



REDUCED VACCINE SCHEDULE FOR RABIES POST-EXPOSURE PROPHYLAXIS

On June 24, 2009, the Advisory Committee on Immunization Practices (ACIP) approved the recommendation to reduce the rabies postexposure prophylaxis (PEP) schedule from five doses to four doses. This has now been adopted by the Centers for Disease Control and Prevention, with official guidelines given in the document, "Use of a Reduced (4-Dose) Vaccine Schedule for Postexposure Prophylaxis to Prevent Human Rabies, Recommendations of the ACIP." This is contained in the Morbidity and Mortality Weekly Report, March 19, 2010/Vol. 59/No. RR-2, which is available on the web at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm>.

This document summarizes the new recommendation and updates previous recommendations of the ACIP for postexposure prophylaxis (PEP) to prevent human rabies (CDC. Human rabies prevention---United States, 2008: recommendations of the Advisory Committee on Immunization Practices. MMWR 2008;57[No. RR-3]). Previously, ACIP recommended a 5-dose rabies vaccination regimen with human diploid cell vaccine (HDCV) or purified chick embryo cell vaccine (PCECV) for PEP in those individuals who were not previously vaccinated. These new recommendations reduce the number of vaccine doses to four. For persons previously unvaccinated with rabies vaccine, the reduced regimen of 4 1-mL doses of HDCV or PCECV should be administered intramuscularly. The first dose of the 4-dose course should be administered as soon as possible after exposure (day 0). Additional doses then should be administered on days 3, 7, and 14 after the first vaccination. ACIP recommendations

for the use of RIG remain unchanged.

For persons who previously received a complete vaccination series (pre- or postexposure prophylaxis) with a cell-culture vaccine or who previously had a documented adequate rabies virus-neutralizing antibody titer following vaccination with noncell-culture vaccine, the recommendation for a 2-dose PEP (2 boosters, 3 days apart) vaccination series following confirmed or suspected rabies exposure has not changed.

The number of doses recommended for PEP in persons with altered immunocompetence (and not previously vaccinated) has not changed. For such persons, PEP should continue to comprise a 5-dose vaccination regimen with 1 dose of RIG.

Recommendations for pre-exposure prophylaxis also remain unchanged. The pre-exposure series consists of 3 doses of vaccine administered on days 0, 7, and 21 or 28.

Vaccine package inserts will most likely continue to refer to the "5-dose" PEP series for persons not previously vaccinated, since the products would need to be re-evaluated by the Food and Drug Administration prior to changing wording of the inserts. This may cause confusion on the part of medical providers and patients, but providers are free to follow CDC's official guidance. The rabies vaccine information statement refers to the 4-dose PEP regimen (on the web at <http://www.cdc.gov/vaccines/pubs/vis/default.htm#rabies>).

Please refer questions to Dr. Howard Pue at the Missouri Department of Health and Senior Services at (573) 526-4780

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IMMUNIZATIONS: ASK THE EXPERTS

Q: How many vaccines can be given during an office visit?

A: No upper limit exists for the number of vaccines that can be administered during one visit. ACIP and AAP consistently recommend that all needed vaccines be administered during an office visit.

Q: If all needed vaccines aren't administered during the same visit, does one need to wait a certain period of time before administering the other needed vaccines?

A: All inactivated vaccines can be given on the same day, or on any day before or after giving other inactivated or live vaccines. However, if two live vaccines are not given on the same day, they need to be spaced at least 4 weeks apart. This recommendation does not apply to rotavirus or oral typhoid vaccine, which can be given at any time before or after another live vaccine.

Q: Which vaccines can be given to breastfeeding women?

A: All vaccines except smallpox can be given to breastfeeding women. Breastfeeding is a precaution for yellow fever vaccine. Women who are breastfeeding should be advised to postpone travel to yellow fever endemic or epidemic regions; however, if travel cannot be postponed the woman should receive yellow fever vaccine.

Q: We frequently see patients who have a fever or an acute illness and are due for vaccinations. We're never quite sure if we should withhold the vaccines or not. What do you advise?

A: A "moderate or severe acute illness" is a precaution for administering any vaccine. A mild acute illness (e.g., mild diarrhea or upper-respiratory tract infection) with or without fever is not.

Q: Should I vaccinate a child who has recently been exposed to an infectious disease? What about a child who is convalescing from illness?

A: Neither of these situations is a contraindication or precaution to vaccination.

The following resources are useful to check for true contraindications and precautions.

