



PHYSICIANS' BULLETIN

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Immunization Alert

Measles Outbreak

As of the end of January, several Southern California counties were seeing measles activity. Ventura County had 55 cases; Riverside, 11 cases; Orange, 4 cases; San Bernardino, 1 case; and San Diego, 1 case (all totals are for probable and confirmed cases). A suspect case in Ventura County involved a person who flew on a commercial airline while infectious on January 21-22, on a route linking Los Angeles, San Diego and Dallas. Any persons exposed should be ill by February 5. Due to this measles activity, physicians should suspect measles in patients who have cough, coryza and conjunctivitis associated with high fever and generalized rash. All suspected measles cases should be reported immediately by telephone at 692-8661 (after business hours, please call 565-5659).

Pertussis Outbreak and Treatment Issues

For the past three years, San Diego County has seen a three- to five-fold increase in pertussis cases. The pre-outbreak average in the county was 26 cases per year, but for 1992-94, cases per year numbered 126, 78 and 91, respectively. The majority of these cases were in children under six months of age who had to be hospitalized.

County Health Services encourages health care providers to take advantage of every opportunity to provide immunizations on time.

The California Department of Health Services Immunization Branch has released the following Pertussis Treatment and Chemoprophylaxis guidelines (please see note on p. 2 about erythromycin-resistant *B. pertussis*):

14 Days of:

- 1) Erythromycin (adults: 250 mg q.i.d. for prophylaxis, 250 or 500 mg q.i.d. for treatment;

- children: 40-50 mg/kg/day in divided doses);
or
- 2) TMP/SMX (adults: 2 regular strength tablets or one double strength tablet b.i.d.; children: TMP - 8 mg/kg/day; SMX - 40 mg/kg/day);
or
- 3) Clarithromycin (adults: 500 mg q.i.d.; children: 15 mg/kg/day in divided doses); or
- 4) Oxytetracycline (adults: 500 mg q.i.d.; children age 9 years and older: 25 mg/kg/day in divided doses).

For persons in the same household as the patient or who had other close exposure ≤ 14 days previously, give chemoprophylaxis regardless of age or immunization status. In addition, for children less than 7 years of age who are behind on the DTP immunization schedule, give the missing dose in conjunction with prophylaxis and schedule future doses.

Progress Toward Infant Immunization Initiative (I-3) Goal

County Health Services' Retrospective Survey conducted last spring showed that the rate of county two-year-old children who have had all necessary immunizations rose to 70 percent from 53 percent the previous year. The children surveyed turned two years old in 1990, the year of the county's largest measles outbreak in recent history. Immunization Program staff believe that the intense media coverage of the measles outbreak and physician cooperation that year helped ensure compliance with all immunization requirements.

Physicians are encouraged to continue participation in I-3 as we work toward the Year 2000 goal: at least 90 percent of county children will be fully immunized by two years of age.

(continued)

New Recommended Immunization Schedule

Included with this Bulletin is a recently approved schedule of childhood immunizations endorsed by the Advisory Committee on Immunization Practices (ACIP), American Academy of Pediatrics and American Academy of Family Physicians. Please note that the MMR vaccine is still recommended to be given at 12 months in Southern California because of recent measles outbreaks. Please post this schedule so that all medical staff are aware of it.

Free Immunization Materials for Health Care Providers

County Health Services' Immunization Program has a variety of free, professional materials designed to help health care providers promote and give timely childhood immunizations, including accelerated vaccine schedules for children who are behind on their shots. Please call the Immunization Program at 692-8661 to request these materials.

Two Hepatitis B Immunization Projects Recently Begun in County

Two hepatitis B immunization demonstration projects have been started recently in San Diego County. One program is being conducted in selected schools in the San Diego Unified School District. It is testing the feasibility of immunizing children in grades 4-7 with the three-dose hepatitis B vaccine.

The other program targets Asian/Pacific Island families in the Linda Vista community. Its purpose is to demonstrate the most effective method of providing hepatitis B vaccine to children 2-13 years of age in the Asian/Pacific Island population and create a practical model to be considered nationwide.

All Kids Count Project Proceeding in County

All Kids Count (AKC) is a joint project of the San Diego Health Coalition for Children and Youth, the San Diego State University Graduate School of Public Health and the County Department of Health Services to develop a countywide immunization information system for the county's preschool children. During its first year, the project focused on developing a plan to implement the system among public

and private providers. With the expertise of community, physician and technical Advisory Group members, AKC is now positioned to begin a pilot of the proposed registry. In February and March, the first phase will link a private physician, a public health center and a community health center. The second phase will begin by adding large practices into the system. For more information, please call Brenda Robyn at 692-8482.

Note on erythromycin-resistant *B. pertussis*:

In June 1994, a case of *Bordetella pertussis* disease caused by a strain resistant to erythromycin was reported to the Arizona Department of Health Services (ADHS) in Yuma County. Susceptibility testing at CDC confirmed that the isolate was highly resistant to erythromycin.

The CDC evaluated *B. pertussis* cultures from Yuma and other Arizona counties, as well as San Diego County. None of the *B. pertussis* strains were found to be resistant to erythromycin.

Erythromycin remains the drug of choice for treating persons with *B. pertussis* disease and for postexposure prophylaxis of all household members and other close contacts as recommended by the ACIP. Failure of erythromycin to eradicate *B. pertussis* has been associated with poor absorption of some preparations of the antibiotic. Among the three esterified oral erythromycin formulations (estolate, ethylsuccinate, and stearate), erythromycin estolate has superior bioavailability and achieves higher concentrations in serum and respiratory secretions. TMP-SMZ is an alternative for treatment and for chemoprophylaxis, but its efficacy as a chemoprophylactic agent has not been evaluated.

All health care providers in the county are encouraged to obtain nasopharyngeal cultures from patients in whom pertussis is suspected. These include persons with unexplained acute cough of 14 or more days' duration and at least one of the following symptoms: paroxysms of cough, inspiratory whoop, or posttussive vomiting, regardless of the patient's age or vaccination status. All probable and confirmed cases of pertussis should be reported promptly by mail or by telephone, 236-3598, within one working day of identification of the case or suspected case.