

# miniupdate

IMMUNIZATION BRANCH • DEPARTMENT OF HEALTH SERVICES • 2151 BERKELEY WAY • BERKELEY, CA 94704 (510) 540-2067 • [www.dhs.ca.gov/ps/dcdc/izgroup](http://www.dhs.ca.gov/ps/dcdc/izgroup)

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

October 10, 2003

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



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

## 94.2% of Parents Have Their Child's "Yellow Card!"



## Parents Do Keep Those Yellow Cards!

Results of the most recent California Health Interview Survey (CHIS) revealed heartening facts in California: 94.2 percent of parents interviewed said they had their child's official Immunization Record ("yellow card") and 97.8 percent of them said they had no difficulties getting shots for their kids.

The California Health Interview Survey (CHIS) is a random digit dial telephone survey conducted every two years. CHIS 2001 collected information on adults, adolescents, and children from more than 55,000 households, drawn from 41 predefined geographic areas or "strata."

More information is available at [www.chis.ucla.edu](http://www.chis.ucla.edu).

---

## TABLE OF CONTENTS

---

Disease Activity and Surveillance.....	1
Assessment Activity.....	3
Immunization Services.....	4
Vaccines for Children (VFC) Program.....	4
Professional Information and Education.....	4
Public Information and Education.....	4
Influenza and Pneumococcal Activities.....	5
Immunization Registries.....	5
IZ Coalition Activities.....	5
Miscellaneous.....	6

---

## DISEASE ACTIVITY AND SURVEILLANCE

---

**Pertussis:** From January to August 2003, 524 confirmed and probable cases of pertussis were reported with onset in 2003, resulting in a (non-annualized) incidence rate of

*Continued on page 2...*

1.44 cases per 100,000 population, compared to 473 cases with onset in 2002 (incidence of 1.32) reported during the same period last year. Three pertussis deaths have occurred this year, compared to four deaths for the same period last year. Several counties reported increases in the number of pertussis cases earlier this year (Kern, Orange, Yolo, Santa Cruz, Stanislaus); however, it appears that there are no current large-scale pertussis outbreaks going on in California.

**Measles:** Three cases of measles have been reported in California for 2003, all of which have been described in previous Updates. However, there are measles outbreaks elsewhere in the world at this time, which may be brought into California by international travelers; please see the following article on this page for more details about these global outbreaks.

**Haemophilus influenzae, type B:** There have been four Hib cases with onset in 2003 reported as of August 31, 2003. Two cases of *Haemophilus influenzae*, type B (Hib) disease were reported during July and August. One case was a three-year-old Hispanic male in Alameda County. He was fully immunized. An isolate was obtained and has been sent to the CDC lab for serotyping. The second case (a 6-month-old from Contra Costa County), which had been reported as *Haemophilus influenzae*, non-typable, was able to be tested further at the CDC lab where it was identified as type B. This latter case illustrates the value and importance of forwarding isolates to the CDC for serotype testing. Please send all type B and non-typable *Haemophilus influenzae* isolates to the State Microbial Disease Lab (MDL) so that we can forward them to the CDC for further testing, even if no assistance is needed for serotype identification.

**Hepatitis A and B:** From January to August 2003, 627 cases of hepatitis A were reported, resulting in a (non-annualized) incidence rate of 1.72 cases per 100,000 population, compared to 1,015 cases and an incidence of 2.84 for the same time period in 2002. A total of 398 acute cases of hepatitis B were reported for the January to August 2003 time period, resulting in an incidence rate of 1.09 cases per 100,000 population, compared to 414 cases and an incidence of 1.16 last year.

**Other VPDs:** As of August 31, 2003 no cases of tetanus, rubella, diphtheria, polio, or Congenital Rubella Syndrome (CRS) with onset in 2003 have been reported to the Immunization Branch.

### Recent Measles Activity in California

Ongoing measles outbreaks in the Marshall Islands and Japan have resulted in several international travelers becoming infected with measles as they either were passing through or coming to California. In addition, all three California cases this year (reported in previous Updates) have

involved international travelers, including one case that traveled during his infectious period. These cases illustrate the need for travelers to be aware that there are disease outbreaks elsewhere in the world, as well as the need for continued vigilance in California to rapidly detect imported cases.

The Marshall Islands outbreak has affected at least one California resident. A new case of measles was identified by Sonoma County in a 20-year-old male who was exposed to an infant with confirmed measles during a flight from the Marshall Islands to Honolulu in mid-August. The case reportedly had one MMR shot, although no record was available. His infection is most likely due to close contact with the confirmed case – he sat one row ahead of the infant and his immediate neighbor also handled the infant for part of the flight.

