

miniupdate

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

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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 about immunizations, please contact the Immunization Coordinator at your local health department.



New This Summer: California's Department of Public Health!

Public Health gets a new shot in the arm, so to speak, this summer. Starting July 1, the California Department of Health Services (CDHS) will split into two departments. The new California Department of Public Health (CDPH) will be the home for the Immunization Branch as well as other State public health programs such as communicable disease control, environmental health, licensing and certification, and chronic disease control. The new Department of Health Care Services (DHCS) will house Medi-Cal and other health care service programs.

This historic transition was signed into law in 2006. The split is seen as a means to recognize and give greater visibility to public health programs—including immunizations—which were historically dwarfed by health care services, like Medi-Cal, in the old CDHS. Current State Public Health Officer, Dr. Mark Horton, an advocate of immunization and respiratory disease prevention activities, will lead the new CDPH as Department Director. We look forward to his leadership and participation in the CDPH.

Stay tuned for information on the State's big Sacramento kick-off media event in July to celebrate the new CDPH and to recognize the strength and potential of California's public health programs.

More on page 2...

TABLE OF CONTENTS

Disease Activity and Surveillance.....	2
Vaccines for Children (VFC) Program	3
Professional Information and Education	3
Public Information and Education	4
Influenza and Pneumococcal Activities	4
Pandemic and BT Preparedness	5
Immunization Registries.....	6
IZ Coalition Activities	6

DISEASE ACTIVITY AND SURVEILLANCE

The surveillance data reviewed in this section are reported in Table 1.

Pertussis: From January to April 2007, 84 cases of pertussis with onset in 2007 were reported in California, based on provisional data. This resulted in an annualized incidence rate of 0.68 cases per 100,000 population. Eighteen cases (21.4%) were infants less than 12 months old. Race/ethnicity was specified for 62 out of 84 cases. Of these, 28 cases were white, non-Hispanic (45.2%), 22 (35.5%) were Hispanic, 10 (16.1%) were Asian/Pacific Islander, and two (3.2%) were African American. One pertussis-related death in an infant was reported in Los Angeles and is being investigated by the local health department.

Mumps: From January to April 2007, 20 possible cases of mumps with onset in 2007 were reported in California, based on provisional data. Two confirmed cases (one lab-confirmed case and one case that was epidemiologically linked to a lab-confirmed case in Colorado) have been reported. Eight cases were reported as probable. The remaining 10 cases are being investigated by local health departments.

Tetanus: From January to April 2007, one case of tetanus with onset in 2007 was reported in California, based on provisional data, resulting in an annualized incidence

rate of 0.01 cases per 100,000 population. This case was a 22 year old Asian woman from Riverside County who had an acute injury prior to onset. She had received one dose of tetanus toxoid 10 years ago.

Hepatitis A: From January to April 2007, 151 cases of hepatitis A with onset in 2007 were reported in California, based on provisional data, resulting in an annualized incidence rate of 1.22 cases per 100,000 population. Most of the cases (88.1%) were adults. Race/ethnicity was specified for 107 out of 151 cases. Of these, 49 (45.8%) were white, non-Hispanic, 40 (37.4%) cases were Hispanic, 13 (12.2%) were Asian/Pacific Islander, 4 cases (3.7%) were black, non-Hispanic, and 1 case (0.9%) was of other race/ethnicity.

Hepatitis B: From January to April 2007, 82 cases of hepatitis B with onset in 2007 were reported in California, based on provisional data, resulting in an annualized incidence rate of 0.66 cases per 100,000 population. All reported cases were adults. Race/ethnicity was specified for 59 out of 82 cases. Of these, 31 (52.5%) cases were white, non-Hispanic, 15 (25.4%) were Hispanic, 8 (13.6%) were Asian/Pacific Islander, and 5 (8.5%) were African American.

Other VPDs: As of April 30, 2007, for this report year, no confirmed cases of diphtheria, invasive Haemophilus influenzae type B, measles, polio, rubella, or congenital rubella syndrome (CRS) have been reported to the Immunization Branch.

More on page 3...

