

# EPI CONNECTIONS

February 2008

A Bimonthly Newsletter of the Communicable Disease Division

## Influenza on the Rise

With the increased influenza activity in Boulder County and throughout the state over the past several weeks, Colorado reported that influenza-associated hospitalizations have continued to rise, reaching 300 on February 11, 2008. Of those, 21 patients were hospitalized in Boulder County.

Among the 21 Boulder County residents hospitalized, 16 (76%) were influenza A viruses, and 5 (24%) were influenza B viruses. Statewide, approximately 90% of hospitalized cases were infected with influenza A viruses, and 10% of hospitalized cases were infected with influenza B viruses.

Antigenic characterization by the Centers for Disease Control and Prevention (CDC) has been completed for 197 influenza viruses: 101 influenza A (H1N1) viruses, 53 influenza A (H3N2) viruses, and 43 influenza B viruses.

- **A (H1N1):** 96% of H1N1 strains characterized are similar to the H1 component to this year's vaccine. Although similar, 4% have shown somewhat reduced titers with antisera produced against the H1 component of the vaccine.
- **A (H3N2):** 87% of the H3N2 strains characterized have shown an antigenic variation compared to this year's H3 vaccine component. This variation from the vaccine strain evolved late in the 2007 southern hemisphere season, too late for inclusion in U.S. vaccine production for the 2007-08 season.
- **B:** 93% of B strains characterized resemble the Yomogat lineage of flu viruses, which is not the B component of this year's vaccine.

Influenza A (H1) viruses have been the predominant A subtype circulating this season; however, influenza A (H3) has been reported more frequently in the past several weeks. Despite the less than optimal match of the vaccine strains compared to circulating strains, vaccination may help lessen the severity and shorten the duration of influenza illness. Additionally, it is important to remember that it is not too late to provide influenza vaccinations to your patients!

Boulder County Public Health (BCPH) has also received reports from schools of increased absenteeism rates among students. These reports have coincided with the increased number of influenza-related hospitalizations in Boulder County.

## Tdap Can Be Given 2 Years After Td

Boulder County Public Health staff has received recent reports of confusion regarding the Tdap vaccination for children ten years and older, and children entering middle and high school. Please refer to the following information for clarification on the recommendations.

The CDC, Advisory Committee on Immunization Practices (ACIP), and American Academy of Pediatrics (AAP) recommend that the interval between Td and Tdap be 5 years; however, according to all 3 agencies, Tdap may be administered at any time after Td if the benefit of protection against pertussis outweighs the risk of a local reaction. This includes during a pertussis outbreak, when increased pertussis cases are present in the community, or if the adolescent has close contact or is a caregiver of a child younger than 12 months of age. Data supports acceptable safety with an interval as short as approximately 2 years.

In Boulder County, Tdap administration is recommended with an interval as short as 2 years, because Boulder County is considered a community at high risk for pertussis.

- Pertussis is endemic in our community.
- Colorado has the one of the highest incidence of pertussis in the nation.
- In recent years, Boulder County has had the highest average rate of pertussis cases of any urban county in the state.
- This year, Boulder County has already had 23 cases of pertussis, affecting 2 schools.

### Brand of vaccine to be used:

- GlaxoSmithKline vaccine must be used for children 10 years of age.
- Sanofi Pasteur must be used for people over 19 years of age or older.
- Either vaccine may be used for people 11 through 18 years of age.