Because this case did not seek medical care, he was not diagnosed as a measles case and was not identified until his family was reached during contact tracing done by the local health department. Within 10 days, he became ill with rash, fever, and cold-like symptoms. This case traveled by plane and bus from California to Montreal, Quebec during his infectious period. California, New York, Virginia, and Quebec health departments are following up on his travel contacts. Measles transmission due to air travel in the U.S. is rare.

Japan, where measles immunization is not required for school entry, is currently having a measles outbreak primarily among college and high school students. There have been three measles cases involving international travelers from Japan, none of which are considered California cases.

### Tetanus Surveillance in United States, 1998-2000

In June 2003, MMWR Surveillance Summaries reported on the national epidemiology of tetanus disease from 1998 to 2000 (2003;52 [No. SS-3]:1-8). During that three-year period, an annual average of 43 cases of tetanus was reported; the average annual incidence was 0.16 cases/million population. The highest average annual incidence of reported tetanus was among persons of Hispanic ethnicity (0.37 cases/million population), persons aged >60 years (0.35 cases/million population), and older adults known to have diabetes (0.70 cases/million population). Fifteen percent of the cases were among injection-drug users. The majority of tetanus cases occurred among persons inadequately immunized or with unknown immunization history who sustained an acute injury. Adults aged >60 years were at highest risk for tetanus and tetanus-related death. The full text of this article is available at [www.cdc.gov/mmwr/preview/mmwrhtml/ss5203a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5203a1.htm).

*Continued on page 3...*

For this three-year period, California represented 27% of all U.S. cases, although we only represent approximately 10% of the national population. In California, the epidemiology of tetanus differs from the national picture because the majority of our cases are injection drug users (IDUs). Between 1998 and 2002, 52 Californian cases of tetanus were reported (average annual incidence of 0.30 cases/million population). Half (26) of the reported cases were persons of Hispanic ethnicity (0.49 cases/million population), and 81% of the cases were between 18-59 years old (0.42 cases/million population). Fifty-four percent of the cases were among injection-drug users.

Every effort should be made to ensure that all adults, especially IDUs, are up-to-date for tetanus vaccination. For further information, please contact Rina Shaikh at (510) 540-2069 or RShaikh@dhs.ca.gov or Celia Woodfill at (510) 849-5066 or CWoodfil@dhs.ca.gov.

## ASSESSMENT ACTIVITY

### 2003 Kindergarten Retrospective Survey Results

The annual Kindergarten Retrospective Survey (KRS) provides state and regional estimates of immunization coverage among kindergarten children as of their second birthday. The 2003 KRS was conducted concurrently with the 2003 Selective Review (SR) in 3% of the state's kindergartens.

The 2003 KRS results indicate that immunization coverage among California children is comparable to previous years (Table 1). Coverage for hepatitis B, varicella, and Hib has increased significantly since last year; coverage for other vaccines remained level. Note that because Hib is not required for school entry (only for child care), the Hib numbers may underestimate the actual coverage level.

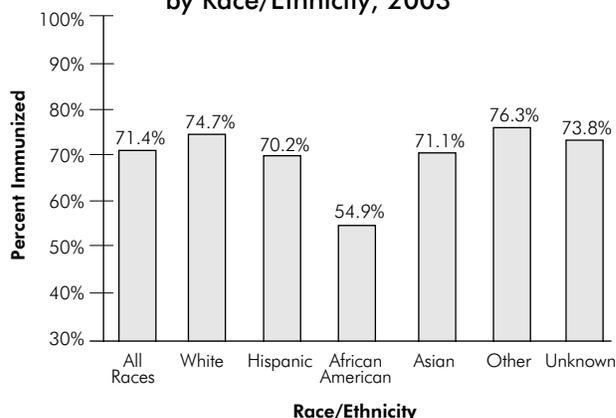
Progress in eliminating racial/ethnic disparities in immunization coverage has been made. However, for African American children, 4:3:1 immunization coverage at 24 months of age is significantly lower than for other race/ethnicity groups (Figure 1). This difference persists at all age checkpoints. This disparity in immunization coverage warrants further investigation.

