



# PUBLIC HEALTH MATTERS

*A Newsletter for Local Providers and Health Professionals*

Second Quarter 2007

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## Second Quarter Newsletter, 2007

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Note: A copy of this report can be found on the Epidemiology page of the Public Health Services website. The web address is: <http://www.sjcphs.org/Disease/Epidemiology.htm>

## 2007 Changes to Reportable Disease List

The California Department of Public Health has made changes and updates to the reportable disease list. These changes were effective June 12, 2007, and include additions, deletions, and modifications to the wording of the previous list. The reporting form and the complete list of reportable diseases can be found on Public Health Services website at the following address: [http://www.sjcphs.org/healthcare\\_providers/title17.htm](http://www.sjcphs.org/healthcare_providers/title17.htm)

The following is a list of the additions to the reportable disease list and the time frame to report:

**Table I. Additions to Reportable Disease List**

Reportable Disease	Time to report to local health department
Avian Influenza (human)	To be reported immediately by telephone
Chickenpox (only hospitalizations and deaths)	To be reported within 1 working day of identification of the case or suspected case
Creutzfeldt-Jacob Disease (CJD) and other Transmissible Spongiform Encephalopathies	To be reported within 7 calendar days from the time of identification
Influenza Deaths (in individuals less than 18 years of age)	To be reported within 7 calendar days from the time of identification
Shiga Toxin (detected in feces)	To be reported immediately by telephone

The following is a list of the deletions from the reportable disease list:

- Anisakiasis
- Lymphocytic choriomeningitis
- Echinococcosis (hydatid disease)
- Non-gonococcal urethritis (NGU)
- Reye syndrome

*(continued on page 3)*

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## Cases of Selected Communicable Diseases Reported to California Department of Health Services

DISEASE	2006					2007				
	1st qtr.	2nd qtr.	3rd qtr.	4th qtr.	2006 Total	1st qtr.	2nd qtr.	3rd qtr.	4th qtr.	2007 Total
AIDS	12	5	19	22	58	13	14			27
Amebiasis	0	1	0	3	4	0	2			2
Botulism	0	0	0	0	0	0	0			0
Brucellosis	0	1	0	0	1	1	0			1
Campylobacteriosis	25	38	45	45	153	31	38			69
Chlamydial Infections	690	804	669	1030	3193	850**	866			1716
Coccidioidomycosis	9	8	7	18	42	6	7			13
<i>E. coli</i> O157:H7 Infection	0	2	5	11	18	3	0			3
Encephalitis, Viral	0	0	1	0	1	1	0			1
Giardiasis	43	24	24	17	108	13	13			26
Gonococcal Infections	177	200	205	208	790	227	236			463
<i>Haemophilus influenzae</i> type B	0	0	1	1	2	0	0			0
Hepatitis A	0	1	0	8	9	5	0			5
Hepatitis B, acute	1	6	3	6	16	2	1			3
Hepatitis C, chronic	151	209	114	148	622	147	51			198
HIV infection	0*	2	19	98	119	72	66			138
Legionellosis	0	0	0	0	0	0	1			1
Leprosy (Hansen's Disease)	0	0	0	0	0	0	0			0
Listeriosis	0	0	0	0	0	0	0			0
Lyme Disease	0	1	0	0	1	0	0			0
Malaria	3	0	0	1	4	1	0			1
Measles	0	0	0	0	0	0	0			0
Meningitis, Viral	0	3	6	11	20	3	4			7
Meningococcal Infections	1	0	2	1	4	2	0			2
Mumps	0	0	0	0	0	0	0			0
Pertussis	4	20	7	7	38	1	4			5
Q Fever	0	0	0	0	0	0	0			0
Rabies—animal	0	1	2	0	3	0	1			1
Rubella	0	0	0	0	0	0	0			0
Salmonellosis	16	19	15	71	121	9	8			17
Shigellosis	1	1	7	21	30	2	2			4
Syphilis (primary, secondary, early latent)	1	4	2	4	11	3**	2			5
Tuberculosis	2	6	11	59	78	3	11			14
Typhoid Fever	0	0	0	1	1	0	0			0
Vibrio Infections	0	1	1	2	4	0	0			0
West Nile Virus	0	0	7	1	8	0	0			0
Yersiniosis	1	2	0	4	7	3	2			5

\*Due to the new law requiring HIV reporting by name that started in April 2006, HIV case counts have started over. Previously reported cases are no longer valid.

