

regards from

*Rana...*

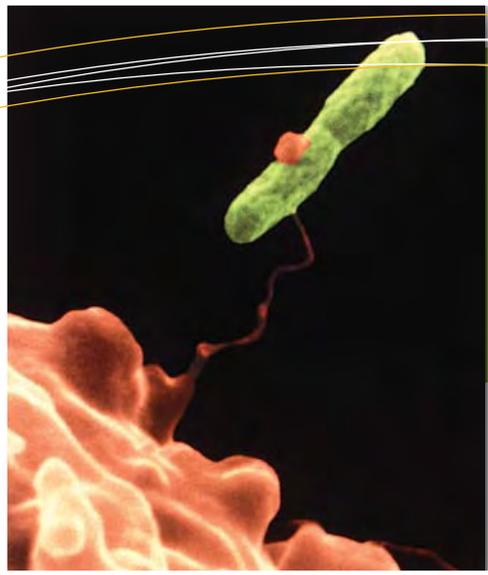
Dear colleagues,

I am very pleased to introduce the first issue of our quarterly newsletter. With all the other reading materials we receive on a daily basis, some of you may be wondering whether we even need such a publication! However, a quick look at the contents will answer your question. For a Division of almost 200 staff persons, the scope and diversity of ongoing activities are quite broad, and it is crucial for us to have good communications internally, as well as with all our partners at CDC and externally, in order for us to be more successful at providing the excellent public health services that we all strive for. If numbers are one measure of activity, just over the last 9 months, our staff has investigated 7 outbreaks, submitted >65 articles and chapters for publication, assisted >25 countries with various projects and with many partners, and trained >30 laboratory and other public health professionals in Burkina Faso alone. DBD activities have contributed significantly to impacting new or revised policy recommendations through ACIP (anthrax vaccines, polysaccharide pneumococcal vaccines) and to accelerate introduction of vaccines in many countries around the globe (Hib and pneumococcal vaccines through the work of the Hib initiative and pneumoADIP, and preparing for the introduction of conjugate meningococcal vaccine A in Africa).

As we get close to starting a new year, I would like to sincerely thank all of DBD staff and all our partners for helping us fulfill our public health mission. We look forward to a great year and to more collaborations and partnerships. Please find additional information on DBD at our new website: [www.cdc.gov/ncird/dbd.htm](http://www.cdc.gov/ncird/dbd.htm), and let us know if you have any comments/feedback, by sending an email to Alison Patti, DBD Health Communication Specialist.

*Happy Holidays!*

Rana



## The Legionella Team of RDB has detected and provided consultation and/or laboratory support for approximately 25 outbreaks, including two Epi-Aids in 2008.

As of November 1st, the Team has recorded approximately 30 legionellosis outbreaks. These 30 outbreaks involved an estimated total of 117 people and included community, healthcare, and travel settings in 13 states and three countries. Fourteen travel-associated clusters notifications were sent to domestic and international partners describing more than one confirmed Legionnaires' disease case reporting travel in a year time period to hotels and cruise ships.

The Team continues to receive almost daily reports of travel-associated Legionnaires' disease from public health partners through the [travellegionella@cdc.gov](mailto:travellegionella@cdc.gov) e-mail, case report forms, and various other channels. A notification for the reported state or country of travel is prepared for each travel-associated case report and sent to public health colleagues. A surveillance database is also maintained to capture case and travel information for cluster detection. For more information on RDB's travel-associated Legionnaires' disease effort, please visit our website at <http://www.cdc.gov/legionella/faq.htm>.

## Epi-Aid 2008-73: Legionnaires' disease among patients receiving bronchoscopy at two hospitals—Arizona 2008

On July 25, 2008, the Arizona Department of Health Services (ADHS) notified RDB of four confirmed cases of Legionnaires' disease among persons who had bronchoscopies performed at hospital A in Phoenix, Arizona. All four cases were diagnosed by culture of respiratory secretions collected at the time of bronchoscopy and for all cases the same bronchoscope was used. On July 27, 2008, Ben Silk departed for Phoenix, AZ to assist state and local health officials with the investigation. The investigation revealed that none of the four patients had a clinical illness consistent with Legionnaires' disease. The same bronchoscope was used for all four procedures. All isolates were identical (*L. pneumophila* (Lp) serogroup 8) by sequence-based typing (SBT). An environmental investigation revealed that the potable water system was heavily colonized with Lp, predominantly serogroups 6 and 8, despite the presence of two potable water disinfection systems. Lp serogroup 6 was detected in the implicated bronchoscope, a sink in the endoscopy processing room, and in ice in the bronchoscopy unit. SBT of both of the serogroup 6 isolates matched isolates obtained from the implicated bronchoscope.

