidence rate of 0.19 cases per 100,000 population. This is a 2-1/2 fold increase over the same time period in 2004 (January to April) when 86 cases were reported. Counties reporting higher numbers of pertussis cases include Alameda (26 cases), Fresno (28 cases), Los Angeles (24 cases), Sacramento (13 cases), San Diego (11 cases), and Santa Clara (30 cases). Both Fresno and Sacramento have reported outbreaks this year. Eighty-two cases (39%) were in infants less than 12 months old, compared to 24 cases reported in 2004. Race/ethnicity was specified for 166 out of 213 cases. Of these, 84 (39% of all cases) were White, 72 (34%) were Hispanic, 4 (2%) were Asian, 4 (2%) were African American and 2 (1%) were American Indian. One death has occurred in 2005, which was reported in the April 2005 IZ Update.

**Measles:** From January to April 2005, two cases of confirmed measles were reported. The first case was in an unvaccinated adult male from San Diego County who became ill after travel in Germany. One of his contacts was his unvaccinated adult brother, who also became ill. Both cases were lab-confirmed as IgM+ for measles. Both brothers had personal beliefs exemptions as school children and were never vaccinated. A third measles case in a 10-month-old infant was reported in May. This case is not included in the table below since disease onset was in May.

**Haemophilus influenzae:** From January to April 2005, one case of invasive *Haemophilus influenzae* type b (Hib) was reported in a 7-year-old in Alameda County with unknown vaccination status. This case did eventually recover from his illnesses.

**Tetanus:** In March, a case of tetanus was reported in Riverside County. The case was an adult male who was an inmate in jail who had been bitten during a fight. He had borderline diabetes and no history of vaccination.

**Hepatitis A:** From January to April 2005, 161 cases of hepatitis A were reported in California in 2005, resulting in an annualized incidence rate of 0.14 cases per 100,000 population. This is a decrease from 2004, when, for the same time period (January to April) 256 cases were reported. Most cases (82%) were reported in adults. Race/ethnicity was specified for 109 out of 161 cases. Of these, 40 (25% of all cases) were White, 46 (29%) were Hispanic, 16 (10%) were Asian/Pacific Islander, 6 (4%) were African American and 1 (1%) was American Indian.

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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 4/30/05)**

DISEASE	Age Groups				Age Unknown	All Ages	
	0-4 yrs	5-17 yrs	18+ yrs	Cases		Rate <sup>1</sup>	
Congenital Rubella Syndrome	0	0	0	0	0	0.00	
Diphtheria	0	0	0	0	0	0.00	
H. influenzae, type b (Hib) <sup>2</sup>	1	0	0	0	1	0.00	
Hepatitis A	6	23	132	0	161	0.14	
Hepatitis B	0	0	103	1	104	0.09	
Measles <sup>3</sup>	0	0	2	0	2	0.00	
Mumps	6	2	10	0	18	0.02	
Polio	0	0	0	0	0	0.00	
Pertussis	102	67	42	2	213	0.19	
Rubella <sup>3</sup>	0	0	0	0	0	0.00	
Tetanus	0	0	1	0	1	0.00	

<sup>1</sup> Annualized Incidence Rate = cases/100,000 population. Populations estimates source: California Department of Finance projections based on the 2000 census.

<sup>2</sup> *H. influenzae* is reportable only for cases ≤30 years

<sup>3</sup> Confirmed cases only

Prepared by California Department of Health Services, Immunization Branch

**Hepatitis B:** From January to April 2005, 104 cases of hepatitis B were reported in California with onset in 2005, resulting in an annualized incidence rate of 0.09 cases per 100,000 population. This is a decrease from 2004, when, for the same time period (January to April) 149 cases were reported. All reported cases were adults except for one pending case with unknown age. Race/ethnicity was specified for 69 out of 104 cases. Of these, 33 (32% of all cases) were White, 11 (11%) were Hispanic, 15 (15%) were Asian/Pacific Islander, 9 (9%) were African American and 1 (1%) was American Indian.

