National Immunization Awareness Month - August

New vaccines for 2006

RotaTeq® In February 2006, a new live oral rotavirus vaccine, RotaTeq® (Merck and Co., Inc.), was licensed. The Advisory Committee on Immunization Practices voted, in February, to recommend routine use of the new rotavirus vaccine as a three dose series in infants six weeks to 32 weeks of age. Most rotavirus infections occur in children younger than five years old, with the most severe cases found in infants and young children between six and 24 months of age. This new rotavirus vaccine was evaluated by placebo-controlled trial on over 70,000 children and monitored for intussusception and other complications. The study showed no association with an increase risk of intussusception when compared to the placebo. Additional information is available at http://www.cdc.gov/nip/diseases/rota/rota-faqs.htm.

Zostavax In May 2006, the Food and Drug Administration (FDA) licensed Zostavax (Merck and Co., Inc.) to reduce the risk of shingles (herpes zoster) in people 60 years of age and older. For additional information see the FDA Release of May 26, 2006 at http://www.fda.gov/bbs/topics/NEWS/2006/NEW01378.html

Gardasil In June 2006, the FDA approved Gardasil (Merck and Co., Inc.), the first vaccine developed to prevent cervical cancer, precancerous lesions, and genital warts due to human papillomavirus (HPV) types 6, 11, 16, and 18. HPV types 16 and 18 cause approximately 70% of all cervical cancers. In the US there are an average of 9,710 new cases of cervical cancer and 3,700 associated deaths each year (source ACS). The vaccine was approved for use in females age 9-26 years. Gardasil is a recombinant vaccine that is given as three injections over a six month period. Gardasil does not protect females if they have been infected with HPV type(s) prior to vaccination, indicating the importance of immunization prior to exposure to the virus. Also, Gardasil does not provide protection against less common HPV types not included in the vaccine, thus routine and regular pap screening remains critically important. Additional information can be found at http://www.cdc.gov/std/HPV/STDFact-HPV-vaccine-hcp.htm.

New Law Goes Into Effect - No Thimerosal in Children Under 3 Years of Age

Effective July 1, 2006, it is against California law to administer vaccine that contains the preservative thimerosal to “knowingly” pregnant women and children under 3 years of age. Trace limits of thimerosal are allowed under the law. At this time all vaccines (other than influenza vaccine) that are commonly given to pregnant women and children under the age of 3 meet the legal limit for mercury content. It is possible that the mercury law will affect administration of influenza vaccine. Formulations of influenza vaccine vary as to whether they meet the legal limit for mercury content; for example, multidose vials of influenza vaccine exceed the limit. Verify that the influenza vaccine used in your practice is licensed for use in pregnant women and children under the age of 3 prior to use. Additional information is available at the California Department of Health Services Immunization Branch, (510) 620-3737 or through the Santa Barbara County Public Health Department Immunization Program at (805) 346-8420.

Public Health Laboratory

Avian Influenza Testing by Polymerase Chain Reaction

The Public Health Laboratory (PH Lab) has completed the necessary steps to participate in the Statewide Respiratory Virus Laboratory (VRDL) Network. This is a voluntary network of local public health laboratories coordinated by the VRDL at California Department of Health Services. The PH Lab now has the capability to detect Avian Influenza (Influenza A/H5) by performing polymerase chain reaction (PCR) testing on respiratory specimens. At present, PH Lab can test for Influenza A/H1, A/H3, A/H5 and Influenza B. The PH Lab is working to improve their approximate 6 hour turnaround time. The PH Lab is addressing surge capacity by training additional laboratory personnel and evaluating equipment that will automate some aspects of this testing. Avian Influenza Test Guidelines, Screening Form, and Submittal Form are available at http://www.sbcphd.org/advisory/pandemic/providerinfo.html. Please call the PH Lab at (805) 681-5255 for additional detailed information.
HIV/AIDS Program

