

Inside this Issue

- Welcome
- Marin Immunization Update
- Reportable Diseases
- Marin County Medical Reserve Corps (MMRC)
- Quick updates:
 - West Nile Virus
 - Avian Influenza H5N1
 - Seasonal Influenza
 - Pertussis

How to Reach Us

Marin County

Department of Health and Human Services
20 N. San Pedro Ave.
San Rafael, CA 94901
(415) 499-6924

Communicable Disease Unit:

Shanna Cronan & Mirta Cuevas
English: (415) 473-7805
Spanish: (415) 473-2623
Fax: (415) 473-6002

Immunization Program

Christine Stipp
Phone: (415) 473-6888

Marin County Public Health Lab

Lynn Murrin
Phone: (415) 499-6849
Fax: (415) 507-2986

Tuberculosis:

Carole Cady & Terry Somers
Phone: (415) 499-6426
Fax: (415) 499-6855

STD Clinic:

Rebecca Dawson & Juan Aranda
Phone: (415) 499-6944
Fax: (415) 499-6855

HIV/AIDS Surveillance:

Deborah Johnston
Phone: (415) 499-6722

Public Health Officer:

Dr. Fred Schwartz
Phone: (415) 499-6841
For emergency 24/7 calls, call the Marin County Sheriff's Communication Center at (415) 499-9464 and ask for the Health Officer on duty

Deputy Public Health Officers:

Dr. Celia Golden & Dr. Anju Goel
(415) 507-2588
Fax: (415) 473-2326

Welcome!

A note from Fred Schwartz, M.D., Public Health Officer:

This is the first of what will be a biannual newsletter published by the Marin County Department of Health and Human Services, Division of Public Health, for members of the Marin County healthcare community. Our goal is to help keep our healthcare partners abreast of current issues in communicable disease control in the county, including foodborne illnesses, emerging infections, vaccine preventable diseases, STDs, TB, and HIV/AIDS.

If you have any questions, comments or concerns regarding this newsletter, please contact:

Andrew Horvath, MPH • (415) 499-5015 • ahorvath@co.marin.ca.us

Improving Marin's Immunization Rates

California's statewide immunization rate for incoming kindergarteners receiving all required immunizations was 92.8%, achieving the Healthy People 2010 goal of 90%. Yet Marin County's rate of 83.7% was lower than both statewide rates and the Health People goal, reflecting a downward trend in immunization rates over the last three years.

The exact reasons for the decreasing rates are unclear, but are partially reflective of increasing personal belief exemption (PBE) rates. Marin County has one of the highest PBE rates in the state. 4.2% of Marin kindergarteners were under-vaccinated due to PBEs compared to 1.3% California-wide in 2005. (See page 4 for a detailed map of Marin County immunization and PBE rates). In many school districts, including Lagunitas, Ross, Ross Valley, and Bolinas/Stinson, PBEs account for the majority of under-immunized students.

Yet PBEs accounted for only about 25% of under-immunized children countywide in 2005. Therefore, other factors are contributing to low immunization rates. Sausalito and San Rafael School Districts ranked 2nd and 3rd to last, respectively, in immunization rates (57.6% and 58.8%) but have only low to moderate rates of PBE (3.0% and 1.1%). These districts also contain large numbers of lower socioeconomic and immigrant minority residents. Such populations often display a knowledge deficit regarding immunization benefits and schedules as well as difficulty utilizing existing systems to access health care. There is also a lack of pediatric Medi-Cal private providers in the county, forcing many low-income parents to seek health care at community clinics, which can be over-crowded, have limited hours, and be difficult to access via public transportation.

Addressing the Vaccination Shortfall

In order to meet the Healthy People goal by 2010, it is vital that Public Health, community clinics, and private providers collaborate effectively to increase vaccination rates. Before a comprehensive strategy can be developed, it is important that we develop a clearer understanding of the

...continued on page 4.

Reportable Diseases

2005 additions to the list of reportable diseases and conditions:

- West Nile Virus: report by FAX, telephone, or mail within one working day
- SARS (Severe Acute Respiratory Syndrome): report immediately by telephone
- Lyme Disease is now a laboratory reportable disease in addition to being reportable by physician by FAX, telephone, or mail within 7 days of identification.