**Table 1: Immunization Levels of California Kindergarteners at 24 Months of Age by Vaccine, 2001-2003**

Vaccine	2001 n=2,306	2002 n=2,268	2003 n=2,475
4 DTP, 3 Polio, & 1 MMR	70.8%	71.9%	71.4%
DTP (4+)	76.6%	78.1%	79.4%
Polio (3+)	90.5%	92.1%	91.3%
MMR (1+)	84.7%	85.6%	85.7%
Hep B (3+)	83.5%	86.3%	88.2%
Var (1+)	—	53.9%	64.6%
Hib (1+)	78.5%	79.0%	82.7%

Source: 2003 Kindergarten Retrospective Survey  
Prepared by California Department of Health Services, Immunization Branch

**Figure 1: 4:3:1 Coverage Levels of California Kindergarteners at 24 Months of Age by Race/Ethnicity, 2003**



Source: 2003 Kindergarten Retrospective Survey  
Prepared by California Department of Health Services, Immunization Branch

### CDC Reports School Assessment Data: California Looks Good

A new report from the National Immunization Program (MMWR 52[33];791-793) indicates that immunization coverage among California kindergarteners is slightly higher, but comparable to weighted national estimates. In California, immunization coverage of kindergarteners remains high, exceeding 96%, for all the vaccines compared (Table 2).

*More on page 4...*

**Table 2: Estimated Immunization Coverage Among Children Enrolled in Kindergarten, by Vaccine Series, California and U.S., 2002**

Locale	≥3 Polio	3 DTP	≥4 DTP	Measles	Mumps	Rubella	3 Hep B
US National	96.2%	95.5%	—	95.7%	96.1%	96.1%	96.0%
California	97.2%	—	96.6%	97.0%	97.0%	97.0%	98.1%

Source: MMWR 2003; 52(33): 791-793  
Prepared by California Department of Health Services, Immunization Branch

---

## IMMUNIZATION SERVICES

---

### Study To Look At DTaP 5th Dose Swelling

If your patient had a large local reaction after the toddler DTaP shot (4th dose), you may be interested in this study at Stanford.

Doctors at several universities are working with the Centers for Disease Control and Prevention (CDC) to study large local reactions after DTaP vaccines. The centers studying these reactions are located in Oakland, CA; Stanford, CA; Boston, MA; New York, NY; Baltimore, MD; and Nashville, TN.

The doctors are trying to identify three hundred children between the ages of 4 and 6, who experienced a severe local reaction after their toddler dose of DTaP. For more information call Nancy Bouvier, P.N.P., Clinical Research Nurse, Stanford-LPCH Vaccine Program, at (650) 498-7284.

---

## VACCINES FOR CHILDREN (VFC) PROGRAM

---

### VFC Vaccines

VFC providers can order two types of influenza vaccine for their high-risk, VFC-eligible patients. A new preservative-free influenza vaccine is encouraged by ACIP for use in healthy infants 6 to 24 months of age. The regular product, with small amounts of thimerosal preservative, also can be given to infants beginning at 6 months of age. For the first time, providers are able to offer influenza vaccine to both their high-risk and healthy VFC eligible children beginning at 6 months of age.

### VFC Brochure Released

The Immunization Branch has developed a new brochure "Why You Should Be a VFC Provider" (IMM-738). A copy is enclosed in this  UPDATE.

---

## PROFESSIONAL INFORMATION AND EDUCATION

---

### Revised Adult Immunization Standards Available in PDF Now, Print Soon

The "Revised Standards for Adult Immunization Practices" were published in the August edition of the *American Journal of Preventive Medicine*. The new Adult IZ Standards are

more comprehensive and evidence-based than the earlier version that was published in 1990. The National Vaccine Advisory Committee (NVAC) led this revision in collaboration with representatives from over 60 organizations. To order copies, go to [www.cdc.gov/nip/publications](http://www.cdc.gov/nip/publications).

### Vial Identification Chart

As part of the Immunization Branch effort to emphasize competency issues in immunization administration, a Vial Identification Chart (IMM-755) has been developed. The chart is large enough to show the labels clearly, and can be posted in the drawing up area. The "cling-on" chart uses static to adhere to surfaces rather than tape or tacks. A copy is enclosed in this  UPDATE.

### Refrigerator Temperatures Need to be "Just Right"

During visits to evaluate physician offices and clinics, VFC representatives have noted that some practices believe "the colder, the better" in their vaccine refrigerators. While we have done a great job of emphasizing the risk to vaccines from high temperatures, more emphasis is needed to avoid refrigerator temperatures that are too low. For frozen live vaccines, it is true that you cannot get too cold, only too warm! On the other hand, freezing temperatures significantly compromise inactivated vaccines, even though they may not freeze solid or change color. The actual temperature to freeze the vaccines solid is lower than the temperature to freeze plain water; however, damaging effects begin below 32°F (0°C) and become dramatic below 30°F. The temperature range for proper refrigerated vaccine storage is between 35°F to 46°F (1.7 to 7.8°C). The margin of safety between the lower end of the recommended range (35°F) and freezing is very small. Included in this  UPDATE are samples of refrigerator and freezer magnets that are available from the Immunization Branch to remind office staff of the required temperatures for vaccine storage. More important is for practices to use a temperature chart that clearly indicates out of range temperatures to alert staff who are documenting the reading. We distributed such a chart with shading to indicate out-of-range temperatures in the recent edition of the VFC Provider Manual and plan to send another copy to all VFC sites in November.

