

# miniupdate

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

December 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.

## More Flu Means Extra Precautions.



*New health alerts on flu now available. See page 4.*

## Influenza Strikes Early!

Influenza activity in California has been increasing faster and earlier this year than in recent past flu seasons, and there are indications that this influenza season may be severe. Although there is a new influenza strain circulating (A/Fujian), it is expected that the current influenza vaccine in the U.S. will provide some cross-protection and reduce the severity of disease even from this new strain.

The California Department of Health Services (DHS), Division of Communicable Disease Control (DCDC) is working with emergency response agencies, professional societies and other agencies to monitor health care services. DHS has sent a letter to infection control practitioners, hospitals, and other healthcare facilities to:

- Urge all seniors and individuals who are at risk for flu-related complications, including health care workers, to get an influenza immunization, if still available.
- Assess current influenza vaccine and antiviral drug supplies.
- Implement a respiratory hygiene program. Most importantly, ask all patients with respiratory symptoms to wear surgical masks; physically segregate them from other patients to the extent possible, for example, in separate waiting rooms.

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- Ensure adequate staffing in the event of an outbreak occurring over the holidays and consider methods to identify and mobilize additional staff.

Current reports indicate that most available flu vaccine supplies have now been distributed to doctors, clinics, health departments and other providers, which is not unusual for this time of year. CDC is attempting to identify any additional supplies of vaccine.

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## DISEASE ACTIVITY AND SURVEILLANCE

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**Pertussis:** From January to October 31, 2003, 677 confirmed and probable cases of pertussis were reported with onset in 2003, resulting in an incidence rate of 1.9 cases per 100,000 population. This was the same incidence rate as last year during this time period (686 cases with onset in 2002).

**Measles:** One new case of measles was reported in a 46-year-old from Ventura County. This case had traveled to Asia in late September, and had rash onset in early October. This case had no documented immunizations and was positive for measles IgM antibody. This brings the total to four measles cases reported in California in 2003.

**Haemophilus influenzae:** The latest case of *Haemophilus influenzae*, type B (Hib) disease was reported during October 2003. This case was a Hispanic one-month-old from San Bernardino who was too young to receive any immunizations. This brings the total to five Hib cases with onset in 2003 reported as of October 31, 2003. One additional *Haemophilus influenzae* case, a 14-

month old infant from Tulare County, died; serotype testing was negative for serotype B.

**Tetanus:** The first tetanus case of 2003 was reported in October. This case is a 31-year-old woman in Fresno County. She had a history of injecting drug use, no history of immunization, and has been under ICU care for approximately one month.

**Hepatitis A and B:** From January to October 31, 2003, 821 cases of hepatitis A were reported, resulting in an incidence rate of 2.3 cases per 100,000 population, compared to 1,235 cases and an incidence rate of 3.4 last year. In the same time period, 485 acute cases of hepatitis B were reported, resulting in an incidence rate of 1.3 cases per 100,000 population, compared to 509 cases and an incidence of 1.4 last year.

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

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## ASSESSMENT ACTIVITY

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### 2003 Local Health Department and Community Health Center Immunization Coverage Assessment Results

The 2003 statewide public clinic assessment included 152 local health department clinics and 203 community health centers (CHCs). To measure the immunization status of children served by these clinics, local staff collected immunization records from all 2-year-olds attending the

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**Table 1: Record Assessment Results – Percentages of Patients Receiving Specified Immunization Series by Age 24 Months, 1993–2003**

Year	Local Health Department Clinics			Community Health Center Clinics		
	4:3:1 Series <sup>1</sup>	4:3:1:3 Series <sup>2</sup>	4:3:1:3:3 Series <sup>3</sup>	4:3:1 Series <sup>1</sup>	4:3:1:3 Series <sup>2</sup>	4:3:1:3:3 Series <sup>3</sup>
2003	67%	66%	65%	73% <sup>4</sup>	72% <sup>4</sup>	71%
2002	67%	65%	63%	74%	72%	70%
2001	63%	60%	58%	72%	70%	68%
2000	59%	56%	54%	68%	66%	65%
1999	57%	54%	52%	68%	66%	63%
1998	53%	50%	48%	67%	65%	62%
1997	55%	51%	47%	62%	60%	56%
1996	40%	37%	30%	46%	45%	36%
1995	34%	32%	N/A	45%	43%	N/A
1994	37%	N/A	N/A	42%	N/A	N/A
1993	35%	N/A	N/A	N/A	N/A	N/A

<sup>1</sup> 4 DTP/DTaP/DT, 3 Polio, 1 MMR

<sup>2</sup> 4 DTP/DTaP/DT, 3 Polio, 1 MMR, 3 Hib

<sup>3</sup> 4 DTP/DTaP/DT, 3 Polio, 1 MMR, 3 Hib, 3 Hep B

<sup>4</sup> Due to technical difficulties, some clinics (n=8) were unable to submit coverage data for the 4:3:1 and 4:3:1:3 series.