\*\*Amended numbers; sexually transmitted disease numbers may not be consistent with previous quarterly reports due to periodic updates of the database.

Changes to Reportable Disease List continued

**Table 2. Wording Modifications on the Reportable Disease List**

Previous Wording in Reportable Disease List	New Wording in Reportable Disease List	Time to Report to Local Health Department
Brucellosis (Undulant Fever)	Brucellosis	To be reported immediately by telephone
Chlamydial Infections	Chlamydial infections, including Lymphogranuloma Venereum (LGV)	To be reported within 7 calendar days from the time of identification
Cysticercosis	Cysticercosis or taeniasis	To be reported within 7 calendar days from the time of identification
<i>E. Coli</i> O157:H7 Infections	<i>E. coli</i> : Shiga toxin producing (STEC) including <i>E. Coli</i> O157	To be reported immediately by telephone
<i>Haemophilus influenzae</i> , invasive disease	<i>Haemophilus influenzae</i> , invasive disease (in individuals less than 15 years of age)	To be reported within 1 working day of identification of the case or suspected case
Water-borne disease	Water-Associated Disease (e.g., Swimmer's Itch and Hot Tub Rash)	To be reported within 1 working day of identification of the case or suspected case

## A Note on Shiga toxin and Shiga Toxin Producing *E. Coli*

This addition to the reportable disease list took effect in October 2006. It was in response to a trend by clinical laboratories toward testing for Shiga toxin-producing *E. coli* (STEC) infections using enzyme immunosorbent assay (EIA) or other non-culture based methods, and the resulting need for timely and reliable notification of STEC infections that may not be culture confirmed.

Shiga toxin-producing *E. coli* is a type of enterohemorrhagic *E. coli* (EHEC) that can result in illness ranging from mild intestinal disease to severe kidney complications. Other types of EHEC include O157:H7 and more than 100 other non-O157 strains such as O111 and O26. Typical symptoms include severe abdominal cramping, sudden onset of watery diarrhea which is frequently bloody, and vomiting with a low-grade fever. Most often the illness is mild and self-limited, generally lasting 1-3 days. However, serious complications such as hemorrhagic colitis, hemolytic uremic syndrome (HUS), or postdiarrheal thrombotic thrombocytopenic purpura (TTP) can occur in up to 10% of cases.

## The HPV Vaccine: What Health Care Providers Need to Know

### How is HPV vaccine administered?

The licensed quadrivalent human papillomavirus (HPV) vaccine is given intramuscularly as a 0.5 mL dose in a three-dose series. The second dose is given two months after the first dose. The third dose is given six months after the first dose.

### How effective is the HPV vaccine?

In clinical studies, the HPV vaccine has been shown to be over 90 percent effective in preventing infections and pre-cancerous lesions in women that are caused by types 6, 11, 16 and 18 of the virus. The vaccine will not prevent disease in women who have already been infected by the specific HPV types included in the vaccine, and the vaccine has no value in eliminating pre-existing HPV infection or in treating HPV disease. There are no data yet on the effectiveness of the vaccine in males.

### How safe is the HPV vaccine?

The HPV vaccine appears to be safe. No increase in serious adverse effects have been observed in large clinical trials. The licensed quadrivalent HPV vaccine has been associated with an increase in local injection-site reactions, especially pain.

