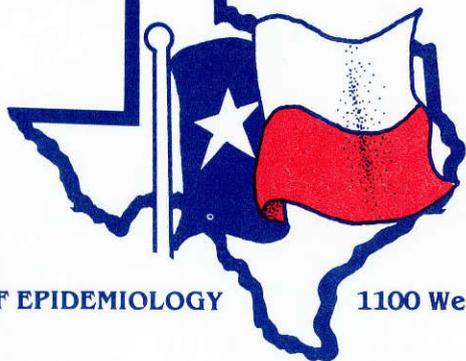


Texas Preventable Disease NEWS



BUREAU OF EPIDEMIOLOGY

1100 West 49th Street, Austin, Texas 78756 (512-458-7207)

contents:

Report of Survey of Immunization Status at Two Years of Age for Texas Children Born in 1981
 Campylobacter Outbreak after Consuming Raw Milk on a Field Trip to a Dairy
 Reinstatement of Regular Diphtheria-Tetanus Toxoid and Pertussis (DTP) Vaccine
 1984 Annual Summary Announcement

REPORT OF SURVEY OF IMMUNIZATION STATUS AT TWO YEARS OF AGE FOR TEXAS CHILDREN BORN IN 1981

From July 1, 1983, through May 31, 1984, the Immunization Division, Texas Department of Health (TDH), conducted an immunization survey of a sample of children born in Texas in 1981 to Texas resident mothers. Data collected in this annual survey establish baseline preschool immunization levels which cross all provider lines: public, private, and military. The survey was composed of a total of 1,500 randomly selected children, 150 in each of eight public health regions and regions 2/12 and 7/10. Of the 1,500 children surveyed, immunization dates were collected for 1,156 (77.0%) children; 312 (20.8%) could not be located; 27 (1.8%) were recorded in the Infant Immunization Surveillance Program (IISP) files as deceased; one had medical contraindications; and four declined to participate in the survey.

Survey data were collected from two sources: 1) contact with parents and health professionals by letter, telephone, and field visits and 2) immunization records of health departments and public health regional offices. Survey participants received immunizations from the following sources: 1) public health clinics only -- 593; 2) private physicians only -- 456; 3) both public health clinics and private physicians -- 64; and 4) military -- 22. Twenty-one children had no record of any immunizations. The types of public health organizations located in the counties where the children were born were categorized as follows: state-participating local health departments -- 1,170; TDH regional clinics -- 302; and other -- 28.

The ethnic status of the 1,500 children surveyed was: non-Hispanic whites -- 810 (54%); Hispanic (Spanish surname) -- 496 (33%); non-Hispanic blacks -- 175 (12%); and other -- 19 (1%). These percentages are in consonance with the general ethnic distribution of Texas births for 1981.

The established Texas survey policy was followed which permitted surveyors to secure immunization histories for children prior to the cut-off date, December 31, 1983. However, doses received after the survey contact were not counted in order to eliminate survey bias. All immunization dates were verified either by a validated record or by written or telephone verification from the provider.

Survey data indicated overall immunization levels of 78% or better (Table 1). Eighty-seven percent of those surveyed had received three or more doses of DTP; 86% had received three or more doses of polio; 84% had received one or more doses of measles, mumps, and rubella. Seventy-eight percent had received the complete series: three or more doses of DTP; three or more doses of polio; and one dose each of measles, mumps, and rubella in either single-antigen or combined vaccine. The average protection levels were weighted to adjust for the variation in the number of births for each region.

