

EPI CONNECTIONS

October 2008

A Bimonthly Newsletter of the Communicable Disease Division

Most Flu Vaccine Ever to be Distributed

This year as many as 146 million doses of flu vaccine will be available from 6 different licensed manufacturers in the United States. This will be the most flu vaccine ever distributed during one season, and it is projected to fully meet demands. The 2008-2009 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/42006-like antigens.

Below are the CDC recommendations for the 2008-2009 flu season:

- Annual vaccination of **all** children aged 5 through 18 years is recommended. Vaccination should begin in September or as soon as vaccine is available.
- Continued annual vaccination of all children age six months through four years, and older children with conditions that place them at increased risk for complications from influenza.
- Children and adolescents at high risk for influenza complications should continue to be a focus of vaccination efforts, as providers and programs transition to routinely vaccinating all children.
- Children six months through eight years of age who have not previously received two doses of flu vaccine, separated by at least four weeks within one season, need two doses that are separated by at least four weeks this year to be considered protected.
- Either trivalent inactivated influenza vaccine (TIV) or live attenuated influenza vaccine (LAIV) can be used when vaccinating **healthy** people 2 through 49 years of age.
- LAIV is not indicated for the groups listed below; they should receive TIV:
 - Children with possible reactive airways disease, such as recurrent wheezing or a recent wheezing episode
 - Persons at higher risk for influenza complications because of underlying medical conditions
 - Children 6 through 23 months of age
 - People over the age of 49

All health care professionals (HCP), as well as those in training for healthcare professions, should be vaccinated annually against influenza. This includes:

- Physicians, nurses, and other workers in both hospital and outpatient care settings
- Medical emergency response workers (e.g., paramedics and EMTs)
- Employees of nursing home and chronic-care facilities who have contact with patients or residents
- Students in these professions who will have contact with patients

Treatment of influenza for the 2008-2009 season: Antiviral drugs can be used to treat influenza, but they differ in terms of who can take them, how they are given,

Flu Vaccine Continued on Page 2

Medical Reserve Corps of Boulder County Seeking Volunteers

Are you interested in applying your medical, public health, or safety expertise to assist your neighbors during an emergency or natural disaster? If so, please consider joining the Medical Reserve Corps of Boulder County (MRCBC).

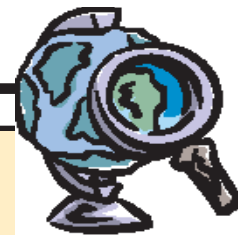
The MRCBC is seeking volunteers—medical and health care professionals (active, practicing, retired or non-practicing) and support staff—to provide emergency health care response during disasters and emergencies. By joining the MRCBC, you avoid the “spontaneous” volunteer possibility of being turned away due to the lack of emergency response training, security clearance, and proof of credentials.

During an emergency or disaster, MRCBC members will support public health activities like establishing and staffing emergency clinics, surge hospitals, or special needs population shelters. MRCBC members will be needed to work as vaccinators, medical screeners, mental health consultants, health educators, translators, or as support and technical advisor.

As an MRCBC member, you will be encouraged to participate in a number of trainings (online and face-to-face) and exercises.

For more information about MRCBC, visit our website at: www.BoulderCountyMRC.org or contact L. Cheryl Runyon, MRCBC Unit Coordinator at 303.413.7561 or lrunyon@bouldercounty.org.





Flu Vaccine Continued from page 1

their dosage (which can vary depending on a person's age or medical conditions), and side effects. Oseltamivir and zanamivir are recommended for use this season, and they are effective against both influenza A and B viruses.

- Oseltamivir (brand name Tamiflu®) is approved to both treat and prevent flu in people one year of age and older.
- Zanamivir (brand name Relenza®) is approved to **treat** flu in people seven years and older and to **prevent** flu in people five years and older.

The Advisory Committee on Immunization Practices (ACIP), 2008 MMWR on the Prevention and Control of Influenza Recommendations, is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/5557e717a1.htm>.

Vaccine information statements for both TIV and LAIV vaccines can be found in many languages at <http://www.immunize.org/vis/>.



Mother's Flu Shot Protects Newborns

A study published in the October 9, 2008, issue of the *New England Journal of Medicine* showed a 63% reduction in proven influenza illness in infants born to vaccinated mothers. The number of serious respiratory illnesses to both mothers and infants dropped by 36%. The study is the first to demonstrate that the inactivated influenza vaccine provides protection to both mother and newborn. Although the flu shot has been recommended for pregnant women in the U.S. since 1997, only approximately 15% of pregnant women are vaccinated each year. Pregnant women are at an increased risk for developing complications if they become ill with influenza and should be encouraged to be vaccinated for the flu to protect themselves and their infants.

Epi-Eye

*A Look Outside Our Community
and Around the World*

Hispanics Disproportionately Affected by HIV/AIDS

Hispanics comprise 17% of the total population in Colorado; yet they make up approximately 20% of all persons living with HIV/AIDS in the state. In 2005, HIV/AIDS was the fourth leading cause of death among Hispanic men and women between the ages of 35 and 44 nationwide. The disproportionate effect of HIV/AIDS on the Hispanic community is related to several factors.

Although the manner in which Hispanics become infected with HIV varies depending upon their country of origin, the most common risk behavior attributed to HIV infection among both Hispanic women and men is sex with men. In addition, rates of other sexually transmitted infections (STI) are two to three times higher among Hispanics compared to non-Hispanic whites, increasing the risk of acquiring HIV.

Some cultural beliefs may put Hispanics at greater risk of HIV infection. For example, among men, machismo has positive implications for HIV prevention, such as strength and protection of the family; however, proving masculinity through power and dominance can lead both straight and gay Hispanic men to engage in risky sexual behavior.

Greater acculturation into the United States can have both negative and positive effects on the health behaviors of Hispanics. For example, many Hispanics engage in riskier behavior upon their arrival in the United States. On the other hand, many learn to communicate more effectively with their partners about protecting themselves.

Other circumstances also affect health equity for Hispanics. More than 20% of Hispanics live in poverty in the United States. Problems associated with poverty, including unemployment, a lack of formal education, inadequate health insurance, and limited access to health care, can increase the risk for HIV infection. In addition, the migration patterns, social structure, language barriers, and lack of regular health care among transient Hispanic immigrants can affect awareness and hinder access to HIV/AIDS prevention and care.

Understanding the special circumstances that affect the rates of HIV/AIDS and other STIs among Hispanics is critical to addressing the problem. Clinicians and public health professionals should strive to be culturally competent in order to assist Hispanic patients in taking care of their sexual health. Cultural competence is a set of behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations.

Attaining and maintaining cultural competence in an organization is a process that develops over time. Culturally competent organizations include the following:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally.
- Have the capacity to value diversity, conduct self-assessment, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve.
- Incorporate the above in all aspects of policy making, administration, practice, service delivery, and involve consumers, key stakeholders, and communities.

References: Centers for Disease Control and Prevention's National Prevention Information Network www.cdcnpin.org.