Table 1: Reported Cases with Onset in 2007 (by Age Group) and Incidence of Selected Vaccine Preventable Diseases California, 2007 (Provisional - as of 2/28/2007)

DISEASE	Age Groups				All Ages	
	0-4yrs	5-17yrs	18+yrs	Unknown	Cases	Rate ¹
Congenital Rubella Syndrome	0	0	0	0	0	0.00
Diphtheria	0	0	0	0	0	0.00
<i>H. influenzae</i> , type B (Hib) ²	0	0	0	0	0	0.00
Hepatitis A	3	15	133	0	151	1.22
Hepatitis B	0	0	82	0	82	0.66
Measles ³	0	0	0	0	0	0.00
Mumps ³	0	0	2	0	2	0.02
Polio	0	0	0	0	0	0.00
Pertussis	26	23	34	1	84	0.68
Rubella ³	0	0	0	0	0	0.00
Tetanus	0	0	1	0	1	0.01

1. Annualized incidence Rate = cases/100,000 population. Population estimates source: California Department of Finance projections based on the 2000 Census

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

3. Confirmed cases only

VACCINES FOR CHILDREN (VFC) PROGRAM

MMR-V Vaccine Shortage Announced

Earlier in the year, Merck & Co., Inc., notified CDC of lower than expected yields of varicella-zoster virus (VZV), which is used in the production of three of their vaccine products: varicella (Varivax®), MMR-V vaccine (ProQuad®), and zoster vaccines (Zostavax®). Since then, Merck had been prioritizing production of varicella (Varivax®) and zoster vaccines (Zostavax®) over production of MMR-V vaccine. According to Merck's current projections, ProQuad will be unavailable beginning in July and it is not expected to be available for the remainder of 2007.

Due to the anticipated nationwide depletion of Merck's MMR-V vaccine supply in July, the California Vaccines for Children (VFC) Program will not accept any orders for MMR-V vaccine. Instead, providers should submit orders for M-M-R and Varicella vaccines. Any subsequent order for MMR-V submitted to VFC after this notification will be automatically processed as single antigen Varicella vaccine and MMR vaccine.

Varicella vaccine will continue to be shipped directly from Merck, and MMR vaccine will be shipped along with regular vaccine shipments from the VFC Program's national distributor, McKesson Specialty.

PROFESSIONAL INFORMATION AND EDUCATION

2007 Epidemiology and Prevention of Vaccine-Preventable Diseases Course

The live version of CDC's Epidemiology and Prevention of Vaccine-Preventable Diseases Course will be hosted by the Immunization Branch on November 14-15, 2007 at the Doubletree Hotel in Orange, California, near Disneyland. Due to scheduling conflicts, there will be only one live course this year.

The brochure is enclosed with this MINI UPDATE and available on the Immunization Branch website at www.dhs.ca.gov/ps/dcdc/izgroup/providers/events.htm. A \$50 non-refundable fee is required to confirm your registration. EARLY REGISTRATION IS STRONGLY ENCOURAGED! For questions, please contact the Immunization Branch at (510) 620-3737.

CDC's Immunization Update, August 9!

Mark your calendars now for The Centers for Disease Control and Prevention's (CDC's) 2007 Immunization Update! The broadcast will be presented Thursday, August 9, at 6:00 am to 8:30 am and rebroadcast at 9:00 am to 11:30 am. This live satellite broadcast and webcast will provide up-to-date information on the rapidly changing field of immunization.

Local health departments will want to encourage allied health professionals including physicians, nurses, nurse practitioners, physician assistants, pharmacists, health educators, and their colleagues who either administer vaccines or set policy for their offices, clinics, communicable disease, or infection control programs. Start planning now to alert your local providers and make an event out of the broadcast in your community. Continuing education credits will be available for a variety of professions. For more information about topics to be included and registration see the enclosed flyer in this MINI UPDATE and visit www.phppo.cdc.gov/phtnonline.

10th Edition of the CDC "Pink Book"

The updated 10th Edition of the Centers for Disease Control and Prevention's (CDC's) "Pink Book," or *Epidemiology and Prevention of Vaccine-Preventable Diseases*, is now available for purchase. The Pink Book contains general information about immunization and vaccine storage, as well as separate chapters on 16 vaccine-preventable diseases.

The 2007 Pink Book may be purchased from the Public Health Foundation for \$32.00 (plus shipping and handling). Send your order with check, money order, purchase order, or credit card information to: Public Health Foundation, Publications Sales, P.O. Box 753, Waldorf, MD 20604, or call toll free: (877) 252-1200. Fax: Purchase orders and credit card orders may be faxed to (301) 843-0159. Order requests with payment information may also be sent via email to phf@tasco1.com.

The Pink Book can also be downloaded free from the CDC's site at www.cdc.gov/nip/publications/pink/. This site also lists errata concerning Rotavirus and Hepatitis A and B.

Distance Learning Conference a Big Success

The 3rd Biennial California Distance Learning Conference was one of the most successful to date, with over 170 attendees. The Conference was organized by the California Distance Learning Health Network (CDLHN), along with the California Department of Health Services Immunization Branch and Office of Emergency Preparedness. The targeted training helps keep distance learning coordinators and other health care professionals abreast of the latest distance learning technologies.