---

## PUBLIC INFORMATION AND EDUCATION

---

### October UPDATE—Binational Health Week: October 12-19

The third annual Binational Health Week (BHW) sponsored by the California-Mexico Health Initiative will be

*Continued on page 5...*

celebrated throughout California during the week of October 12-19. With an emphasis on migrant and immigrant health, BHW will again include three main components: health education and promotion activities, a binational public policy forum, and press events. This year's slogan is "Aunque estés lejos, no estás solo," ("Although you are far, you are not alone"). If you would like more information on the BHW events in your area, please contact Karina Celaya at (510) 540-2271.

---

## **INFLUENZA AND PNEUMOCOCCAL ACTIVITIES**

---

### **Outreach Efforts for the Latina 50+ Flu Campaign Are Underway!**

Collateral materials and campaign kits for this campaign have been sent to IZ Coordinators and partners. The campaign's centerpiece, a 30-second television advertisement promoting flu shots on Spanish-language television, will be airing throughout the month of November on Univision stations reaching 45 counties. To complement the TV commercial, radio advertising will be used in three markets. Local health departments are launching community outreach. If you have any questions regarding the campaign and its outreach efforts, contact Karina Celaya at (510) 540-2271.

### **Timing of Influenza Immunization for the 2003-2004 Season**

During the past three years, vaccine production delays forced the Advisory Committee on Immunization Practices (ACIP) to recommend prioritization of first-available influenza vaccine for those at high risk of complications from influenza illness and for health care workers. In August 2003, the CDC reported that "vaccine production for the 2003-2004 influenza season is proceeding satisfactorily and that projected production and distribution schedules will allow for sufficient supply of influenza vaccine during October and November. Therefore, influenza immunization can proceed for all high-risk and healthy persons, individually and through mass campaigns, as soon as vaccine is available." (MMWR 52[33]:796-797)

This season's flu vaccine will contain the same three strains as last year's formulation and consists of A/Moscow/10/99 (H3N2)-like, A/New Caledonia/20/99 (H1N1)-like, and B/Hong Kong/330/2001-like strains. Even though it is the same formulation, all 2002-2003 influenza vaccine expired on June 30, 2003 and should be properly disposed of and not used for the 2003-2004 season.

### **CDC's Flu Shot Promotion in Three California Counties**

CDC is launching a flu campaign for the 2003-2004 flu season in 10 counties in the U.S., including Los Angeles, San Bernardino, and Riverside. The CDC campaign is designed to supplement existing efforts with resources to reach providers and the media. The campaign includes video and audio news releases featuring Dr. Julie Gerberding. A provider tool kit that encourages providers to get immunized also will be supplied to the three selected California counties. For more information on this campaign, please contact Karina Celaya at (510) 540-2271.

---

## **IMMUNIZATION REGISTRIES**

---

### **CAIR 3.10 Software Released**

A new and enhanced version of the Immunization Branch's California Automated Immunization Registry (CAIR) Regional Web Software, CAIR 3.10, has been released, beta-tested, and should be operational in all CAIR registries in October. One of a number of improvements is in the reminder-recall functionality. CAIR software is used by six of the nine regional registries in California. CAIR 3.10 replaces the current CAIR 2.51 and 2.52 web software.

### **Registry Teamwork: Reaching Out to Managed Care Providers**

In September, the Immunization Branch teamed up with the Medi-Cal Managed Care (MCMC) Division to conduct a presentation on strategies to promote registry participation among providers in MCMC networks. Using distance learning technology, a team of state and regional registry representatives provided information about registries and strategies for working together. Over 40 individuals—primarily MCMC provider liaisons—from across the state participated in the hour-long presentation. Participants were encouraged to contact their closest regional registry to follow-up on recruitment and promotion efforts for member providers in their local health plans.