Source: California Department of Health Services, Immunization Branch, 2003 Clinic Assessments

Prepared by California Department of Health Services, Immunization Branch

clinics (n=33,475) and entered them into CDC's Clinic Assessment Software Application (CASA). Statewide coverage rates for both health department clinics (64.5%, ±0.78%) and CHCs (71.2%, ±0.64%) increased by approximately 1 percentage point since last year's assessment of health department clinics (63.1%, ±0.74%) and CHCs (70.2%, ±0.68%). Table 1 on the previous page shows statewide assessment results over the past 11 years. Coverage levels by local health jurisdiction, as well as individual health department and CHC clinic results listed in rank order, are included in ☞Coordinator UPDATES.

Immunization coverage levels for two-year-olds seen in public and community clinics continue to increase. In fact, CHC coverage levels are comparable to the 2002 National Immunization Survey estimate of 4:3:1:3:3 coverage (4 DTP, 3 Polio, 1 MMR, 3 Hib, 3 Hep B) by 24 months of age in California (73.5%, ±4.5%). While 4:3:1:3:3 coverage is not the sole indicator of clinic performance, understanding current coverage levels can help providers diagnose problems and improve immunization coverage in their clinics. For further questions on public and community clinic assessments, please contact Cynthia Jean at (510) 540-2522 or CJean@dhs.ca.gov.

### **Perinatal Hepatitis B Hospital Survey**

The California Perinatal Hepatitis B Prevention Program conducted a hospital survey in its twenty-three federally-funded project local health jurisdictions. The survey was sent to 228 hospitals and all of the hospitals responded. The objectives of the survey were to assess the hospital policies and practices regarding (a) the HBsAg screening and reporting of the mother, and (b) the medical management of newborns in terms of hepatitis B protection.

With respect to the screening and reporting policies, 216 (95%) of the hospitals responded that they have a policy for screening the pregnant women for HBsAg if the women present themselves at delivery with unknown HBsAg status. The majority of the hospitals, 219 (96%), have a policy for administering HBIG and/or the first dose of hepatitis B vaccine to the newborn within 12 hours of birth if the HBsAg results are not obtained before discharge. Only 179 (78%) of the hospitals responded that they report the births of those infants born to HBsAg positive mothers to the local health department.

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## **IMMUNIZATION SERVICES**

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### **Change in the Minimum Age of the Last Dose of Hepatitis B Vaccine for Infants**

During the October 15-16, 2003 meeting of the Advisory Committee on Immunization Practice (ACIP), the Com-

mittee voted to change the minimum age at which the last dose of hepatitis B vaccine can be given to infants. The minimum recommended age is now 24 weeks, a change from the minimum age of 6 months published in the ACIP and AAFP General Recommendations on Immunization (*MMWR* 2002 51 (RR02); 1-36). With this change, the recommendations of VFC (Resolution 02/03-1) and ACIP are now identical.

As with the other vaccines, there is a four day grace period around this dose; therefore, the earliest age at which the last dose of hepatitis B vaccine can be administered is 164 days of age (168 days minus the four day grace period). This change in minimum age for third doses applies to all full-term and pre-term infants regardless of the HBsAg status of the mothers, and is effective immediately.

The recommended schedule and the minimum intervals between doses for infant hepatitis B vaccine series remain the same and practitioners do not need to make any changes in their schedule. The change only applies to the minimum acceptable age for the last dose of the hepatitis B vaccine and will prevent needless repeating of a third dose received just prior to 6 months.

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

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### **Pneumococcal Conjugate Delays Anticipated**

Wyeth Vaccines has notified the National Immunization Program at CDC of possible delays of up to 15 working days between order placement and delivery of Pneumococcal Conjugate (PCV-7) Vaccine (Prevnar®). The CDC is closely monitoring this and will update its website [www.cdc.gov/nip/news/shortages](http://www.cdc.gov/nip/news/shortages) with additional information as it becomes available. Delays are expected to last through the end of February 2004. California VFC providers may experience delivery delays on their Pneumococcal Conjugate vaccine orders over the next three months.