**Mumps:** From January to April 2005, 18 cases of mumps were reported in California with onset in 2005. This is comparable to the same time period in 2004 (January to April) when 11 cases were reported. Ten of the eighteen cases, just over half, were adults (56%). Race/ethnicity was specified for 12 out of 18 cases. Of these, 5 were White, 6 were Hispanic and 1 was African American.

**Other VPDs:** As of April 30, 2005, for this report year, no confirmed cases of Congenital Rubella Syndrome (CRS), diphtheria, polio, or rubella have been reported to the Immunization Branch.

In 2003, the National Immunization Survey (NIS) began to report data regarding hepatitis A vaccination coverage.

In 2003, 54.5% of California's children aged 24-35 months had received at least one dose of hepatitis A vaccine. Among children living in Los Angeles, San Diego and Santa Clara counties, 62.0%, 59.4%, and 42.6% had received at least 1 dose of hepatitis A vaccine.

Even with these seemingly "moderate" vaccination coverage levels, hepatitis A disease incidence in California decreased 89% between 1995 and 2004. Until recently, the reported incidence of hepatitis A had been highest among children. Between 1995 and 2004, hepatitis A incidence in children declined from 28 cases per 100,000 to 2 cases per 100,000, while among adults it declined from 19 cases per 100,000 to 3 cases per 100,000. By 2004, rates had declined among all racial/ethnic groups and now overall rates are similar among all racial/ethnic groups, although rates are still higher among Hispanic children (2.3 cases per 100,000) than among white children (0.50 cases per 100,000).

### Immunization Coverage in California Continues to Improve

The most recent National Immunization Survey (NIS) results, for the period July 2003 through June 2004, show that immunization coverage among California children (19-35 months) is continuing to improve (see Table 3). Compared to other states, California ranked 14th on 4:3:1:3:3:1 coverage at 77.3%. However, from a statistical standpoint, only one state has significantly higher coverage; 32 states have similar coverage; and 17 states have significantly lower coverage!

Immunization coverage for the 4:3:1:3:3:1 series in Los Angeles County (78.4%), San Diego County (76.6%),

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## ASSESSMENT ACTIVITY

### Hepatitis A Vaccination Coverage in California

Hepatitis A vaccine was first licensed in the United States in 1995 and was introduced into the Recommended Childhood Immunization Schedule for California in 1999 when the Advisory Committee on Immunization Practices made the recommendation to vaccinate children living in states and communities with consistently elevated levels of hepatitis A.

Table 3: Estimated Immunization Coverage Among Children 19-35 Months, National Immunization Survey, July 2003 - June 2004

Region	4:3:1:3:3:1 <sup>1</sup>	1+Var <sup>2</sup>	3+PCV <sup>3</sup>
US National	74.5 ± 0.9	86.2 ± 0.7	70.5 ± 1.0
California	77.3 ± 3.5	90.6 ± 2.5	73.4 ± 3.8
CA - Los Angeles County	78.4 ± 5.4	93.9 ± 2.9	72.9 ± 5.9
CA - San Diego County	76.6 ± 5.6	87.1 ± 4.5	68.5 ± 6.1
CA - Santa Clara County	79.5 ± 5.4	88.3 ± 4.4	84.0 ± 4.9
CA - Rest of State	76.7 ± 5.3	89.6 ± 4.0	73.4 ± 5.8

<sup>1</sup> Four or more doses of DTaP, three or more doses of poliovirus vaccine, one or more doses of any measles containing vaccines, three or more doses of Hib, three or more doses of HepB, and one or more doses of varicella

<sup>2</sup> One or more doses of varicella at or after child's first birthday, unadjusted for history of varicella illness

<sup>3</sup> Three or more doses of pneumococcal conjugate vaccine

Source: National Immunization Survey, July 2003 - June 2004

Prepared by the California Department of Health Service, Immunization Branch

and Santa Clara County (79.5%) are similar to coverage for the state as a whole. Complete IAP estimates are available from the National Immunization Program website at [www.cdc.gov/nip/coverage](http://www.cdc.gov/nip/coverage).