## this issue

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## Epi-Aid 2009-01: Legionnaires' disease cases at a condominium complex—Las Vegas, Nevada, 2008

On September 22, 2008, RDB notified the Nevada State Health Division of a fourth confirmed case of Legionnaires' disease. All case-patients are from different states and were diagnosed with Legionnaires' disease after staying at the same Las Vegas condominium complex. Case-patients had dates of onset between October 20, 2007 and September 8, 2008 and were diagnosed by detection of Legionella urinary antigen. A previous investigation was conducted in 2001 at the same complex, at which time 21 cases (5 laboratory-confirmed) were identified from 13 states. Legionella isolates identical to a case-patient isolate by molecular subtyping were cultured from the whirlpool and potable water. On October 5, 2008, Ben Silk departed for Las Vegas, NV to assist state and local health officials with the investigation. Additional cases were identified by sending letters to guests who had stayed at the complex since August, 2008. An environmental investigation revealed persistent widespread colonization of the potable water supply despite the presence of an onsite disinfection system.

## ELITE Program

The cornerstone of the Environmental Legionella Isolation Techniques Evaluation (ELITE) Program is the creation of an interactive website that will serve multiple functions. CDC will be able to gather demographic data on laboratories that offer Legionella testing services to the public. The number of labs performing testing and the extent of such services are currently unknown and unregulated. Information gathered from industry may be used to refine policy and procedural recommendations for Legionella sampling and surveillance. CDC will generate a list of proficient partners able to assist in surveillance and remediation of disease outbreaks. Participating labs will be able to assess their competence in environmental Legionella recovery relative to industry standards and will have access to the latest policies, recommended procedures, and newly identified species. The general public will have a central location for information about Legionella and a list of capable labs to meet their sampling needs.

We currently have 20 fully enrolled participants for the ELITE Program - 10 as Pilot Members and 10 as Accelerated Members. Pilot Members have completed the first of four rounds of testing. Eight passed and two failed. We discovered a wide range of standard practices in industry not specifically recommended by the handbook posted to our website. There was also a wide variation in enumeration capabilities. The ELITE website, through which all enrollments, scoring, and certificate issuance will be conducted, will deploy in December 2008 at <https://www.nd.cdc.gov/elite/Public/EliteHome.aspx>. Ongoing and future events include: assessing communication, sample processing, and scoring via online survey and continuation of Pilot Program with the shipment of the second panel on November 3. For more information, contact Claressa Lucas.

**PHOTO:**

Photo: Epidemiologist Stacey Martin showing laboratory staff how to use the PDA to record swabbing data and synchronize barcode scanners to ensure that the survey data is matched with the correct specimen.



# BURKINA FASO PROJECT

## *MVPDB Working to Eliminate Meningococcal Disease in Burkina Faso.*

from spreading through the population. This study will be an important part of determining the vaccine's effectiveness and will have implications for implementation of the vaccine in other countries throughout the meningitis belt.

Members of MVPDB are collaborating with WHO, the Norwegian Institute of Public Health, and the Burkina Faso Ministry of Health to train local staff to carry out the sampling and laboratory testing for this study. In 2008, 15 MVPDB staff traveled to Burkina Faso for a total of over 350 days to carry out these efforts. MVPDB epidemiologists trained local staff to use PDAs to map villages and collect survey data from each eligible member of a chosen household, and MVPDB laboratory staff trained local laboratorians on how to process specimens from the field for *Neisseria meningitidis*. Over 30 Burkina Faso staff members were trained this year as part of this study.

Meningococcal meningitis takes a heavy toll in the African meningitis belt. In a typical year there are approximately 40,000 cases with 4,000 deaths from meningococcal disease. In the worst epidemic years, rates can be ten times that. We are at an exciting time in the history of control of meningococcal disease.

surveillance and conduct studies in order to demonstrate the impact of this vaccine on meningococcal disease.