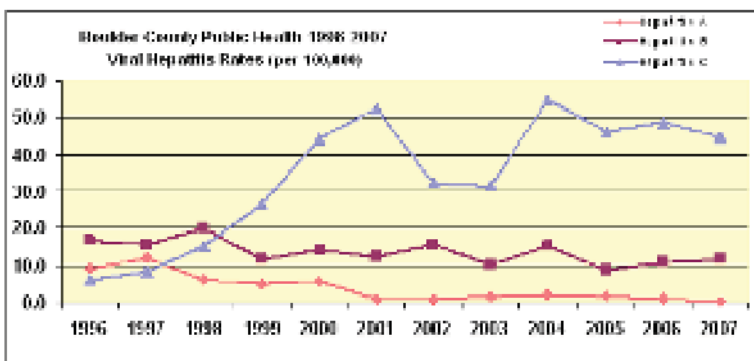
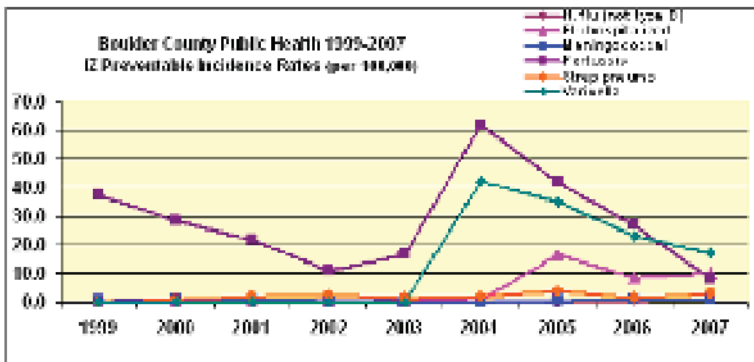
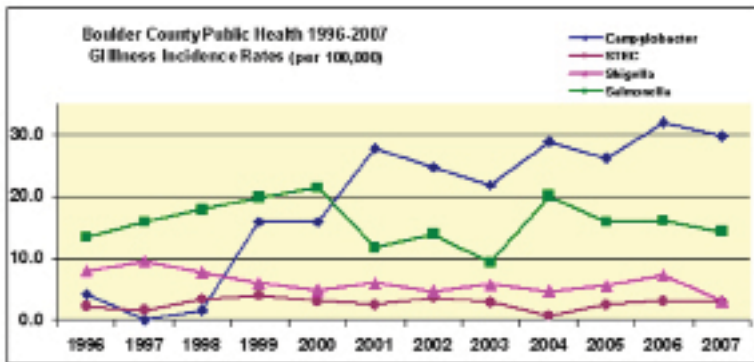
## Communicable Disease Summary, 2007

### Keep Up the Testing for Hepatitis C

During 2007, staff investigated and implemented control measures for 378 confirmed and probable cases of reportable diseases. Of these, 27% were West Nile virus (WNV) infections; 23% were campylobacteriosis; 16% were giardiasis; 11% were salmonellosis; and 8% were pertussis infections. The remaining 15% of diseases were comprised of a variety of conditions. In addition to the confirmed and probable cases, staff investigated 21 suspect cases of pertussis, WNV, lyme disease, and mumps.

Campylobacter remained the most common gastrointestinal illness (GII), with a reported frequency of 90 cases. Newly diagnosed hepatitis C infections remained high, at a frequency of 99. The number of pertussis cases declined dramatically in the last year, decreasing from 79 cases in 2006 to 23 cases in 2007.

The graphs below show the incidence rates for GII, viral hepatitis infections, and vaccine-preventable illnesses between 1996 and 2007.



## Epi-Eye

*A Look Outside Our Community and Around the World*

Frasier Meadows Retirement Community  
& Boulder County Public Health  
present

## TB Disease & Skin Test Workshop

for nurses and other providers in  
long-term care facilities and  
home health care agencies

Monday, March 10, 2008

1:00 – 3:00 p.m.

350 Ponca Pl.

Boulder, CO

RSVP by March 1 to:

Martha Manning

[mmanning@frasiermeadows.org](mailto:mmanning@frasiermeadows.org)

720-562-4483

or

Carolyn Bargman

[cbargman@bouldercounty.org](mailto:cbargman@bouldercounty.org)

303-413-7516



### Save the Date!

For the 9th Annual  
Immunization  
Educational Forum

Thursday, May 15, 2008

6:00 – 9:30 pm

## Pathogenesis and Prevention of Herpes Zoster (Shingles)

presented by:

**Myron Levin, MD**

Professor of Pediatrics and Medicine  
University of Colorado – The Children's Hospital

*Registration information to be mailed in April*

For more information, call Carol Helwig at 303-413-7506  
Sponsored by Boulder County Immunization Coalition