Universal Hepatitis A Vaccination Urged for Children Older Than 2 Years

BY LINDA LITTLIE Contributing Writer

SCOTTSDALE, ARIZ. — Vaccination for hepatitis A should be extended to children aged 2 and older, according to the Centers for Disease Control and Prevention. Immunization rates for hepatitis A in children aged 2-4 years vary widely across areas and populations in the United States, the Centers for Disease Control and Prevention said.

In 1999, the CDC recommended routine immunization against hepatitis A for children residing in 11 states in which the average annual incidence during 1987-1997 was at least 20 per 100,000 population, or twice the national average. Those states were Alaska, Arizona, California, Idaho, Nevada, New Mexico, Oklahoma, Oregon, South Dakota, Utah, and Washington. They also advised that hepatitis A vaccination be considered in adolescent and adult populations in other states (Arkansas, Colorado, Missouri, Montana, Texas, and Wyoming) where the average incidence was 20-200 per 100,000 population (MMWR 2005;54:141-5).

Data were collected from provider immunization records for 13,731 children during 2003. In the 11 states in which children aged 2-4 years were targeted, the proportion of children aged 24-35 months who had received at least one dose of vaccine varied from a low of 6.4% (South Dakota) to a high of 72.7% (Alaska).

In the six states where hepatitis A vaccination should be considered, 25.0% of children aged 24-35 months who had been vaccinated, compared with just 1.4% in the other 33 states with no recommendation. The wide variation in coverage is likely due to targeted programs. For example, vaccination requirements in Texas border counties for all children attending day care programs probably account for the higher coverage in El Paso County (71%), compared with the rest of the state, the CDC said.

Children play a vital role in the spread of hepatitis A virus, which can be transmitted through food, fecal matter, and person-to-person contact.

By ALICIA AULT Contributing Writer

WASHINGTON — Wisconsin health authorities were able to put a stop to a spurring outbreak of pertussis by advocating faster testing and use of antibiotics in all suspect cases, a state health department official reported at the National Immunization Conference sponsored by the Centers for Disease Control and Prevention.

Jeffrey Davis, M.D., of the Wisconsin Division of Public Health, gave the details of the epidemic, which lasted from May 2003 until February 2004 and occurred primarily in Fond du Lac County. In the 5 years before the outbreak, there had only been five cases of pertussis in Wisconsin. Cases were defined using the Centers for Disease Control and Prevention’s definition of pertussis: a cough illness lasting more than 2 weeks with paroxysms, whoop, or posttussive vomiting. Cases were confirmed through patient follow-up interviews and/or lab confirmation by isolating Bordetella pertussis in culture, or through by positive polymerase chain reaction (PCR) assay. During the outbreak, 313 cases were reported in the county (total population of 118,000), 403 cases were confirmed in the lab, and 120 were confirmed by epidemiology. Just over half the cases were in females, and the median age was 14 years. Of those 313, 70% were aged 10-19 years; 43% were aged 10-14 years. The incidence rate exceeded 1,000 per 100,000 in that younger cohort, said Dr. Davis.

The health department determined that the outbreak probably started with two unvaccinated adolescents using a high school weight room. Of the initial 53 cases, 55% were linked to that weight room. Writing in the epidemic’s initial peak in mid-October, the health department alerted physicians to keep a close eye on potential cases. As new cases appeared in November, the department issued another alert, suggesting more testing and use of antibiotics in any suspect cases. That alert led to a sharp decline in cases, said Dr. Davis. During the first peak, a median of 10.5 days passed between the onset of cough and initiation of antibiotics. By the last peak, medication was generally started within 4 days of cough onset. More than 5,000 courses of antibiotics were dispensed; 90% of the prescriptions were for amoxicillin.

As physicians became more aware, they stepped up reporting, also, said Dr. Davis. And PCR testing by the health department allowed for a rapid response—results were generally back to physicians within 24-48 hours.

The health department’s successful response was costly, however—about $2,000 per case, Dr. Davis said.