Continuing studies are monitoring the safety of the HPV vaccine. Adverse events occurring after vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS), which is maintained by the FDA and the Centers for Disease Control and Prevention (CDC). To receive a copy of the vaccine reporting form, call VAERS at (800) 822-7967 or report online at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

(continued on page 6)

## San Joaquin County AIDS Statistics

The following data are based on the 1138 AIDS cases reported to San Joaquin County Public Health Services from 1983 through June 30, 2007.

Of these 1138 cases:

- 1122 were in adults/adolescents (age ≥ 13 at time of diagnosis); 959 male (85.5%) and 163 female (14.5%)
- 16 of the cases were classified as pediatric (age <13 at time of diagnosis); 6 male (37.5%) and 10 female (62.5%)
- 569 deaths occurred among these cases, for a case-fatality rate of 50.0%

*Note: In the following tables, data are displayed for cumulative AIDS cases through 2nd quarter 2007*

1983 – 6/30/07		
AGE GROUP <sup>1</sup>	# OF CASES	% OF CASES
UNDER 5	10	0.9%
5-12	6	0.5%
13-19	8	0.7%
20-29	179	15.7%
30-39	479	42.1%
40-49	299	26.3%
OVER 49	157	13.8%
<b>TOTAL</b>	<b>1138</b>	<b>100%</b>

<sup>1</sup>Age at Diagnosis

1983 – 6/30/07		
RACE/ETHNICITY	# OF CASES	% OF CASES
White	520	45.7%
African-American	260	22.8%
Hispanic	292	25.7%
Asian/P.I. <sup>1</sup>	41	3.6%
A.I./A.N. <sup>2</sup>	4	0.4%
Multi-race	18	1.6%
Unknown	3	0.3%
<b>TOTAL</b>	<b>1138</b>	<b>100%</b>

<sup>1</sup>P.I. = Pacific Islander

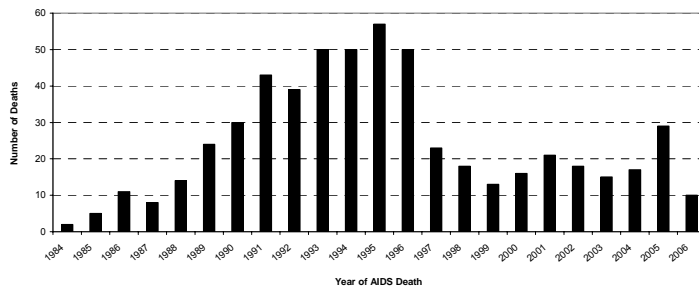
<sup>2</sup>A.I./A.N. = American Indian/Alaska Native

1983 – 6/30/07		
EXPOSURE CATEGORY	# OF CASES	% OF CASES
MSM <sup>1</sup>	508	44.6%
IDU <sup>2</sup>	261	22.9%
MSM & IDU	138	12.1%
Heterosexual Contact	169	14.9%
Blood Exposure	26	2.3%
Mother with/at risk for HIV	11	1.0%
Risk not reported/Other	25	2.2%
<b>TOTAL</b>	<b>1136</b>	<b>100%</b>

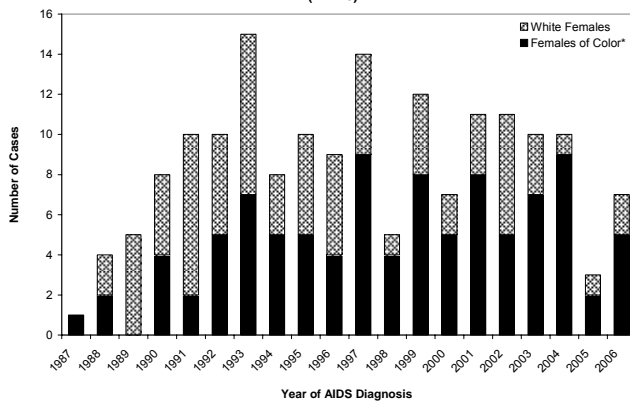
<sup>1</sup>MSM = Men who have sex with men