HIV Name-Based Reporting

Since July 2002, in California, persons diagnosed with HIV have been reported to the California Office of AIDS and the Centers of Disease Control using an alpha-numeric based system. On April 17, 2006, Governor Schwartzenegger signed Senate Bill 699 (Soto) that implemented a confidential name-based reporting system for HIV infections. SB 699 requires name-based reporting of HIV infections to the local Health Officer. Testing laboratories and medical providers are required to report specified information on newly diagnosed HIV individuals. This requirement also encompasses HIV diagnostic testing such as viral loads and sensitivity testing (i.e. genotype and phenotype testing). Thirty-eight states and territories currently use HIV name-based reporting. California decided to change the reporting methodology to ensure compatibility with other jurisdictions and to secure its share of Federal funding for the care and treatment of HIV/AIDS clients. In Santa Barbara County, over 140 people have been reported since July 2002 to be living with the HIV virus. According to Dr. Elliot Schulman, County Health Officer, “Although the State’s system is changing to a name-based reporting system, absolute confidentiality will remain intact with this system. Patients should remain confident that not only will this assist with care management and tracking, but strict confidentiality will remain in place.” Information on reporting requirements can be found on the County’s website at: www.sbcphd.org. In-services for providers or additional assistance is available by calling the HIV/AIDS Services Office at (805) 681-5421.

Epidemiology Program

West Nile Virus Update

Local (as of 8/23/06) - Santa Barbara County has had two lab-verified imported West Nile Virus (WNV) human cases that have recovered. A band-tailed pigeon collected in Carpinteria (93013) on 7/31/06 tested positive for the virus and a sample of live mosquitoes collected adjacent to the Devereux Lagoon on the West Campus of UCSB on 8/4/06 tested positive. The mosquitoes in the sample were Encephalitis Mosquitoes (Culex tarsalis), a species that readily feeds on birds, humans, and other animals, and poses the greatest risk for transmitting WNV to humans.

Statewide (as of 8/22/06) - WNV has been detected in 47/58 California Counties in 2006. Eighty-four humans from nineteen counties have tested positive. There has been one WNV-related human fatality reported in California this year from Butte County. 586 dead birds have tested positive for WNV. Sixteen horse cases have been identified in ten counties. 495 mosquito samples from thirty counties have tested positive. 233 WNV seroconversions have been confirmed in chickens in 18 counties.

Nationwide (as of 8/15/06) - There have been 388 human WNV cases reported across the US with 13 fatalities.


Preparing for Pandemic Influenza

Santa Barbara County Preparation

The Public Health Department (PHD) is working with other county departments and the Office of Emergency Services to develop a comprehensive countywide Pandemic Influenza Plan. The PHD is currently working with all of our hospitals to ensure that hospital and public health plans are coordinated and is beginning discussions with outpatient clinics regarding the role of medical providers in our county.

Medical Reserve Corps

In a pandemic, medical resources will be very limited, including staffing for hospitals, regional triage centers and alternate care sites. The PHD is forming a Medical Reserve Corps to organize, train and pre-credential medical volunteers. The Corps will include nurses, physicians, technicians, counseling professionals and others who are anticipated to be in short supply. If you are licensed you may register with the State of California Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) by going to https://medicalvolunteer.ca.gov/agreement.php. Registering here first will speed up the application process. Please contact John Eaglesham at (805) 681-5394 if you would be interested in joining this worthwhile effort.
Preparing for Pandemic Influenza - continued

Triage Plans for Hospitals and Patient Care

Dr. Angelo Salvucci will be organizing pandemic planning discussions with hospital physicians and others. These discussions will include: accepting input on the PHD’s draft triage plans, discuss implications, and possible actions related to patient care in a resource limited pandemic situation. Please contact Jan Koegler at (805) 681-4913 or jan.koegler@sbcphd.org if you would like information on these meetings.

Mass Vaccination

The PHD has developed a Mass Vaccination Plan that includes distribution to priority vaccination groups if vaccine supply is limited. First tier of the priority groups is anticipated to include medical providers in direct contact with pandemic flu patients.

County Caches of Medical Supplies

The PHD is working with local hospitals to increase the size of county caches of medications, personal protective equipment (including N95 masks), and other essential items needed to care for the expected surge of patients. Questions regarding pandemic influenza planning in Santa Barbara County can be directed to Jan Koegler at (805) 681-4913 or jan.koegler@sbcphd.org

In the News...

Measles

The index case was an unvaccinated 17-year-old girl from Indiana who had traveled on a church mission to a Romanian orphanage and was incubating measles upon her return. The next day, while experiencing prodromal symptoms, she attended a large church gathering. Thirty-three additional people subsequently developed measles in three generations of spread; Thirty-two patients (94%) had never received vaccine, and three (9%) required hospitalization. **Citation:** Parker AA et al. Implications of a 2005 measles outbreak in Indiana for sustained elimination of measles in the United States. N Engl J Med 2006 Aug 3; 355:447-55.