For the complete list of reportable diseases and conditions as well as reporting instructions, see the attached Confidential Morbidity Report (CMR) form.

Why is it important for physicians to report communicable diseases?

Reporting is not only essential to controlling and preventing the spread of communicable disease, but is legally required under Title 17 of the California Code of Regulations. The reportable disease case reports serve to:

- Ensure the provision of appropriate medical therapy (e.g., tuberculosis)
- Detect common-source outbreaks (e.g., food-borne outbreaks)
- Plan and evaluate prevention and control programs (e.g., vaccine-preventable diseases)
- Monitor for emerging infectious diseases (e.g., West Nile Virus)

Top reasons that physicians do not report:

- Do not know which diseases to report
- Do not know how to report diseases
- Concerns regarding confidentiality*
- Assume the lab will report**

*The HIPPA Privacy Rule recognizes the legitimate need for public health authorities to have access to protected health information. All reports are handled confidentially.

**Labs are NOT required to report all the reportable diseases that physicians are required to report

Reference: CDC. MMWR 1990:39; 1-11.

Five Year Summary of Selected Reported Communicable Diseases by Year Reported, Marin County 2001-2005

DISEASE	2001	2002	2003	2004	2005
AIDS ¹					
AIDS, community	25	27	17	13	8
AIDS, San Quentin	13	13	4	3	11
Amebiasis	22	9	11	5	13
Campylobacteriosis	114	71	76	55	99
Chlamydia, Total ²	301	287	249	455	520
Chlamydia, community	299	287	249	358	357
Chlamydia, San Quentin	2	0	0	97	163
<i>E. coli</i> O157:H7	4	4	0	4	3
Encephalitis, viral	1	0	0	1	2
Gonorrhea	72	47	55	53	60
Giardiasis	62	57	39	47	39
Hepatitis A	12	4	3	3	9
Hepatitis B, acute	4	4	0	0	0
Hepatitis B, chronic	36	26	43	10	44
Hepatitis C, acute	1	0	0	0	0
Hepatitis C, chronic	106	87	99	95	133
Lyme Disease	1	4	4	2	4
Meningitis, viral	8	7	13	7	3
Meningococcal infections	1	0	2	1	2
NGU	114	103	102	100	91
Pertussis ³	2	16	3	24	13
PID	22	8	21	14	23
Salmonellosis	37	29	26	31	35
Shigellosis	16	11	13	4	19
Syphilis, all	11	13	9	2	7
Tuberculosis (TB), Total ⁴	15	12	17	13	10
TB, community	14	12	17	12	9
TB, San Quentin	1	0	0	2	1

¹ HIV/AIDS cases are reported separately from other reportable diseases. Reporting of HIV + tests began in July of 2002.

² San Quentin State Prison began screening in-coming inmates for Chlamydia in 2004. These cases are not necessarily Marin residents, and are therefore separated from our community associated cases.

³ By year of diagnosis in 2004 and 2005

⁴ TB cases are reported separately from other reportable diseases. All reports are active cases.

Marin County Medical Reserve Corps (MMRC)

The County of Marin Health and Human Services is pleased to announce a new recruitment for Marin Medical Reserve Corps (MMRC) volunteers. The MMRC is a local organization of health professionals trained and credentialed to assist in a medical capacity during local disasters. For more information on the MRC, please visit www.medicalreservecorps.gov. Orientation sessions will be held on April 4th, 2006 from 9am to 12 noon, and April 13th, 2006 from 6pm to 9pm. For more information or to RSVP, please contact Rebekah Varela at rvarela@co.marin.ca.us or call @ (415) 473-6351

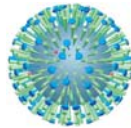
Quick Updates

West Nile Virus



- WNV is now a **legally reportable condition in California**
- **Marin County, 2005:** no human infections, **14 positive dead birds**
- **California, 2005:** 928 human infections (24 in Bay Area Counties; 177 in Sacramento) and 18 WNV-related deaths
- Updated testing and reporting guidelines to be published in spring 2006