<sup>2</sup>IDU = Injection drug use

Number of AIDS Cases by Year of Death, 1984-2006



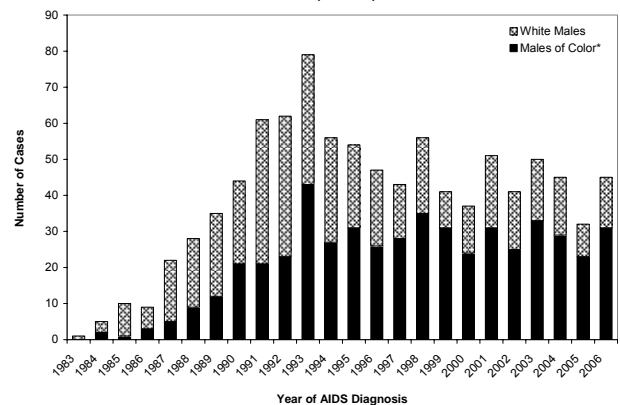
Race/Ethnicity of Female AIDS Cases, 1987-2006 (N=170)



\* Includes African-American, Asian/P.I., A.I./A.N., Multi-race

\*\* Excludes unknown race/ethnicity (n=3)

Race/Ethnicity of Male AIDS Cases, 1983-2006 (N=954\*\*)



## San Joaquin County HIV Statistics

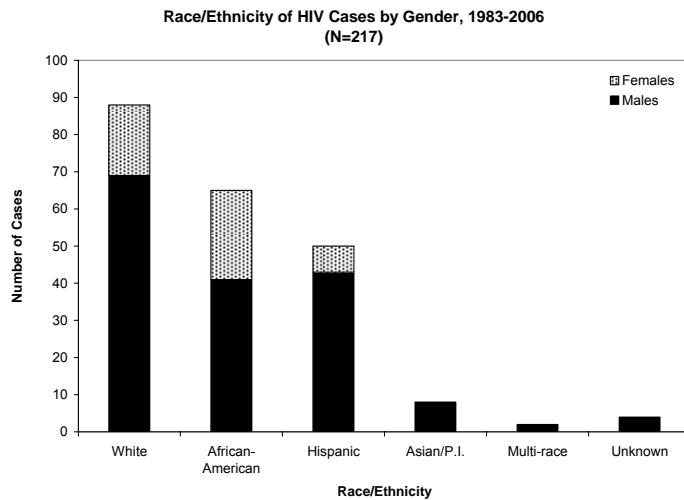
Of the 233 HIV name-based cases reported to San Joaquin County Public Health Services from April 17, 2006 through June 30, 2007:

- 233 of the cases were in adults/ adolescents (age ≥ 13 at time of diagnosis); 180 male (77.3%) and 53 female (22.7%)
- None of the cases were pediatric

*Note: In the following tables, data are displayed only for name-based, cumulative HIV cases reported from 4/17/06 through 2nd quarter 2007*

	4/17/06 – 6/30/07	
AGE GROUP <sup>1</sup>	# OF CASES	% OF CASES
Under 5	0	0.0%
5-12	0	0.0%
13-19	7	3.0%
20-29	66	28.3%
30-39	83	35.6%
40-49	56	24.0%
Over 49	21	9.0%
<b>TOTAL</b>	<b>233</b>	<b>100%</b>

<sup>1</sup>Age at Diagnosis



### Major Sources of Reported HIV Infections To Date

- 48/233 (20.6%) were reported by hospitals
- 108/233 (46.4%) were reported by private physicians/HMOs
- 48/233 (20.6%) were reported by correctional facilities
- 29/233 (12.4%) were reported by Public Health

	4/17/06– 6/30/07	
RACE/ETHNICITY	# OF CASES	% OF CASES
White	91	39.1%
African-American	67	28.8%
Hispanic	58	24.9%
Asian/P.I. <sup>1</sup>	8	3.4%
A.I./A.N. <sup>2</sup>	1	0.4%
Multi-race	2	0.9%
Unknown	6	2.6%
<b>TOTAL</b>	<b>233</b>	<b>100%</b>

