



**Public Health**  
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**2009 Adult Immunization Schedule Highlights**

The 2009 Recommended Adult Immunization Schedule has been approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Family Physicians, the American College of Obstetricians and Gynecologists, and the American College of Physicians. Please review the complete schedule and indications at

[www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm](http://www.cdc.gov/vaccines/recs/schedules/adult-schedule.htm)

Highlights include:

**Tetanus, diphtheria, and acellular pertussis**

**(Td/Tdap) vaccination:** Tdap should replace a single dose of Td for adults aged 19 - 64 years who have not received Tdap previously, including when a Td booster is indicated during wound care. A dose of Tdap is recommended for postpartum women, close contacts of infants aged less than 12 months, and all health-care personnel with direct patient contact if they have not previously received Tdap. An interval as short as 2 years from the last Td is suggested; shorter intervals can be used.

**Human papillomavirus (HPV) vaccination:** HPV vaccination is recommended for all females aged 11 - 26 years (and may begin at age 9 years).

**Varicella vaccination:** All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have received only one dose, unless they have a medical contraindication. Special consideration for vaccination should be given to those who 1) have close contact with persons at high risk for severe disease (e.g., health-care personnel and family contacts of immunocompromised persons) or 2) are at high risk for exposure or transmission (e.g., teachers; child care employees; residents and staff members of institutional settings, including correctional institutions; college students; military personnel; adolescents and adults living in households with children; nonpregnant women of childbearing age; and international travelers).

**Herpes zoster vaccination:** A single dose of zoster vaccine is recommended for adults aged 60 years and older regardless of whether they report a prior episode of herpes zoster. Persons with chronic medical conditions may be vaccinated unless their condition constitutes a contraindication.

**Measles, mumps, rubella (MMR) vaccination:** Adults born during or after 1957 should receive at least one dose of MMR. A second dose of MMR is recommended for adults who 1) plan to travel internationally; 2) are students in postsecondary educational institutions; 3)

work in a health-care facility; 4) have been recently exposed to measles or are in an outbreak setting; 5) have been vaccinated previously with killed measles vaccine; 6) have been vaccinated with an unknown type of measles vaccine during 1963—1967.

**Influenza vaccination:** Remember to vaccinate persons likely to transmit influenza to persons at high risk (e.g., in-home household contacts and caregivers of children aged less than 5 years old, persons 65 years old and older, and persons of all ages with high-risk condition[s]); and anyone who would like to decrease their risk of getting influenza. Healthy, nonpregnant adults aged less than 50 years without high-risk medical conditions who are not contacts of severely immunocompromised persons in special care units can receive either intranasally administered live, attenuated influenza vaccine (FluMist<sup>®</sup>) or inactivated vaccine. Other persons should receive the inactivated vaccine.

**Pneumococcal polysaccharide (PPSV) vaccination:** Includes clarification of recommendation for one-time revaccination after 5 years for persons with chronic renal failure or nephrotic syndrome, functional or anatomic asplenia, and immunocompromising conditions. For persons aged 65 years and older, one-time revaccination if they were vaccinated 5 or more years previously and were aged less than 65 years at the time of primary vaccination.

**Hepatitis A vaccination:** In addition to other indications, remember to vaccinate persons traveling to or working in countries that have high or intermediate endemicity of hepatitis A (a list of countries is available at [www.cdc.gov/travel/content/diseases.aspx](http://www.cdc.gov/travel/content/diseases.aspx)) and any person seeking protection from HAV infection.

**Hepatitis B vaccination:** In addition to other indications, remember to vaccinate sexually active persons who are not in a long-term, mutually monogamous relationship (e.g., persons with more than 1 sex partner during the previous 6 months); persons seeking evaluation or treatment for a sexually transmitted disease (STD); current or recent injection-drug users; men who have sex with men; household contacts and sex partners of persons with chronic hepatitis B virus (HBV) infection; clients and staff members of institutions for persons with developmental disabilities; international travelers to countries with high or intermediate prevalence of chronic HBV infection (a list of countries is available at [www.cdc.gov/travel/content/diseases.aspx](http://www.cdc.gov/travel/content/diseases.aspx)); and any adult seeking protection from HBV infection.

**Meningococcal vaccination:** Vaccinate adults with anatomic or functional asplenia; individuals with terminal complement component deficiencies; first-year college students living in dormitories; microbiologists routinely exposed to isolates of *Neisseria meningitidis*; military recruits; and persons who travel to or live in countries in which meningococcal disease is hyperendemic or epidemic.