### **Revised Temperature Logs**

The VFC Program recently sent copies of its revised Temperature Log (IMM-682, 10/03) to VFC providers. The Log is intended to be posted on the front of all vaccine storage units—refrigerators and freezers. The new version uses color shading to alert staff to out-of-range temperatures, either “Too High” or “Too Low.” Ever since Varicella vaccine was introduced, its demand for very low freezer temperatures has inadvertently led refrigerators in com-

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bined units to be set too cold, creating a problem for inactivated vaccines stored in the refrigerator. When an out-of-range temperature is noted, office staff should call their VFC representative or VFC Customer Service Office for consultation. A sample chart is enclosed in this UPDATE.

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## PROFESSIONAL INFORMATION AND EDUCATION

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### New "Pink Book" Edition

The 8th Edition (2004) of the National Immunization Program's reference book *Epidemiology and Prevention of Vaccine-Preventable Diseases* ("Pink Book") can now be ordered and will be available in February 2004. A price of price of \$25 per copy plus shipping will be honored for orders placed by January 15, 2004. Order online at [www.phf.org](http://www.phf.org) or call the Public Health Foundation at (877) 252-1200.

### IZ Recommendations for Medical Personnel

The Immunization Branch Recommendations for Health Care Workers has been updated. A copy is enclosed in this UPDATE.

### Satellite Broadcast on Epidemiology of VPDs

Mark your calendars. Beginning in February 2004, the CDC will present a live broadcast on *Epidemiology and Prevention of Vaccine Preventable Diseases* featuring William Atkinson, MD and other experts. The 4-part series will take place on February 19 and 26 and March 4 and 11. Part I will cover general principles in immunization; Part II will focus on pertussis, pneumococcal disease, polio, Hib, and meningococcal disease; Part III will cover measles, rubella, varicella and smallpox; and Part IV will cover Hepatitis A and B, influenza and pneumococcal disease (adults). Continuing Education (CEs) will be available. To register for the courses go to [www.phppo.cdc.gov/phtnonline](http://www.phppo.cdc.gov/phtnonline) or call (800) 41-TRAIN. For more information about the program content, email [nipinfo@cdc.gov](mailto:nipinfo@cdc.gov). An announcement about this broadcast is enclosed in this UPDATE.

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## PUBLIC INFORMATION AND EDUCATION

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### Vaccinate Before You Graduate Campaign

January will mark the beginning of our "Vaccinate Before You Graduate" campaign. There is still time to encourage 12th grade students, the final class who did not have to

meet 7th grade hepatitis B requirements, to complete the Hep B vaccine series before they graduate.

The Immunization Branch is partnering with the California School Nurses Organization (CSNO) for a "Vaccinate Before You Graduate" campaign. Only an estimated 15 percent of California's high school seniors have had their hepatitis B immunizations. CSNO will distribute campaign materials via mail and e-mail to school nurses, who will be encouraged to distribute flyers to students and letters to parents.

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## INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

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### It's Not Too Late to Vaccinate!

Local health departments, community clinics and other health care providers are urged to continue immunizing against influenza in December and into January. The current level of influenza activity and media attention may aid in these efforts.

### Influenza Health Alerts for Clinics and Hospitals

Due to the early and potentially severe activity of this year's flu season, the public is encouraged to step up measures to stop the spread of flu. New Health Alerts have been designed advising those with a cough to cover their mouth when coughing and to wash their hands frequently. The Alert indicates that a face mask also may be needed. The Alert is designed to be posted in physician's offices, health care centers, hospitals, and clinics. Black and white, camera-ready copies are enclosed in this UPDATE.

### California's 2002 Progress in Reaching 90% Flu Shot Coverage Levels

Congratulations to local health departments for your annual flu shot campaigns, clinic efforts and flu shot promotion each fall! Data indicate that these efforts have paid off. One way of tracking annual influenza coverage rates is the Behavioral Risk Factor Surveillance System (BRFSS).

BRFSS is a state-based, random-digit-dialed telephone survey of U.S. civilian, non-institutionalized adults aged  $\geq 18$  years. All 50 states, the District of Columbia (DC), and three U.S. territories participate in the survey. Respondents were asked about getting flu shots ("During the past 12 months, have you had a flu shot?") and pneumococcal immunizations ("Have you ever had a pneumonia shot?"). Table 2 on the next page shows the results from the 2002 BRFSS.

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California, despite having the largest senior population in the nation (3.6 million, 10.6% of our overall population), placed 16th from the top in the percentage of seniors who get flu shots. The 2002 BRFSS results indicate California has a 71.5% senior immunization rate for influenza. By comparison, in Florida, the next most populous state for seniors, with 2.8 million seniors, only 57.0% of seniors received a flu shot.