<sup>1</sup>P.I. = Pacific Islander

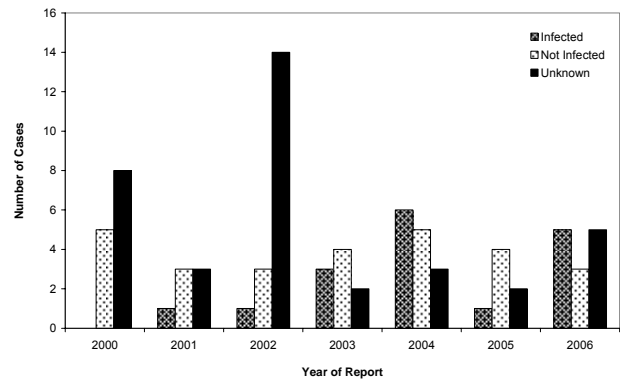
<sup>2</sup>A.I./A.N. = American Indian/Alaska Native

	4/17/06– 6/30/07	
EXPOSURE CATEGORY	# OF CASES	% OF CASES
MSM <sup>1</sup>	90	38.6%
IDU <sup>2</sup>	57	24.5%
MSM & IDU	15	6.4%
Heterosexual Contact	60	25.8%
Blood Exposure	0	0.0%
Mother with/at risk for HIV	0	0.0%
Risk not reported/Other	11	4.7%
<b>TOTAL</b>	<b>233</b>	<b>100%</b>

<sup>1</sup>MSM = Men who have sex with men

<sup>2</sup>IDU = Injection drug use

HIV Status of Primary, Secondary, and Early Latent Syphilis Cases, 2000-2006



## The HPV Vaccine: What Health Care Providers Need to Know continued:

### How long does immunity last?

The duration of immunity is not known; current studies have demonstrated protection up to five years. It is not yet known if booster doses will be needed in the future.

### For which patients is the HPV vaccine licensed?

Gardasil® is licensed by the FDA for use in females 9 to 26 years of age. The vaccine has not been licensed for use in males.

### Who should get the HPV vaccine?

The federal Advisory Committee on Immunization Practices (ACIP) recommends three doses of the licensed quadrivalent HPV vaccine for:

- females ages 11 to 12 years on a routine basis, though physicians may vaccinate girls starting at age 9.
- females ages 13 to 26 years, if not yet vaccinated.

Based on current data, females who have not been infected with the HPV types included in the HPV vaccine are likely to benefit most from vaccination. Although HPV vaccine can not treat prior HPV infection, sexually active women are unlikely to have been exposed to all HPV types covered by the quadrivalent vaccine. Therefore, sexually active women can still benefit from the vaccine for the virus type(s) in the vaccine they have not yet acquired. Currently, there are no data on the efficacy of the vaccine in men or women over 26 years of age. Studies in these populations will provide data in the future.

### Who should not be immunized with the HPV vaccine?

Females who have a history of immediate hypersensitivity (e.g., anaphylaxis) to yeast or to any component of the quadrivalent HPV vaccine should not receive HPV vaccine. Immunization should also be deferred during a moderate to severe illness until the illness improves.

### Should pregnant women receive HPV vaccine?

The HPV vaccine is not recommended for use during pregnancy. The vaccine has not been associated causally with adverse outcomes of pregnancy or adverse events to the developing fetus; however, data on vaccination during pregnancy are limited. If a woman begins the vaccine series and then becomes pregnant, the series should be suspended until after the pregnancy. No treatment is recommended for women who receive one or more doses of the HPV vaccine while pregnant. Exposures to Gardasil® during pregnancy should be reported to the manufacturer's pregnancy registry at (800) 986-8999 so that the vaccine can be better assessed for safety.

### Is the HPV vaccine required for entry into grade school or college?

No. However, providers are encouraged to provide a routine medical visit for children 11 to 12 years old and to urge parents to vaccinate their children according to the ACIP recommendations.