Chart of Contraindications and Precautions to Commonly Used Vaccines

<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-vacc.htm>

Conditions Commonly Misperceived as Contraindications to Vaccination

<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications-misconceptions.htm>

TUBERCULOSIS FACTS

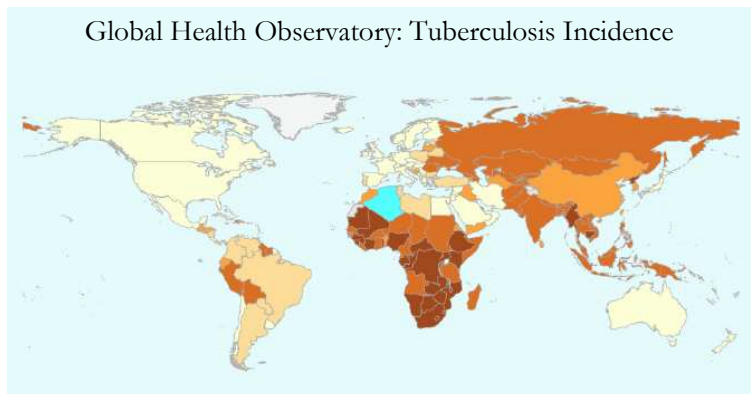
Tuberculosis (TB) is one of the world's deadliest diseases:

- One third of the world's population are infected with TB.
- Each year, over 9 million people around the world become sick with TB.
- Each year, there are almost 2 million TB-related deaths worldwide.
- TB is a leading killer of people who are HIV infected.

In total, 11,545 TB cases (a rate of 3.8 cases per 100,000 persons) were reported in the United States in 2009. Both the number of TB cases reported and the case rate decreased; this represents a 10.5% and 11.3% decline, respectively, compared to 2008.

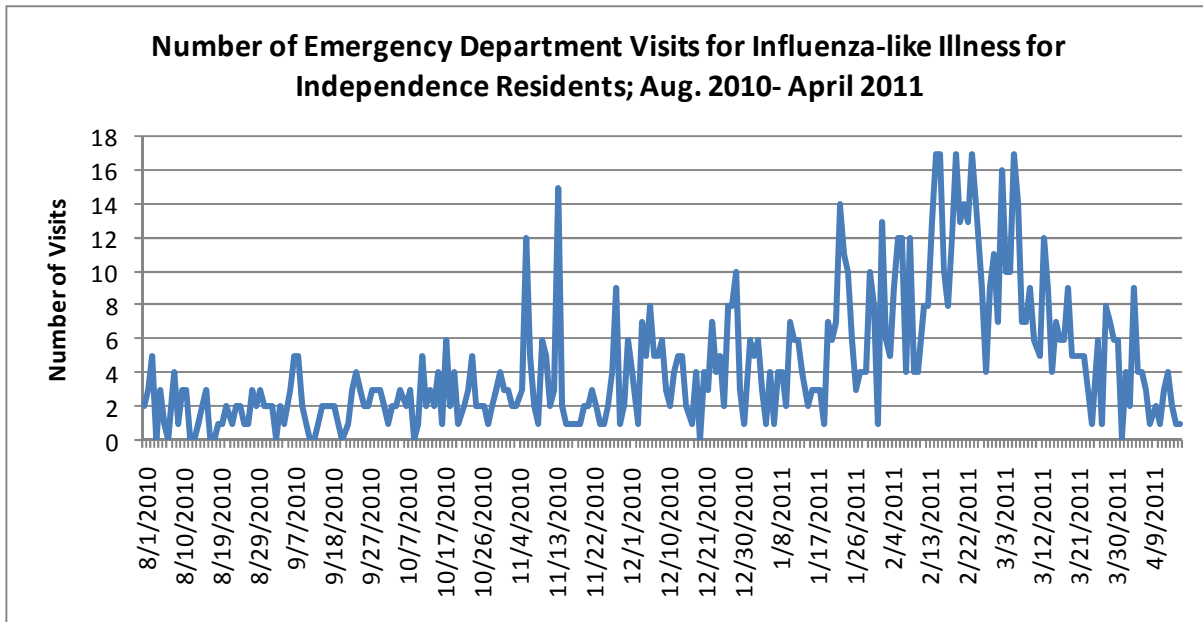
In 2010, 107 TB disease cases were reported in Missouri, incidence rate of 1.8 cases per 100,000 population
In 2009, 80 TB disease cases were reported in Missouri, incidence rate of 1.4 cases per 100,000 population
In 2008, 107 TB disease cases were reported in Missouri, incidence rate of 1.9 cases per 100,000 population