Avian Influenza H5N1

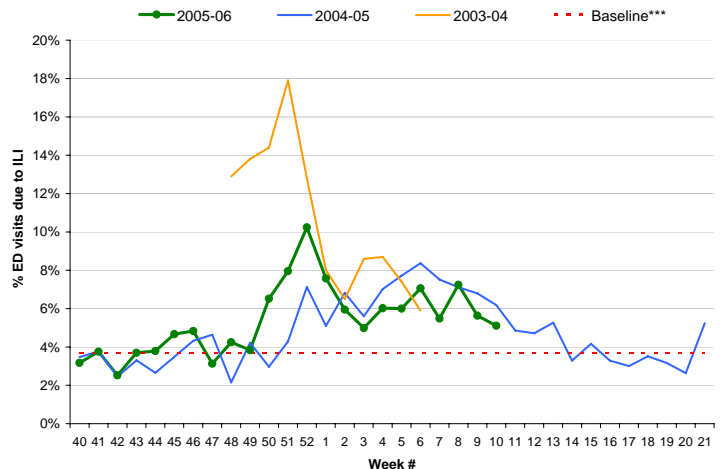


- No cases of avian influenza have been reported in the U.S.
- California continues **enhanced surveillance** for imported cases of H5N1
- We have key information and tools for physicians on our website (see URL below), including:
 - Screening form for Suspected Avian Influenza
 - Avian Influenza Case History Form
 - Specimen Collection & Submittal Guidelines

Seasonal Influenza

- The 2005-06 influenza season had an early and high peak reminiscent of the 2003-04 season.
- As of week 10 of 2006, there is still evidence of some sporadic influenza transmission. However, much of the elevated ILI since week 5 is likely due to other seasonal respiratory viruses.

Figure 1. Emergency Department Outpatient Visits Due to Influenza-like Illness (ILI*) for 2003-04, 2004-05, & 2005-06 Seasons, Marin County

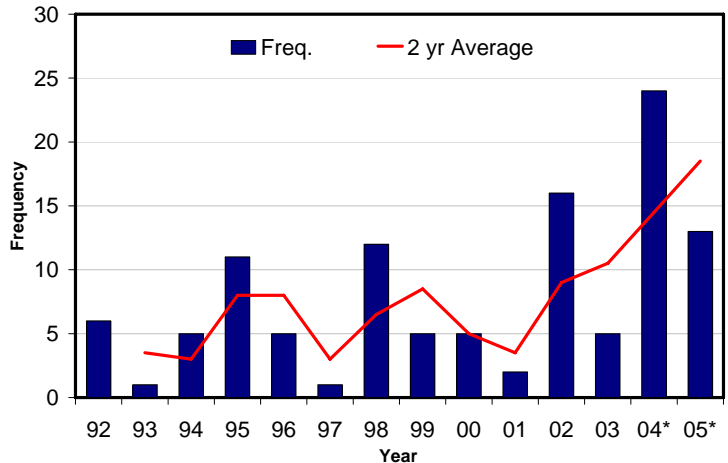


* Case Definition for ILI is any chief complaint field including the following text: influenza, flu, influenza-like illness, ILI, pneumonia, or fever (in absence of vomiting/diarrhea)

Pertussis is on the Rise

- 2005 reported cases:
 - CA: 2,442 (6.63 cases per 100,000 population)
 - Marin: 13 (5.17 cases per 100,000 population)
- **Pertussis is NOT just a childhood disease.** Since 2000, 25% of cases reported in Marin have been 10-19 years of age, and 43% have been >20 years of age.
- Tdap is now being recommended instead of Td by CDC for adolescents aged 11-64
- Clinicians must obtain appropriate diagnostic tests (nasopharyngeal swab for culture with or without PCR) and **report to public health only those cases that they highly suspect to have clinical pertussis.**

Figure 2. Pertussis Counts by Year of Report, Marin County



* By year of diagnosis. All other years are by year reported

For more information on these and other topics, visit our **Public Health Updates** website at:
<http://www.co.marin.ca.us/depts/HH/main/hs/publichealth/PublicHealthUpdates.cfm>

Immunizations, continued from page 1

barriers to immunization and the populations most affected. To this end, Marin HHS will further investigate these barriers over the next 6 months, focusing on access issues. However, action can be taken now by both public health and the health care community to help improve our vaccination rates.