This conference on distance learning and public health preparedness capacity-building emphasized the importance of preparedness during an influenza pandemic and other public health emergencies. It highlighted the state's role in planning for an emergency and reviewed components of the California Pandemic Influenza Response Plan. Conference participants learned how distance learning technologies can be uti-

More on page 4...

lized to develop and maintain collaborative partnerships for emergency preparedness among a wide range of stakeholders.

PUBLIC INFORMATION AND EDUCATION

Preteen Update

New resources for promoting preteen immunizations are in the works. Short video clips from January's state kick-off event will be available in June at www.GetImmunizedCA.org. They feature important messages about immunizations and preteen doctor visits from Dr. Mark Horton, State Public Health Officer, and Dr. Howard Backer, Chief of the Immunization Branch. In addition, the California Childhood Coalition for Immunizations (C3I) and the Immunization Branch have produced a public service announcement from a rap song performed at last January's event. The rap song and lyrics are available on the Branch website here: www.dhs.ca.gov/ps/dcdc/izgroup/shared/education/pvw.htm

The CDC also plans to debut new materials targeting parents of preteens on their website in August. More information will be provided in July on a call featuring preteen vaccine campaigns hosted by the Immunization Coalitions Technical Assistance Network (IZTA). For details go to www.izta.org.

Coming Soon! August is National IZ Awareness Month

National Immunization Awareness Month (NIAM) in August is a great time to remind family, friends, coworkers, and those in the community to catch up on their immunizations. August is a time when parents are enrolling their children in school, students are entering college, and health care workers are preparing for the upcoming influenza season. For future information on NIAM please visit www.cdc.gov/nip/events/niam/.

Card From the Governor and First Lady For New Parents

A hallmark card for new parents signed by Governor Schwarzenegger and First Lady Maria Shriver is being made available across the state. The card stresses the importance of immunizations for a new baby's health. A copy of the card can be downloaded at www.GetImmunizedCA.org.

Flyer: Preparing for Pandemic Flu

We are pleased to announce that the brochure, "Ways to Protect Yourself from Flu and Pandemic Flu" (IMM-853), has been translated into 12 different languages including Arabic, Armenian, Cambodian, Chinese, Farsi, Hmong, Korean, Lao, Russian, Spanish, Tagalog, and Vietnamese. This brochure offers simple ways for consumers to protect

themselves and their loved ones during flu season and offers special advice on how to prepare for a possible pandemic situation. The brochure includes a list of essential emergency kit items, emergency planning tips every family should take into consideration, and basic hygiene measures to prevent the spread of germs. Consider using this brochure in your efforts to improve public preparedness for pandemic influenza. The Spanish version will be available in mid-July and all other languages can be downloaded at www.GetImmunizedCa.org.

INFLUENZA AND PNEUMOCOCCAL ACTIVITIES

Get Ready: New Hospital Worker Flu Shot Law Takes Effect

Starting July 1, 2007, all hospital workers must be offered immunization against influenza. California's new law, Chapter 526, Statutes of 2006 (SB 739 Speier) specifies that hospitals must offer onsite influenza vaccinations for employees, and employees must also be allowed to opt out of the requirement by declining the vaccination in writing.

Additional provisions for hospitals in this statute include:

- Instituting respiratory hygiene and cough etiquette protocols
- Establishing procedures to isolate patients with influenza and adopting a seasonal influenza plan
- Having a disaster plan that includes a pandemic influenza component.

For more information about this new law visit: www.dhs.ca.gov/ps/dcdc/izgroup/shared/hospital_influenza_law.htm.

Wrapping Up California's Influenza Program: 2006-2007

Manufacturers of influenza vaccine produced approximately 120 million doses nationwide for the 2006-07 season. Of these, 102 million doses (85%) were distributed, including approximately 10 million doses to California. Although the supply was eventually ample, delayed and staggered delivery impeded vaccine usage in both the public and private sectors. Demand for influenza vaccine dropped considerably after November as a result of delayed supplies and minimal influenza disease activity prior to January.

The California Department of Health Services purchases influenza vaccine for local health departments to give to persons 60 years of age and older and those with high-risk medical conditions. Between purchases by the State and the federal Vaccines for Children Program, CDHS obtained 760,160 doses of influenza vaccine for the 2006-07 season. At least 628,032 doses (83%) were administered.

Continued on page 5...

The age distribution for the State-purchased vaccine given this past season differed from previous years, with a greater proportion given to persons 19-59 years of age (Table 2).