Global Health Observatory: Tuberculosis Incidence





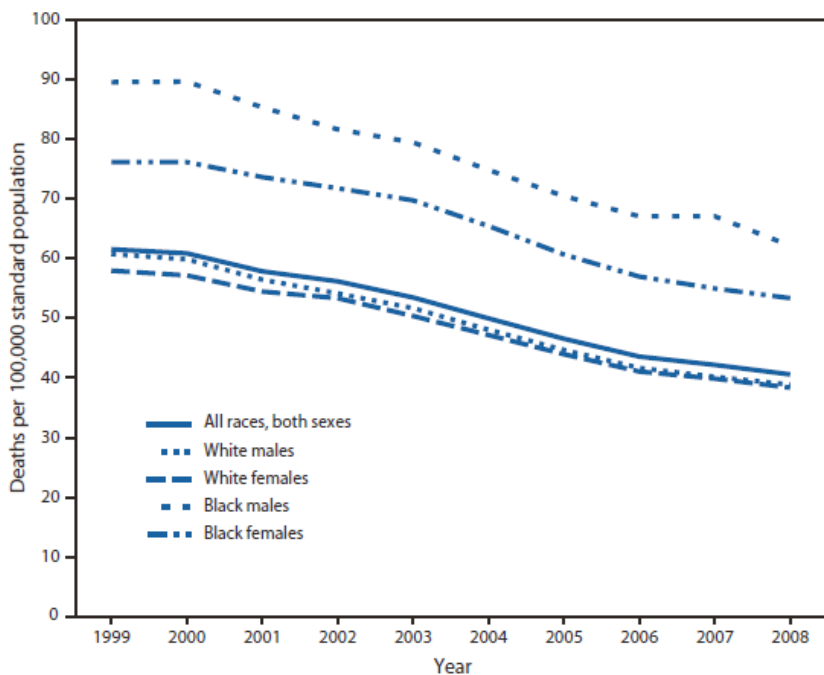
2010-2011 INFLUENZA SEASON



The table below illustrates the number of influenza cases reported in Independence by strain during the previous six months.

	October	November	December	January	February	March	Totals
Influenza A	2	0	4	20	57	60	143
Influenza B	1	1	0	7	37	63	109
Influenza Untyped	0	0	0	0	1	1	2
Total	3	1	4	27	95	124	254

QUICKSTATS: AGE-ADJUSTED DEATH RATE FROM STROKE, BY ALL RACES, WHITE



From 1999 to 2008, the overall death rate in the United States from stroke declined 34%, from 61.6 per 100,000 population to 40.6. Throughout that period, the death rate for black males and black females was higher than the rate for white males and white females. The smallest decline (30%) occurred among black females. In 2008, the death rate from stroke for black males was 62.2 per 100,000, followed by 53.4 for black females, 38.9 for white males, and 38.4 for white females.

National Vital Statistics System. Mortality public use data files, 1999--2007, and preliminary data for 2008.

March Communicable Disease Report

Disease/Condition	Jan-11	Feb-11	Mar-11	Mar-10	YTD 2011	cases investigated		
						current month	% change +/- from prior month	
Influenza-like Illness	1117	1729	1345	1111	4191	0	-22.2%	
Hemorrhagic Disease	0	0	0	0	0	0	0.0%	
Gastrointestinal Illness	1568	1708	1373	2218	4649	0	-19.6%	
Neurologic Illness	154	171	257	231	582	0	50.3%	
Rash Illness	42	59	71	71	172	0	20.3%	
Fever Illness	799	1655	1233	1121	3687	0	-25.5%	
Respiratory Illness	1519	2208	1621	1473	5348	0	-26.6%	
Chemical Exposure	0	0		0	0	0	0.0%	
Animal bites	6	13	13	26	32	6	0.0%	
GI Illness	Salmonellosis	1	1	1	0	3	1	0.0%
	Giardiasis	1	1	0	2	2	0	-100.0%
	Campylobacter	0	0	4	1	4	4	*
	Cryptosporidium	1	1	0	0	2	0	-100.0%
	Shigellosis	0	0	0	5	0	0	0.0%
	E. Coli	0	0	0	0	0	0	0.0%
Respiratory Illness	Influenza A	20	57	60	22	137	0	5.3%
	Influenza B	7	37	63	0	107	0	70.3%
	Influenza, untyped	0	1	1	0	2	0	0.0%
	Legionellosis	0	0	0	0	0	0	0.0%
	Tularemia, francisella	0	0	0	0	0	0	0.0%
Vaccine-Preventable	Chickenpox	1	1	4	2	6	0	300.0%
	Rubella	0	0	0	0	0	0	0.0%
	H. influenzae, invasive	0	0	0	0	0	0	0.0%
	Measles	0	0	0	0	0	0	0.0%
	Mumps	0	0	0	0	0	0	0.0%
	Pertussis	0	0	1	0	1	1	*
Hepatitis	A	0	0	0	0	0	0	0.0%
	B	3	0	4	1	7	4	*
	C	13	22	9	11	44	3	-59.1%
Streptococcal Illness	Strept, Group A, invasive	1	1	0	0	2	0	-100.0%
	Strept pneumoniae, invasive	0	0	1	0	1	1	*
CNS Illness	Encephalitis	0	0	0	0	0	0	0.0%
	Menigitis, bacterial	0	0	0	0	0	0	0.0%
	West Nile Virus	0	0	0	0	0	0	0.0%
	Lyme Disease	0	0	0	0	0	0	0.0%
	Erlchiosis	0	0	0	0	0	0	0.0%
	Rocky Mountain Spotted Fever	0	0	0	0	0	0	0.0%
Other	Toxic Shock Syndrome	0	0	1	0	1	1	*
Total		54	135	162	70	351	21	20.0%