**Varicella Vaccine:** For the first time, coverage for 1+ dose of varicella is above 90%! California's estimate of varicella coverage at 90.6% is significantly higher than the US national estimate of 86.2%. Los Angeles County is also doing better than the nation, with varicella coverage estimated at 93.9%.

**Pneumococcal Conjugate Vaccine:** Coverage for 3+ doses of PCV was reported for the first time in the 2002 NIS. Results in California for the period July 2003 through June 2004 show coverage is 73.4% among children 19-35 months. Pneumococcal coverage in Santa Clara County is outstanding at 84.0%—significantly higher than both the California state estimate and the US national estimate.

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## VACCINES FOR CHILDREN (VFC) PROGRAM

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### Two New Vaccines Coming

On May 3rd, 2005, the U.S. Food and Drug Administration approved the licensing of the first combination vaccine to help protect adolescents against whooping cough (pertussis). Tdap (brand name Boostrix®), manufactured by GlaxoSmithKline Biologicals, is indicated for use as a booster immunization against tetanus, diphtheria and pertussis through administration of a single dose to adolescents between 10 to 18 years of age. A VFC resolution for the use of this vaccine may be adopted by the Advisory Committee on Immunization Practices (ACIP) when it meets at the end of June.

Tdap and the meningococcal conjugate vaccine (brand name Menactra™) are being added to vaccines available to providers through the VFC Program. We are working closely with CHDP and Medi-Cal to obtain the appropriate administration codes and initiate the necessary electronic data processing procedures so that VFC Providers can obtain reimbursement when they immunize VFC eligibles with these vaccines. Menactra™ should be available for ordering in June; providers will receive official notification shortly. Boostrix® will be made available when a federal contract is in place and the ACIP VFC resolution is issued.

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## PROFESSIONAL INFORMATION AND EDUCATION

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### CDC's 2005 Annual IZ Update Coming Early This Year

Register now for CDC's 2005 Annual Immunization Update broadcast. It is scheduled a month earlier than usual, airing twice on July 28th, at 6:00am-8:30am PT and 9am -11:30am PT. This broadcast, presented by a team led by Bill Atkinson, MD, will offer the latest information on immunizations. A postcard with more information is attached to this Update.

### 2005 Adult IZ Summit

Over 150 people attended the 5th Annual Adult Immunization Summit sponsored by the California Adult Immunization Coalition held in San Diego on May 2.

### Upcoming Satellite Broadcast Public Health Preparedness: Pandemic Influenza California Update 2005

CDHS Immunization Branch is partnering with the California Distance Learning Health Network to develop a satellite broadcast on pandemic influenza. Public Health Preparedness: Pandemic Influenza California Update 2005 will be a 90-minute satellite broadcast highlighting national, state and local experts who will discuss topics including pandemic influenza epidemiology, vaccination/antiviral issues, planning considerations, role of laboratories and infection control. Tentatively scheduled to air during the first week of October 2005, this broadcast is a must-see for bioterrorism coordinators, planners, trainers, hospital response planners, infection control staff, community first responders and anyone with a potential stake in learning practical tips for preparing and responding to a pandemic influenza outbreak. For more information, contact Lisa Benton, MD, MPH at [LBenton@dhs.ca.gov](mailto:LBenton@dhs.ca.gov) or Norman Jackson, MS at [NJackson@dhs.ca.gov](mailto:NJackson@dhs.ca.gov).

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## PUBLIC INFORMATION AND EDUCATION

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### Meningococcal Interim VIS

The Meningococcal Vaccine Information Statement (VIS) has been updated and a sample is enclosed in this Update. [Please note that this version is considered interim until the ACIP issues its recommendations on the new conjugate vaccine.] Translations into other languages

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are expected to be available online at [www.immunize.org](http://www.immunize.org) within the next few months. A Meningococcal Fact Sheet is enclosed with this Update.