The California rates for seniors are statistically significantly higher than U.S. rates. California rates for individuals ages 50-64, our newest target group, are statistically comparable to U.S. rates. Still, both the nation and California have a ways to go before reaching Healthy People 2010 goal of 90% coverage for influenza and pneumococcal immunizations among those age 65 and over. To reach this goal in the future, California will need to immunize approximately 665,000 more seniors each year.

### Medicare Increases Reimbursement for Influenza and Pneumococcal Vaccines

Effective September 1, the Centers for Medicare & Medicaid Services (CMS) increased the Medicare Part B maximum allowable reimbursement for inactivated influenza vaccine to \$9.95 per dose (previously \$8.02). Effective October 1, CMS increased the Medicare Part B maximum allowable reimbursement for pneumococcal vaccine to \$18.62 per dose (previously \$13.10).

## SMALLPOX AND BT PREPAREDNESS

### BT Training and Information Resources:

- Training Finder [www.train.org](http://www.train.org) provides information on nearly 100 distance learning courses for public health professionals on bioterrorism and emergency preparedness.
- CDC Public Health Emergency Preparedness and Response Training [www.bt.cdc.gov/training](http://www.bt.cdc.gov/training) provides archived web cast links for the entire series of CDC preparedness broadcasts since October 18, 2001, plus slide sets.

- Interactive program to train clinicians on the recognition, diagnosis, treatment, and prevention of smallpox; continuing education credits are available. For more information visit [www.cdc.gov/nip/ed/smallpox-trg/clinician-should-know](http://www.cdc.gov/nip/ed/smallpox-trg/clinician-should-know).
- Smallpox Vaccination and Adverse Events Training Module. For more information, [www.bt.cdc.gov/training/smallpoxvaccine/reactions](http://www.bt.cdc.gov/training/smallpoxvaccine/reactions).
- Bioterrorism and Emergency Readiness: Competencies for all Public Health Workers [www.nursing.hs.columbia.edu/institute-centers/chphsr/btcomps.html](http://www.nursing.hs.columbia.edu/institute-centers/chphsr/btcomps.html).

## IMMUNIZATION REGISTRIES

### Spreading the Word on Registries to Medi-Cal Managed Care

As a result of a productive Immunization Collaborative partnership, the Immunization Branch joined forces with the DHS Medi-Cal Managed Care Division (MMCD) to help get out information about California's regional immunization registries. On request of the MMCD, the IZ Branch arranged a series of three remote presentations using web technology during fall 2003. Topics included provider recruitment strategies, a demonstration of the state-supported CAIR registry software application, and assessing provider technological readiness. Speakers included Branch staff, technical consultants, and regional registry staff, drawing on the expertise of those on the front lines of provider office marketing, recruitment, assessment, and training. A common thread was how health plans and registries can work together to recruit and enroll their member providers. Approximately 35-50 health plan representatives attended each of the virtual presentations. To view the PowerPoint presentations online, go to [www.ca-siis.org/events.html](http://www.ca-siis.org/events.html). For more information, contact Tammy Pilisuk at (510) 849-5070 or [TPilisuk@dhs.ca.gov](mailto:TPilisuk@dhs.ca.gov).

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**Table 2: Percentage of Influenza and Pneumococcal Immunizations in Selected Age Groups, California and United States, 2002**

Reporting Area	Influenza immunization among adults aged 50-64 years		Influenza immunization among adults aged ≥65		Pneumococcal immunization among adults aged ≥65	
	%	95% CI*	%	95% CI*	%	95% CI*
US	36.4%	35.7-37.1	66.4%	65.6-67.1	61.8%	61.0-62.6
California	33.9%	30.3-37.6	71.5%	67.4-75.7	66.7%	62.3-71.1

\* Confidence Interval  
Source: 2002 BRFSS  
Prepared by California Department of Health Services, Immunization Branch

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## MISCELLANEOUS

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### **New Staff**

Janice Louie, MD, MPH, joined the Immunization Branch on December 1 as a medical officer funded by federal smallpox bioterrorism funds. Dr. Louie is board certified in Preventive Medicine and Infectious Diseases. She will be the lead for much of our smallpox and pan-

demical influenza response planning. We will also utilize her infectious disease background for technical consultation in vaccine-preventable diseases and outbreak control. Prior to working in the Immunization Branch, Dr. Louie was working with the California Emerging Infections Program and Unexplained Death Project. We welcome her and we are very excited to have her expertise in the Immunization Branch.

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