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There are significant differences in reported immunization levels between children born in 1980 and 1981. The reported immunization level of children born in 1980 was 84.2% (weighted to adjust for regional variations in the number of births). The percent change in the completed immunization series between 1980 and 1981 births is a decrease of 7.0%. Corresponding reductions for specific vaccine categories were also noted. The decrease in reported immunization levels is due, in part, to a change in data evaluation. In previous surveys of children born between 1976 and 1980, not all of the immunization information was provider-verified (validated records or personal contact with the provider). All immunization information for children born in 1981 was provider verified. Children born from 1976 to 1980 were classified as non-responders when only an immunization record was located (family could not personally be located) and the last immunization received was prior to the child's 15-month birthday. These children and their immunization information were not included in the survey results. For the 1981 births, all children were considered as responders and were included in the survey results when provider-verified records were located.

The 1981 cohort will be assessed further to determine if late starts, broken series, or other factors not readily apparent have contributed to this decline in immunization levels.

This report was prepared by Nell Hodge, Immunization Division, Bureau of Communicable Disease Services, Texas Department of Health.

Table 1.
Immunization levels in the regional surveys of 1981
Texas births for doses received through 12/31/83.

REGION	PERCENT PROTECTED BY VACCINE & DOSAGE CRITERIA					
	DTP 3+ DOSES	POLIO 3+ DOSES	MEASLES 1+ DOSES	RUBELLA 1+ DOSES	MUMPS 1+ DOSES	COMPLETE SERIES*
1	83.48	80.73	78.89	76.14	74.31	67.0
2/12	86.21	85.34	82.76	82.76	82.76	81.0
3	94.78	94.78	95.65	95.65	95.65	93.0
4	80.99	79.33	80.99	80.99	80.99	70.0
5	80.86	78.26	76.52	76.52	76.52	69.0
6	94.73	94.73	90.52	89.47	90.52	88.0
7/10	83.45	82.01	78.42	78.42	76.98	70.0
8	88.46	87.69	85.38	84.61	84.61	80.0
9	89.83	87.28	88.13	88.98	88.13	83.0
11	90.81	90.81	88.77	88.77	88.77	84.0
STATE WEIGHTED AVERAGE	87.0	85.8	84.0	83.8	83.7	78.3

*Complete series: minimum of 3 DTP, 3 polio, and 1 MMR.

******* ANNOUNCEMENT *******

Preparations for the publication entitled Reported Morbidity and Mortality in Texas - 1984 Annual Summary are now in the final stages, and the report is expected to be ready for distribution by August 1985.

This publication is an annual project of the Bureau of Epidemiology and contains the final figures on the reported incidence of notifiable diseases in Texas. Additional epidemiological descriptions of communicable disease activity in Texas, numerous illustrations (maps and graphs) of disease trends, and an overview of special surveillance activities conducted by the Bureau of Epidemiology are also provided. This report is further supplemented by epidemiologic data provided by the Bureau of Communicable Disease Services (Venereal Disease Control Division, Immunization Division, and Tuberculosis Services Division), and by mortality data provided by the Bureau of Vital Statistics (Statistical Services Division).

If you would like to receive a copy of this report, please complete the request form provided below and send it to the Bureau of Epidemiology, Texas Department of Health, 1100 West 49th Street, Austin, TX 78756-3180. ALL REQUESTS MUST BE RECEIVED BY JUNE 1, 1985.

Please send 1 copy of Reported Morbidity and Mortality in Texas - 1984 Annual Summary to:

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Title: _____

Agency: _____

Mailing Address: _____

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CAMPYLOBACTER OUTBREAK AFTER CONSUMING RAW MILK ON A FIELD TRIP
TO A DAIRY ... FDA ACTION ON THIS RECENTLY IDENTIFIED PUBLIC HEALTH PROBLEM

The following article was adapted from the California Morbidity Weekly Report, No. 9, March 8, 1985.

On October 23, 1984, 31 pupils from the 3rd-4th grade class at a private school in Tulare County went on a field trip with three adults to a local dairy. There they were provided raw milk from a holding tank prior to pasteurization. In the ensuing days, a total of 27 individuals became ill. Incubation periods ranged from one to nine days after exposure, with most experiencing onset between two and four days after exposure. Of the 27 people who were symptomatic, 96% had fever (as high as 104°F), 89% diarrhea, 85% abdominal cramps, 44% headache, and 37% reported vomiting. Duration of illness ranged from two to seven days, with some students absent from school up to six days. All recovered fully.