---

## **IZ COALITION ACTIVITIES**

---

### **"Stop the Cough" Campaign Wins Top Award**

The 2003 NIIW/TIM "Stop the Cough: Immunizations Protect Little Lungs" campaign recently received the Silver Bernays Award for best public service campaign by the San Diego chapter of the Public Relations Society of

*Continued on page 6...*

America. The award was presented to campaign partners the California Coalition for Childhood Immunization (C3I), DHS Immunization Branch, the California Distance Learning Health Network (CDLHN), San Diego's immunization coalition (I-3), and Porter Novelli. The Silver Bernays Award is the local equivalent of the national Silver Anvil award.

---

## MISCELLANEOUS

---

### IZ Community Mourns the Loss of Natalie Smith

With great sadness, we note that Natalie Smith, MD, the Immunization Branch Chief for eight years, has died at age 41. Natalie left the Branch only a year ago to join CDC as Deputy Director of the National Immunization Program. She was diagnosed with cancer in June and died in August. During her career, Natalie made outstanding contributions to the field of immunization and served on the National Advisory Committee on Immunization Practices. She frequently spoke on immunization-related issues to groups representing public and private health sectors and the media. Dr. Smith was a graduate of Stanford University, UCLA School of Medicine, and UC Berkeley.

Natalie touched many people both professionally and personally. She will be greatly missed. A fund has been established by CDC in her memory (Natalie Joy Smith Memorial Fund, 50 Hurt Plaza, Suite 765, Atlanta, GA 30303); donations to this fund will be given to support childhood immunization activities. A second fund was established for the future education of Dr. Smith's daughter, Maya; those donations can be sent to the Smith Family at 1631 Geary Road, Walnut Creek, CA 94597.

### HIPAA, Health Care Providers, and Public Health

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which went into effect in April 2003, establishes national standards for consumer privacy protection. The provisions of HIPAA with respect to public health activities are sometimes confusing for health care providers and for school and child care staff. The Immunization Branch has prepared two letters designed to clarify these matters. The main points are:

- HIPAA allows public health authorities to examine and receive identifying information from the immunization "blue cards" that are maintained by schools and child care facilities.
- HIPAA allows VFC and AFIX providers to make charts available to public health authorities for public health

purposes and for office evaluators to record the necessary information for immunization practice review.

- HIPAA allows, but does not require, health care providers to share immunization information on their child clients with school personnel who are gathering the information for public health purposes. If a health care provider chooses not to share this information directly with a school, the child's parent or guardian will need to follow the provider's procedures for releasing this information.

Questions about these documents may be addressed to Sarah Carroll at (510) 540-2484 or SCarroll@dhs.ca.gov.

### New Staff

In September, **Robert Schechter, MD**, became Chief of the Technical Assistance Section, the position held by Dr. Loring Dales until his recent retirement. Rob attended Stanford University, the UCLA School of Medicine, and the London School of Tropical Medicine and Hygiene. He completed residencies in Pediatrics and Preventive Medicine. For the past 10 years, Rob has worked in the California Department of Health Services, primarily with the Infant Botulism Program. He has assisted the Immunization Branch in developing the clinical network to evaluate adverse reactions to smallpox vaccination.

We welcome Dr. Schechter to the Immunization Branch. He is available to provide technical assistance for questions about immunizations, vaccine-preventable diseases, and medical aspects of the immunization registries. He can be reached at (510) 540-2485 or RSchecht@dhs.ca.gov.

We also are pleased to announce that **Cecilie Birner, MA** has joined the Immunization Branch as part of the State Immunization Information System (SIIS) team. She will be working with regional registries. Cecilie received her Master's from UC Berkeley in biostatistics and previously worked for Kaiser Permanente's Division of Research and for the Metropolitan Transportation Commission of the San Francisco Bay Area.

**Fernando Vasquez**, the new Central Valley Region Health Educator, has also recently started with the IZ Branch. Fernando will be working with the fifteen Central Valley region counties to promote immunization education and outreach activities. Fernando obtained his BS in Health Education from CSU Fresno. Prior to completing his Health Education degree, Fernando worked as a surgical technician.

*Continued on page 6...*

The Surveillance, Investigation, Research, and Evaluation section (SIRE) welcomed **Elisha Larez, MPH**, back to the Immunization Branch in August. Elisha worked as a Research Analyst in SIRE during 2000-2002, then

returned to graduate school to complete her MPH. She has been assisting with fall school assessments and will be taking on the role of hepatitis A coordinator.

*UPDATE Now Available by E-Mail:*

*If you would like to receive an electronic copy of UPDATE, we can now email UPDATE as an Adobe Acrobat pdf file. To get on our email list, please send an email to [izupdate@dhs.ca.gov](mailto:izupdate@dhs.ca.gov). Please indicate whether you would like to still receive the mailed version as well.*