Influenza vaccine was supplied to a variety of facilities, including long-term care facilities, acute care facilities, and others (Table 3). Over 225,000 doses were distributed by local health departments to their partners.

Live attenuated influenza vaccine (LAIV or FluMist®) was available in limited quantities. Of 19,000 doses ordered by local health departments, 48% was administered. Five counties participated in a program in which LAIV was donated by the manufacturer for mass vaccination exercises targeting school-aged children or health care workers. Eleven counties reported holding at least one school-based influenza clinic using LAIV during the 2006-07 season.

Table 2: Age Distribution of State-purchased Influenza Vaccine: 2006-2007

Age group	Percentage of vaccine administered
6-23 mos	6%
2-5 yrs	6%
6-18 yrs	8%
19-49 yrs	19%
50-59 yrs	15%
60-64 yrs	12%
65+ yrs	33%

Source: 2006-2007 Influenza Vaccine Usage Report

Table 3: Distribution of Vaccine Outside of Local Health Departments: 2006-2007

	Number of health departments reporting distribution of vaccine	Number of facilities	Number of doses
Long-term care facilities	21	132	16,864
Acute care facilities	12	42	38,393
Other types	44	455	171,338

Source: 2006-2007 Influenza Vaccine Usage Report

Influenza and Pneumococcal Immunization Coverage in Adult Populations

Pneumococcal pneumonia and influenza are potentially life-threatening diseases that can be prevented with appropriate vaccinations. The Behavioral Risk Factor Surveillance System (BRFSS) collects information on influenza and pneumococcal immunization coverage in older adults and the chronically ill, groups who are at higher risk for severe infections.

In 2006, a total of 1,333 Californians over the age of 65 responded to the survey. Of those responding, 67% reported having received influenza immunization in the past 12 months and (61%) reported having ever received immuniza-

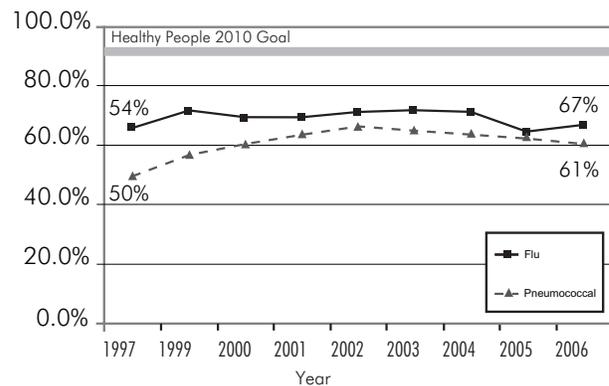
tion against pneumococcal disease. Immunization coverage levels show no improvement from 2005 (Graph 1).

Coverage is lower in persons under the age of 65 years with a chronic condition. More than one in five (22%) respondents (n=954) reported having a chronic condition, and 76% of these (n=729) reported a condition that weakens the immune system. Only 38% of respondents who have a current chronic condition reported receiving a flu shot in the past 12 months, and only 29% reported having ever received a pneumococcal shot.

The most common location for receiving immunizations for persons age 65 years and older was at a doctor's office (54%), followed by a health department clinic/senior clinic (23%) and hospital/emergency room (10%). In adults under age 65 with a chronic condition, immunizations were received at a doctor's office or HMO (49%), health department clinic/health center/community center (20%), workplace (12%), and hospital (10%).

These data indicate that additional efforts are needed to increase immunization coverage of older adults and the chronically ill in California.

Graph 1: Flu and Pneumococcal Immunization Coverage in 65+ Population—California 1997-2006



Behavioral Risk Factor Surveillance, 1997-2006

Prepared by California Department of Health Services, Immunization Branch

PANDEMIC AND BT PREPAREDNESS

Pan Flu Preparedness for Schools Training Debuts to Statewide Audience

The "Pandemic Influenza Preparedness for Schools" training launched May 17 to local health departments (LHDs) and offices of education throughout the state and across the nation. The broadcast was viewed in over 100 locations on its launch date. In many cases, the accompanying tabletop exercise was conducted immediately after-

Continued on page 6...

ward. For anyone who did not have the opportunity to see the broadcast in May, it is available as a webcast until the end of June at www.cdllhn.com.

This multi-media training exemplifies California's best practice model to facilitate collaboration among school administrators and public health officials to prepare for a possible pandemic flu emergency. The training's three components include a satellite broadcast/video, a tabletop exercise, and a website, with hundreds of online tools to help administrators, teachers, students, and families. ReadyCaSchools.org was quickly lauded by both public health and education communities for the spectrum of user-friendly online tools and resources.