### Does the HPV vaccine replace Pap screening?

No. It is important that women continue to receive routine Pap screening. Because the HPV types targeted by the

vaccine account for 70 percent of cervical cancer, the cancer risk is significantly decreased, but not eliminated.

### What if a patient cannot complete the series on schedule?

If the vaccine series is interrupted, administer the next dose when possible. It is not necessary to restart the series, even if a significant amount of time has passed.

### Is this vaccine covered by health plans or other programs?

The Vaccines for Children (VFC) program provides the HPV vaccine for eligible girls 9 to 18 years of age. Children and adolescents up to and including 18 years of age who are either uninsured, Medi-Cal eligible, Native American, or Alaska Native are eligible for the VFC program. Eligible children and adolescents can also get VFC vaccines through federally qualified health centers or rural health centers if their private health insurance does not cover the vaccine. By law, California's managed care plans must cover all recommended vaccines for children. Co-payments may apply for those visits. It is anticipated that most health plans will cover the vaccine but some may not cover the vaccine for adults. Please check with the specific health plan for more information.

### How can I participate in the VFC program?

VFC has more than 4,000 enrolled provider sites participating in California. VFC provides free routine vaccines for eligible children through age 18. Any medical practice providing vaccinations to low-income children meeting VFC eligibility may choose to become a VFC provider. To learn more about California's VFC program, including how to become a VFC provider, visit [www.vfcca.org](http://www.vfcca.org) or call the VFC program office toll-free at (877) 243-8832.

### Are there patient information materials available?

Fact sheets on HPV vaccine produced by CDC can be accessed at [www.hpvvaccineca.org](http://www.hpvvaccineca.org). An interim Vaccine Information Statement, required to be given to patients, parents, or guardians, is available at [www.cdc.gov/nip/publications/vis/vis-hpv.pdf](http://www.cdc.gov/nip/publications/vis/vis-hpv.pdf).

- For more information on HPV infection, go to the Centers for Disease Control and Prevention website at: <http://www.cdc.gov/std/hpv/default.htm>
- For more information on HPV vaccination, go to the Centers for Disease Control and Prevention website at: <http://www.cdc.gov/vaccines/vpd-vac/hpv/default.htm>
- Information about HPV and the vaccine can also be found on the California Department of Public Health's website at: <http://www.dhs.ca.gov/ps/dcdc/izgroup/diseasesbrowse/hpv.htm>

## Prenatal Testing for Hepatitis B: Confirmatory HBsAg Testing of Initially Reactive Specimens

The California Department of Public Health, Immunization Branch released the following information for prenatal care providers and laboratory directors regarding hepatitis B surface antigen testing:

California law<sup>1</sup> requires and the Advisory Committee on Immunization Practices, the American College of Obstetrics and Gynecology and the American Academy of Pediatrics all recommend that all pregnant women be tested routinely for hepatitis B surface antigen (HBsAg).

Currently there are nine FDA-licensed or approved HBsAg tests (see Table below). With a few exceptions, a confirmed HBsAg laboratory result by enzyme immunoassay (EIA) is arrived at by the following three-step process: 1) initially reactive, then 2) repeatedly reactive (same test as in step 1), then 3) confirmation by neutralization<sup>2</sup>. Only those specimens in which the HBsAg can be neutralized by the confirmatory test procedure may be designated as positive for HBsAg.

Unfortunately, some laboratories are not routinely performing confirmatory testing on repeatedly reactive specimens and are reporting the results to the clinician as "reactive" or "repeatedly reactive". A second related problem is that some laboratories are reporting out "positive" results before confirmatory testing is completed. The package inserts from eight of the licensed HBsAg tests require confirmatory testing of initially reactive specimens with a licensed neutralizing confirmatory test when the tests are being used to screen pregnant women<sup>3</sup>. Laboratories that do not follow the instructions on the package insert are not complying with FDA/CLIA requirements.