## August is National Immunization Awareness Month

National Immunization Awareness Month (NIAM) is right around the corner. It is a time to increase awareness about immunization across the lifespan as parents and children prepare for the return to school, and the medical and public health community begins preparations for the upcoming school season. If you would like more information on previous NIAM campaigns, the National Partnership for Immunization (NPI) has press and promotional kits available at [www.partnersforimmunization.org/niam.html](http://www.partnersforimmunization.org/niam.html).

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## SMALLPOX AND BT PREPAREDNESS

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### Disease Investigation Training 2005

CDHS Division of Communicable Disease Control partnered with 53 local health departments in conducting the Disease Investigation Training satellite broadcast and tabletop exercise last April 19, 2005. The whole-day training consisted of a satellite broadcast, presentations from local communicable disease staff, and finally a hands-on tabletop exercise investigating a mock disease outbreak. Health departments custom-tailored the training and injected scenarios/presentations that were relevant to their local health jurisdictions. The broadcast is currently available as an archived webcast at [www.cdlnh.com](http://www.cdlnh.com). It will also be made available as a Public Health Café and in VHS video format.

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## IMMUNIZATION REGISTRIES

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### 2005 Registry Bill Gains Momentum

A new Assembly bill, AB 576 (Wolk), addresses the need for full, sustainable funding for California's statewide immunization information system (SIIS). In addition, the legislation would permit secure sharing of immunization registry data across state lines—a growing issue in border communities like South Lake Tahoe. For further information, contact the California Coalition for Childhood Immunization (C3I) at [www.immunizeca.org](http://www.immunizeca.org).

### IZ Registry Meeting Highlights Statewide Vision

The Spring 2005 Statewide Immunization Information System (SIIS) Meeting was held in April in Berkeley. The

meeting emphasized the theme of building statewide standards and consistency. The topic was timely as representatives from California's nine regional immunization registries look toward funding strategies to link the separate entities into one unified statewide system. Over 125 registry staff and stakeholders attended the full day meeting, featuring a presentation from Bill Brand, President of the American Immunization Registry Association (AIRA) on national performance standards of excellence for registries. A smaller core group also met to update the SIIS Strategic Plan, setting action steps for five goal areas: obtain full, sustainable funding; promote consistent operations throughout the state; connect all registries; increase to 75% the number of 0-6 year olds with records in SIIS; and reduce legal and policy barriers. A copy of the strategic plan can be found at: [www.ca-siis.org/project.html](http://www.ca-siis.org/project.html).

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## IZ COALITION ACTIVITIES

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### C3I's Spring Meeting Last Month

C3I's spring meeting was particularly notable as participants commemorated C3I's 10th anniversary, the 50th anniversary of the Salk polio vaccine, and a very successful NIIW. Dr. Richard Jackson, the State Public Health Officer gave a compelling keynote address during a special luncheon. In addition, C3I presented the Natalie Smith Immunization Champion award to John Dunajski, who recently retired as Assistant Chief of the CDHS Immunization Branch, and has truly been an immunization champion.

C3I, the California Coalition for Childhood Immunizations, is made up of leaders from various statewide organizations working together to improve childhood immunization levels. Participants share information on how to become stronger advocate for immunizations, review progress on current goals and objectives, celebrate accomplishments, and network with experts. For more information, please contact Vanessa Richter at [vrichter@shots4tots.org](mailto:vrichter@shots4tots.org).

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## MISCELLANEOUS

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### CDLHN – An Important Distance Learning Resource!

The California Distance Learning Health Network (CDLHN) at San Diego State University is a great resource for public health workers interested in continuing educa-

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tion opportunities and work force development. CDLHN produces and promotes distance learning trainings such as satellite broadcasts, webcasts, videos/DVDs, and CD-ROMs on a variety of topics. Every month CDLHN staff research some 50 public health organizations for upcoming training opportunities, and posts the information on the CDLHN.com website. Visit [www.cdlhn.com](http://www.cdlhn.com) for a complete list of currently available and upcoming trainings.

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