



### New HPV Vaccine Recommendation

The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) now recommend 11-12 year olds receive two doses of human papillomavirus (HPV) vaccine 6-12 months apart. The new recommendation makes it easier for parents to protect their children by reducing the number of doctor visits needed to complete the series.

The ACIP made this recommendation after a thorough review of data from clinical trials showing two doses of HPV vaccine in younger adolescents, aged 9-14 years, produced an immune response similar or higher than the response in young adults aged 16-26 years who received three doses. Study data suggest long-lasting protection when younger adolescents receive two doses of HPV vaccine and when older adolescents receive three doses.

#### The new recommendation:

Use a two dose HPV vaccination schedule for adoles-

cents starting the series at ages 9-14 years. The second dose should be administered 6-12 months after the first dose, with a minimum interval of 5 months.

- Adolescents ages 9-14 years who already received two doses of HPV vaccine less than 5 months apart will require a third dose.
- Continue to use the three dose HPV vaccination schedule for those who are starting the series at ages 15-26 years, or Immunocompromised ages 9-26 years.

Providers should continue to bundle their recommendation for HPV vaccine along with the other routinely recommended vaccines

For more information regarding the new HPV recommendation and how to talk to parents, visit the CDC's preteen vaccines website at <https://www.cdc.gov/vaccines/who/teens/>.

### STD Update

San Bernardino County has experienced an unprecedented increase in syphilis among women and men over the last three years. The increase in syphilis has led to an unacceptable increase in congenital syphilis cases. Between 2015 and 2016 the rate of congenital syphilis increased five times last year's rate.

The San Bernardino County STD Controller requests that medical providers:

- Screen **ALL** patients for STD risk and test those at high risk whether symptomatic or not.
- Treat **ALL** patients and sexual partners of patients found to have syphilis immediately according to CDC guidelines <https://www.cdc.gov/std/tg2015/default.htm>.

- Test **ALL** pregnant women for syphilis at first visit and retest at-risk pregnant women at 27-32 weeks gestation.
- Strongly encourage **ALL** pregnant women to follow through on prenatal care visits.

Medical providers should report syphilis cases to Public Health via the Confidential Morbidity Report (CMR). Ensure CMRs are complete, to include: address, race/ethnicity, treatment and pregnancy information. For more information regarding syphilis or additional reportable diseases or conditions, please contact the Communicable Disease Section at 1-800-722-4794 and ask to speak with a disease investigator.



### New Year Health Reminders

- It's not too late to get a flu shot.
- Everyone should wash hands often; and in between patients for medical providers.
- Do your part for vaccine safety, report to VAERS.
- Stay home when ill, cover cough.
- Schedule annual health exam; providers conduct thorough screening.

## TB Surveillance in the United States

Although tuberculosis (TB) is preventable and curable, many people in the United States still suffer from this disease. Persons with TB can be found in every state; in rural areas and cities; and in schools, workplaces, and many other places where people are in close contact. TB bacteria usually attack the lungs, but can also attack any part of the body such as the kidney, spine, and brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease. If not diagnosed and treated properly, TB disease can be fatal.

### Highlights from the Centers for Disease Control and Prevention (CDC) 2015 TB Surveillance Report:

#### Reported Tuberculosis in the United States, 2015



- For the first time in 23 years, the number of TB cases in the United States increased in 2015.
- A total of 9,557 cases of TB disease were reported in 2015, which represents a 1.6% increase from 2014.
- An increase in TB cases was reported in 27 states and the District of Columbia.
- People born outside of the United States continue to bear the burden of TB, largely because of reactivation of latent TB infection that occurred in their country of origin. The majority of these cases are among persons who have been in the United States 5 years or longer.

### Highlights from California Department of Public Health (CDPH) TB Report:

- In 2015, nearly 2.5 million Californians were estimated to have LTBI.
- Focused subpopulations include, Asians and Pacific Islanders, who comprise more than half of California's TB cases.
- Older populations; the median age of TB cases born outside the United States increased to age 57, while the median age of U.S.-born cases decreased to age 34 in the past decade.

### Eliminating TB in the United States:

The first increase in TB cases in the United States in 23 years highlights the need for more comprehensive public health approaches in TB prevention and control. To eliminate TB in the United States, multiple strategies are needed, including:

- Increased targeted testing and treatment of latent TB infection,
- Greater efforts to reach populations most affected by TB, and
- Reducing TB transmission through effective diagnostic and treatment strategies.

In San Bernardino County, active TB cases increased from 51 cases in 2014, to 69 cases in 2015. The preliminary number for 2016 is 68 cases of active TB. The majority of cases occur in older, long term foreign-born residents with chronic diseases, such as diabetes. Identifying, testing and treating high risk populations with LTBI can prevent future cases of TB disease. Providers should use the risk assessment tools developed by CDPH and the California Tuberculosis Controllers Association (CTCA) to identify high risk individuals who need to be tested. These tools can be found at: <http://bit.ly/2kpre1F>.

San Bernardino County medical providers are requested to use interferon-gamma release assays to test individuals who previously received bacille Calmette-Guerin (BCG) vaccine. A decision to test is a decision to treat. Should the test return as positive, use of the shortest therapy for LTBI treatment is recommended as it has the highest success rate of completion. Please see the 12 Week Regimen for LTBI treatment: <http://bit.ly/2keeETL>.

2015 San Bernardino County	
Persons with Active TB	CDPH Estimated Persons with LTBI
69	125,197

Targeted TB testing and LTBI treatment in patient populations is essential in the elimination of TB in San Bernardino County. For more information contact Susan Strong, NP, TB Controller, at (909) 387-6797.

Confidential Morbidity Reports (CMRs) can be found on our website, <http://bit.ly/2imQRct>, and should be faxed to: (909) 387-6377. **For HIV CMRs call before faxing.** To report suspect or confirmed cases of TB to the Tuberculosis Control Program, please fill out a TB case/suspect form, <http://bit.ly/2i1k1IO>, for your hospitalized or clinic patient and fax to: (909) 387-6377. Follow-up with a phone call to one of our TB nurses at: 1-800-722-4794.

# News

### February 2

Immunization Skills Institute training: San Bernardino

### February 7-13

Preteen Vaccine Week

### February 15

Riverside County Immunization Update – Rancho Mirage

### February 23

Riverside County Immunization Update – Moreno Valley

### March 24

World TB Day



Immunization Skills Institute is a free innovative course that will train medical assistants on current, effective and caring immunization techniques.

For registration information contact a Health Education Specialist at:

1-800-722-4794



### Communicable Disease Section

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