Packaged copies of the training in a DVD/CD-ROM set are expected to be available in mid to late June from the California Distance Learning Health Network at www.cdllhn.com. A fee will be applied for orders coming from outside California. For additional information about this training, go to www.ReadyCaSchools.org or contact Leslie Heyden at LHeyden@dhs.ca.gov.

IMMUNIZATION REGISTRIES

Responding to Questions about Registry-EMR Interface

"Why can't you just interface the immunization registry with my EMR?" This question is a common one. In fact, repetitive data entry is a major perceived barrier for registry participation. Providers long for the day when they can enter patient data into their office Electronic Medical Record (EMR) or practice management systems and then have that data shared seamlessly with the external systems such as the immunization registry.

Why don't we have this level of integration currently? Some of the formidable barriers include:

- Too few providers (mainly those in large groups) have EMR systems that can immediately share data with registries. Smaller providers use basic systems that cannot interface in real time without expensive customizations.
- There are an increasing number of EMR products, and these are frequently changing, making the construction of custom interfaces with all systems impractical.
- EMRs often do not have specific data or the range of functions, such as generating reminder notices, that are provided by the registry.
- EMRs and registries need to have common language and standards to permit real-time information exchange. However, "standards" (such as HL7) are incomplete and require the specification of additional rules and standards to share data. Interoperability and common vocabulary are still being worked out.

Despite these limitations, providers can still utilize the benefits of the registry without multiple entry of data through the import or export of flat files. A new feature

added to the CAIR registry software allows users to export patient immunization records from a regional registry into an EMR or practice management system in the format of Excel flat files. Several California regional registries are also importing flat files from an EMR or other electronic systems.

Import or export of flat files may be the only step needed by some providers to participate in the registry. For others, this may provide a useful interim solution until they can eventually share data via HL7 messages. For more information on these topics, please contact your regional immunization registry (contact information is at www.ca-siis.org).

IZ COALITION ACTIVITIES

007 NIIW/TIM Celebrated Statewide

California's 2007 National Infant Immunization Week (NIIW)/Toddler Immunization Month (TIM) campaign was a great success. This year's theme, "Up to date? Celebrate!," highlighted national vaccination rates, which are at an all-time high. This year, a record 48 counties and coalitions in California participated in community outreach and media events to raise awareness about the importance of childhood immunizations. Some of the "celebrations" included creating an immunization-themed parade float, recognizing providers using immunization registries, partnering with WIC agencies, and hosting health fairs. Congratulations and thanks to everyone for making NIIW/TIM 2007 so successful. For more information about this campaign and to view the report summarizing all 2007 local activities, please visit the C3I website at www.immunizeca.org.

Youth-Focused C3I Annual Meeting & Awards Luncheon

"Reaching New Audiences: Tweens and Teens and their Parents" was the theme for California Coalition for Childhood Immunization's (C3I) annual statewide conference and awards luncheon in San Diego on May 10. Featured speakers presented trends in demographics and health, challenges in vaccinating teens, and directing messages to tweens and teens.

Each year C3I awards the Natalie J. Smith Immunization Champion Award. This award was established in 2003 to memorialize Dr. Smith's exceptional leadership in the immunization community and her work in eliminating vaccine preventable diseases. This year two remarkable individuals, Marcy Connell Jones and Dean Blumberg, M.D., were recognized as representing the spirit and dedication to excellence in promoting immunizations that is at the core of this award. For more information about C3I, the Natalie J. Smith Immunization Champion Award, or to view the speakers' slides, please visit the C3I website at www.immunizeca.org.

More on page 6...

Successful 2007 California Adult Immunization Summit!

More than 160 participants attended the California Adult Immunization Coalition's (CAIC) seventh annual Summit on April 30 at the Center for Healthy Communities in Los Angeles. The Summit, "Moving Forward with Adult Immunizations," included presentations on immunization against Zoster, legislation, challenges of seasonal flu vaccination, immunizing health care workers, 2007 National Adult Immunization Awareness Week, closing the gap on immunization-related health disparities, and pandemic influenza preparedness. Since 2002 CAIC has been working through its membership to build and support cross-sector collaboration to improve adult immunization rates. For more information about CAIC or the summit, please visit their website at www.immunizecaadults.org.

Mark Your Calendars for NAIAW

National Adult Immunization Awareness Week will be celebrated September 23-29, 2007. This year marks the 20th consecutive observance of NAIAW and is a great opportunity for individuals and organizations to promote the importance of adult and adolescent immunization. The California Adult Immunization Coalition (CAIC) has tools and strategies for use at the state and local level. Visit their website at www.immunizecaadults.org for ideas and information.