Please contact the California Department of Health Services Laboratory Field Services (<http://www.dhs.ca.gov/ps/ls/LFSB/html/directory.htm>) regarding laboratories that are not complying with FDA/CLIA requirements and/or submit a complaint form to Laboratory Field Services (<http://www.dhs.ca.gov/publications/forms/pdf/lab163.pdf>).

<sup>1</sup> California Health and Safety Code Sections 125080-125105 state that a licensed physician and surgeon or other person engaged in the prenatal care of a pregnant woman or attending the women at the time of delivery shall obtain or cause to be obtained a blood specimen of the woman for laboratory testing for the presence of hepatitis B surface antigen (HBsAg) and the results shall be reported to both the physician and surgeon or other person engaged in the prenatal care of a pregnant woman or attending the women at the time of delivery and the woman.

<sup>2</sup> HBsAg confirmatory assays involve a neutralization procedure utilizing anti-HBs.

<sup>3</sup> Ortho-Clinical Diagnostics, the manufacturer of the ninth test<sup>3</sup>, the Vitros® HBsAg assay, suggests that supplemental testing be used to confirm positive results when the test is being used to screen pregnant women.

### HBsAg Laboratory Testing Requirements

Tradename	Manufacturer	Repeat testing if initial result is positive	HBsAg confirmatory test requirements if specimen is reactive in either of repeat tests
Auszyme Monoclonal	Abbott Lab	Retest in duplicate	HBsAg confirmation required
Abbott Prism	Abbott Lab	Retest in duplicate	HBsAg confirmation required
Axsym	Abbott Lab	Retest in duplicate	HBsAg confirmation required
Genetic Systems HBsAg EIA 3.0	Bio Rad	retest in duplicate	HBsAg confirmation required
Immulite HBsAg	Diagnostic Product Corporation	retest in duplicate	HBsAg confirmation required
ETI-MAK-2 Plus (HBsAg)	DiaSorin	retest in duplicate	HBsAg confirmation required
Elecsys 2010	Roche	retest in duplicate	HBsAg confirmation required
Bayer Centaur	Bayer	When the ADVIA Centaur HBsAg is used as a stand alone assay (e.g., in pregnant women being screened to identify neonates who are at risk for acquiring HBV during perinatal period) all results $\geq 1.00$ should be considered initially reactive.	Repeat testing and supplemental tests, such as the ADVIA Centaur HBsAg Confirmatory assay, are required
Ortho Vitros ECI	Ortho Diagnostics	retest in duplicate	If 2 of 3 are $>5.00$ s/c, the sample is positive and no further testing required. In instances where HBsAg is used as a stand alone assay (e.g., in pregnant women being screened to identify neonates who are at risk for acquiring HBV during perinatal period), it is suggested that supplemental testing as the VITROS HBsAg Confirmatory Kit be used to confirm the result.

Visit Public Health on the  
web: <http://www.sjcphs.org>

**WHO TO REPORT TO:**

**For all diseases except HIV/AIDS and Sexually Transmitted Diseases**

**Phone:** (209) 468-3822, or  
**Fax:** (209) 468-8222, or  
**Mail:** San Joaquin County Public Health Services  
Attention: Morbidity  
P.O. Box 2009  
Stockton, CA 95201-2009

**For Sexually Transmitted Diseases**

**Phone:** (209) 468-3862, or  
**Fax:** (209) 948-7473, or  
**Mail:** (Seal and mark: CONFIDENTIAL)  
San Joaquin County Public Health Services  
Attention: Sexually Transmitted Diseases  
P.O. Box 2009  
Stockton, CA 95201-2009

**For HIV/AIDS Reports**

**Phone:** (209) 468-3475, or  
**Fax:** (no fax)  
**Mail:** (Seal and mark: CONFIDENTIAL)  
San Joaquin County Public Health Services  
Attention: Rosa Castillo-Cuellar  
P.O. Box 2009  
Stockton, CA 95201-2009

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