The etiologic agent was Campylobacter jejuni, which was recovered from the stools of 18 individuals. It was not recovered from any of nine stools from control children (from another class) who had not made the field trip. Of 29 on the field trip who reported drinking raw milk, 27 (93%) reported illness whereas the two children who refused the raw milk remained well.

In view of reports like the above from elsewhere in California, in the US, and in Canada, the FDA's Milk Safety Branch issued the following "milk advisory" on January 25, 1985 to all state school officers:

The Food and Drug Administration has been alerted to several instances where school children have participated in field trips to milk farms and dairies. During these field trips some children have been offered raw milk to sample taste. The purpose of this notice is to advise you of a potential public health hazard associated with this practice.

The experience of these trips is normally very valuable to the children and fosters a greater appreciation of our agricultural heritage, however, the public health hazards must be considered in balancing the benefits and liabilities of this particular activity. There have been reported outbreaks on school-sponsored outings in 1981 and 1982 in Michigan, Minnesota, and Vermont; 1983 in Pennsylvania; and 1984 in California and Canada.

In an effort to minimize potential public health concerns, it is recommended that the children not be permitted to "sample" or drink raw milk on these visits and that only properly pasteurized milk be allowed to be consumed. School officials should be encouraged to alert those individuals responsible for chaperoning the trips to safeguard against the dangers of consuming "raw" milk. By adhering to this simple guideline, a safe and pleasant experience for the children can be assured.

If you have any questions or require further information please contact your local, county or state health department.

PDN Editorial Note: Recent advances in laboratory methods make it possible for most microbiology laboratories to test routinely for Campylobacter jejuni in patients with diarrhea. In so doing, they discover that this organism is a relatively common cause of enteritis, perhaps even more common than Salmonella.¹ Because there are many opportunities for exposure to this agent, including water, raw milk, and undercooked meats, campylobacteriosis was made an officially reportable disease in August 1984. Since then, 278 cases and one foodborne outbreak have been reported. The Texas Department of Health endorses the FDA message above and encourages local health

authorities to educate school and health professionals in their jurisdictions about this important pathogen.

REFERENCE:

1. Subramanyam K, et al. Campylobacter jejuni enterocolitis in Texas: a clinical and epidemiologic survey. Texas Med 1984;80:44-6.

* * *

REINSTATEMENT OF REGULAR DIPHTHERIA-TETANUS TOXOID AND PERTUSSIS (DTP) VACCINE

In December 1984, local and regional health agencies were notified by Doctor Bernstein, Commissioner of Health, to temporarily suspend the administration of the fourth and fifth DTP boosters in public health clinics. The suspension is no longer recommended by the Immunization Practices Advisory Committee and the Committee on Infectious Diseases of the American Academy of Pediatrics.

On April 25, 1985, Connaught Laboratories announced the immediate release of 2.2 million doses of DTP vaccine. Connaught Laboratories will continue to produce DTP vaccine for distribution in the United States. Projected production schedules for the manufacturers indicate that supplies of DTP vaccine should be adequate to provide the normally recommended fourth and fifth doses of DTP and to provide the needed catch-up doses for children who have had them deferred.¹

The complete immunization schedule for DTP vaccine should resume in Texas public health clinics. Please implement immediate recall of your patients who are delinquent for the fourth and fifth DTP boosters. The Texas Education Agency, the Texas Department of Human Resources, the Texas Osteopathic Medical Association, the Texas Medical Association and the Texas Pediatric Society have been notified of the resumption of the routine DTP immunization schedule for children two months through six years old.

REFERENCE:

1. CDC. Reinstatement of regular diphtheria-tetanus-pertussis vaccine schedule. MMWR 1985;34:231-2.

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