**2009 Childhood Immunization Schedule Highlights**

The ACIP annually publishes immunization schedules that summarize recommendations for currently licensed vaccines for children aged 18 years and younger. The complete schedule can be found at [www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5751a5.htm)

Changes to the previous schedule are as follows:

- Recommendations for rotavirus vaccines include changes for the maximum age for the first dose (14 weeks 6 days) and the maximum age for any dose (8 months 0 days). The rotavirus footnote also indicates that if RV1 (Rotarix®) is administered at ages 2 and 4 months, a dose at 6 months is not indicated.
- Routine annual influenza vaccination is recommended for all children aged 6 months through 18 years. Children aged younger than 9 years who are receiving influenza vaccine for the first time or who were vaccinated for the first time during the previous season but only received 1 dose should receive 2 doses of influenza vaccine at least 4 weeks apart. Healthy nonpregnant persons aged 2 through 49 years may receive either live attenuated influenza vaccine or inactivated influenza vaccine.
- The minimum interval between tetanus and diphtheria toxoids (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap) for persons aged 10 through 18 years is addressed. An interval less than 5 years may be used if pertussis immunity is needed.
- Information about the use of *Haemophilus influenzae* type b (Hib) conjugate vaccine among persons aged 5 years and older at increased risk for invasive Hib disease has been added. Use of Hib vaccine for these persons is not contraindicated.
- Catch-up vaccination with human papillomavirus (HPV) vaccine is clarified. Routine dosing intervals should be used for series catch-up (i.e., the second and third doses should be administered 2 and 6

months after the first dose). The third dose should be given at least 24 weeks after the first dose.

- Abbreviations for rotavirus, pneumococcal polysaccharide and meningococcal polysaccharide vaccines have been changed.

**Public Health Information Alert Network (IAN) Registration and URL Changes**

Public Health – Seattle & King County wants to be able to reach healthcare providers in the event of an emergency. We are requesting that all actively licensed healthcare providers in King County register with the Public Health Information & Alert Network (IAN).

**If you are already registered, note that the URL has changed to <http://your.kingcounty.gov/health-ian/login.aspx> - please update your bookmarks, log in, and update your profile.**

If you are not yet registered:

- Log in to the IAN web site: <https://your.kingcounty.gov/health-ian/newuser.aspx>
- Enter invitation code **AmWab06reX** (case-sensitive)
- Enter your contact information

By registering, Public Health will be able to send you timely information on outbreaks, health emergencies, and other issues of public health importance that are relevant to clinical practice. Your contact information will be kept secure. Under no circumstances will your information be provided to any third parties. If you have questions about this system, please call 206-296-4774.

**Disease Reporting**

AIDS/HIV .....(206) 296-4645  
 STDs .....(206) 744-3954  
 TB .....(206) 744-4579  
 All Other Notifiable Communicable Diseases (24 hours a day).....(206) 296-4774  
 Automated reporting line for conditions not immediately notifiable .....(206) 296-4782

**Hotlines**

Communicable Disease.....(206) 296-4949  
 HIV/STD.....(206) 205-STDS

**Please Note Our New Website Addresses:**

Public Health main page: [www.kingcounty.gov/health](http://www.kingcounty.gov/health)  
 Communicable Disease Epidemiology & Immunization Section main page: [www.kingcounty.gov/health/cd](http://www.kingcounty.gov/health/cd)

**Reported Cases of Selected Diseases, Seattle & King County 2008**

	Cases Reported In December		Cases Reported Through December	
	2008	2007	2008	2007
Campylobacteriosis	21	23	297	262
Cryptosporidiosis	0	5	35	46
Chlamydial infections	470	393	5712	5886
Enterohemorrhagic <i>E. coli</i> (non-O157)	0	0	3	6
<i>E. coli</i> O157: H7	1	0	44	37
Giardiasis	8	12	114	150
Gonorrhea	103	77	1411	1281
<i>Haemophilus influenzae</i> (cases <6 years of age)	0	0	2	2
Hepatitis A	0	0	16	17
Hepatitis B (acute)	1	2	31	23
Hepatitis B (chronic)	60	80	881	836
Hepatitis C (acute)	0	1	11	7
Hepatitis C (chronic, confirmed/probable)	155	172	1512	1450
Hepatitis C (chronic, possible)	23	37	349	308
Herpes, genital (primary)	43	30	616	512
HIV and AIDS (includes only AIDS cases not previously reported as HIV)	27	23	359	417
Measles	0	0	0	1
Meningococcal Disease	0	0	5	4
Mumps	1	1	1	8
Pertussis	7	31	78	119
Rubella	0	0	0	0
Rubella, congenital	0	0	0	0
Salmonellosis	17	13	263	241
Shigellosis	1	2	41	50
Syphilis	19	16	172	208
Syphilis, congenital	0	0	0	0
Syphilis, late	6	9	74	88
Tuberculosis	18	28	120	161

The *Epi-Log* is available in alternate formats upon request.