What is Marin DHHS doing?

The Marin County Immunization Program is working to develop culturally sensitive education for parents in community settings to emphasize the importance of immunizations and to address parental concerns regarding vaccine safety. The Immunization Program will also continue to work closely with the Marin School Nurses Organization to monitor immunization rates in school districts as well as cases of vaccine preventable disease.

Bay Area Regional Immunization Registry

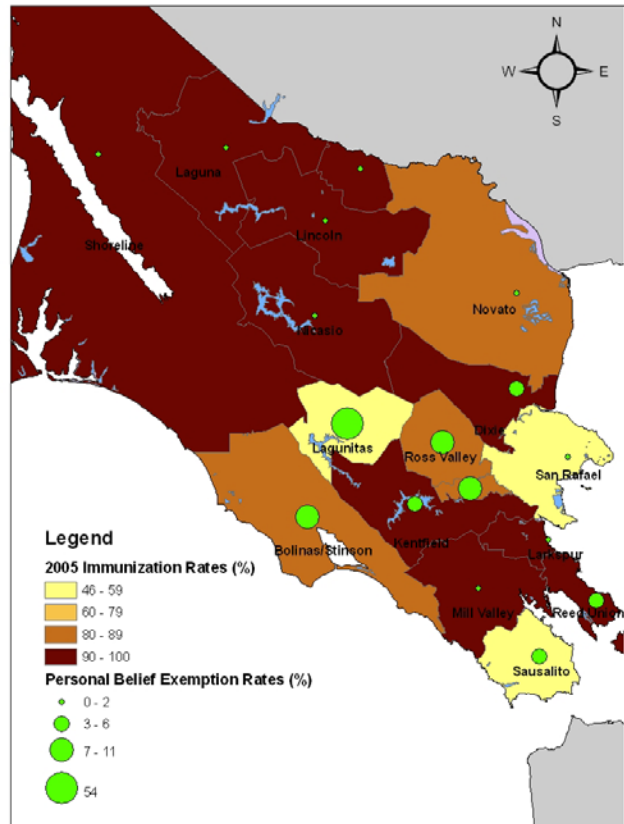
In October 2005 the Marin County Immunization Clinic also initiated participation in the Bay Area Regional Immunization Registry (BARR). The BARR is a confidential, computerized information system, designed to catalog and provide immediate access to a patient's immunization history. Its purpose is to create a single, population based data source for all providers in the region. Marin HHS is now beginning the process of recruiting private physicians for participation in the program.

The BARR provides the following benefits:

- Prints an accurate, official copy of a patient's immunization history
- Consolidates immunizations from all providers into one record
- Provides current recommendations and information on new vaccines, as well as changes in vaccine schedules
- Helps manage vaccine inventories
- Produces reminders and recalls for immunizations due or overdue
- Generates coverage reports for your practice quickly and easily
- Helps monitor adverse reactions to vaccines
- Decreases costs by preventing excess immunizations

See the attached brochure for more information on the Immunization Registry or contact Sharayn Forkel, RN,

Figure 3. Geographic Distribution of Immunization Rates and Personal Belief Exemptions (PBEs) by School District in Marin County, 2005



MS, Senior PHN, Immunization Registry Coordinator for Marin County at (415) 473-3078.

How can healthcare providers help improve immunization rates?

- Evaluate immunization status at each well child and acute care visit
- Give all immunizations when the need is identified
Do not delay immunizations due to non-valid contra-indications such as mild illness or giving concurrent immunizations
- Educate parents as to the proven benefits and common misconceptions of childhood vaccines
- Participate in the Vaccines For Children (VFC) program for income-eligible children
- Participate in the **Bay Area Regional Immunization Registry (BARR)** program

We welcome the opportunity to collaborate with our community partners. We encourage you to contact the Immunization Coordinator, Christine Stipp, with any questions regarding our programs or with any suggestions.