Influenza

The CDC currently recommends routine influenza immunization for children aged 6–59 months (previously 6–23 months). Researchers determined the rates of influenza infection among children <5 years old who were living in one of three participating U.S. counties and receiving healthcare for symptoms of acute respiratory disease or fever. Among 2,797 inpatient enrollees, influenza was confirmed by viral culture, PCR, or both in 6%, of whom 49% were <6 months old. Only 28% of all children (including 43% of children in the intensive care unit) who had influenza received a discharge diagnosis of influenza. **Citation(s):** (1) Poehling KA et al. The under-recognized burden of influenza in young children. N Engl J Med 2006 Jul 6; 355:31-40. (2) Glezen WP. Influenza control. N Engl J Med 2006 Jul 6; 355:79-81.

Foodborne Illness

Fluoroquinolone (FQ) use in food animals has been linked to the development of FQ resistance in some pathogens that cause human infection (e.g., campylobacter and salmonella.) In the US, the FDA recently banned FQ use in poultry because of concerns about FQ-resistant *Campylobacter jejuni*. The present data broaden the support for this step and should spur further study of the link between agricultural FQ use and human disease. **Citation:** Johnson JR et al. Similarity between human and chicken *Escherichia coli* isolates in relation to ciprofloxacin resistance status. J Infect Dis 2006 Jul 1; 194:71-8.

Tuberculosis

**Infliximab for Rheumatoid Arthritis in a Patient with Tuberculosis** (case report). To the editor: Tumor necrosis factor antagonists have been shown to be effective agents in the treatment of rheumatoid arthritis. However, they have also been shown to increase the risk of the reactivation of tuberculosis in patients with latent infection and may render the tuberculosis refractory to drug therapy. N Engl J Med Vol 355:740-741 Aug 17, 2006 No.7

CDC Clinician Communication Services

The CDC Clinical Information Service is part of the 800.CDC.INFO contact center, a resource for clinical information and material (such as posters, pamphlets, CD ROMS), covering CDC health-related topics. 800.CDC.INFO (800.232.4636) is also an around-the-clock, toll-free telephone information system for clinicians and the public to facilitate the rapid dissemination of information on topics of urgent concern and interest. Additional information is available at **www.bt.cdc.gov/coca**.
IN THIS ISSUE!

NATIONAL IMMUNIZATION AWARENESS MONTH - AUGUST
PUBLIC HEALTH LABORATORY
Detecting Avian Influenza - PCR

IMMUNIZATION PROGRAM
New Vaccines: Rotateq®, Zostavax, Gardasil
WEST NILE VIRUS
Local, State, and National Update

HIV/AIDS PROGRAM
HIV Name-Based Reporting
IN THE NEWS
Measles, Influenza, Foodborne Illness, Tuberculosis

PUBLIC HEALTH PANDEMIC PREPAREDNESS PROGRAM

---

REPORTABLE COMMUNICABLE DISEASES
SECOND QUARTER REPORT 2006

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases Reported April - June</th>
<th>Total Cases Reported To Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS*</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>AMEBIASIS</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>CAMPYLOBACTERIOSIS</td>
<td>8</td>
<td>18</td>
</tr>
<tr>
<td>CHLAMYDIA</td>
<td>342</td>
<td>252</td>
</tr>
<tr>
<td>COCCIDIOIDOMYCOSIS</td>
<td>13</td>
<td>1</td>
</tr>
<tr>
<td>GONORRHEA</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>HEPATITIS A</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>HEPATITIS C</td>
<td>87</td>
<td>69</td>
</tr>
<tr>
<td>LYME DISEASE</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>MENINGITIS, BACTERIAL</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>MENINGITIS, VIRAL</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>MENINGOCOCCAL INFECTION</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>PERTUSSIS (WHOOPING COUGH)</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>SALMONELLOSIS</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>SHIGELLOSIS</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>SYPHILIS - EARLY LATENT (&lt;1 YR)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>TUBERCULOSIS</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>RABIES - animal, non-domestic</td>
<td>2</td>
<td>4</td>
</tr>
</tbody>
</table>

*Based on diagnosis date
Reportable Communicable Diseases Reports [http://www.sbcphd.org/dcp/epi_unit.html](http://www.sbcphd.org/dcp/epi_unit.html)