One important component of documenting the impact of the vaccine is looking at its effect on meningococcal carriage, the manner in which the bacteria is most often transmitted. This study will assess carriage at four time points prior to and four after introduction of the vaccine. In all, we will collect throat swabs from a target of 40,500 participants in 17 villages and urban areas across 3 health districts of Burkina Faso. If the vaccine is able to reduce meningococcal carriage, that will mean that it not only protects individuals, but also keeps the infection

The Meningitis Vaccine Project (MVP), a WHO-Program for Appropriate Technology in Health (PATH) collaboration, has developed a new highly effective, affordable conjugate meningococcal vaccine with a plan for universal vaccination of Burkina Faso in the fourth quarter of 2009. CDC is working to strengthen meningococcal

## NOTEWORTHY ITEM:

### DBD Outbreak Participation 2008

Cluster of acute cough illness in St Croix, US Virgin Island

Outbreak of invasive group A streptococcal infections among residents of a rehabilitation facility, NM

Emergence of Quinolone-Resistant Meningococcus, MN, ND

Outbreak of influenza in a long term care facility, IL

Measles Outbreak, AZ

Outbreak of Legionnaires, NV

Pertussis Outbreak Response, NE

## WHOSE TURN IS IT?

MVPDB recently launched the It's Their Turn! Initiative, which provides state and local health departments with a comprehensive set of tools and materials to assist them in implementing educational and awareness campaigns to promote adolescent immunization. These materials have a particular focus on pertussis and meningitis vaccination. It's Their Turn! offers an array of materials from letters to multiple audiences, press releases, and posters and flyers, to cutting edge e-materials such as podcasts and e-cards. The initiative provides mechanisms to obtain public and media attention for adolescent immunization efforts. States can utilize these materials to reach key target audiences, including parents, healthcare providers, and adolescents. All materials can be easily adapted to each state's needs.

grade to be vaccinated with Tdap and MCV4. The materials were widely disseminated and well received. The evaluation phase of the It's Their Turn! Initiative is underway in AZ. The first component of the evaluation is a survey of parents of 6th graders in three AZ counties. This survey will assess parental knowledge, attitude, and beliefs regarding adolescent immunization and the state mandate as well as awareness and impact of It's Their Turn! A second component focuses on healthcare providers. An online survey will assess their knowledge, attitudes, beliefs, and barriers regarding the state mandate, and awareness and use of It's Their Turn! materials.

A toolkit is being developed to provide a step-by-step guide to using It's Their Turn! This toolkit will provide health departments with information on dissemination methods and building partnerships. It will also highlight the flexibility of the materials by providing states with instructions on how to tailor their messages and focus on specific aspects of adolescent immunization, including responding to communication and education needs around outbreaks. **For more information regarding It's Their Turn!, please contact Fátima Coronado or visit [www.cdc.gov/vaccines/itstheirturn](http://www.cdc.gov/vaccines/itstheirturn).**

The first state to use It's Their Turn! was Arizona. AZ was able to adapt the materials with messages and logos that were key to their state. This was of great importance since in January 2008, AZ implemented a mandate for all children entering 6th

**It's their turn!**  
Pre-teens need vaccines too!

To be protected.  
To be healthy.

Pre-teens 11 and 12 years old need to receive vaccines to be protected against serious diseases including meningitis and whooping cough.  
Schedule an appointment with your child's healthcare provider.

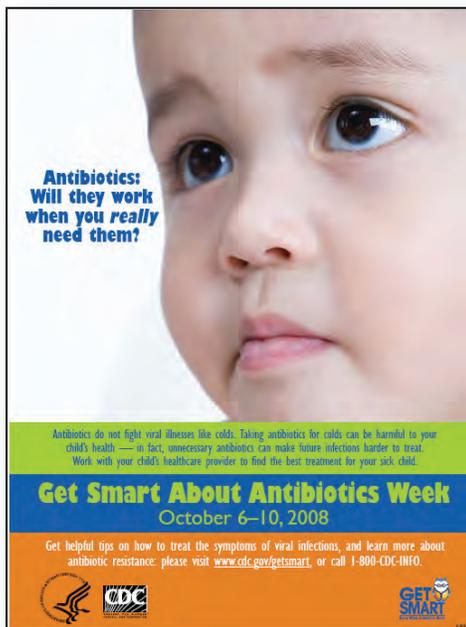
For more information, visit [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines) or call 1-800-CDC-INFO

# Get Smart About Antibiotics Week

**G**et Smart: Know When Antibiotics Work coordinated the first annual Get Smart About Antibiotics Week from October 6th-10th, 2008. The campaign collaborated with nineteen state-based appropriate antibiotic use campaigns and twenty non-profit and for-profit partners

**S**ome of the partners included: Ortho-McNeil, Reckitt Benckiser (the maker of Lysol), CNN Accent Health, National Association of Chain Drug Stores, Drug Store News, American Academy of Pediatrics, American Academy of Physician Assistants, American Academy of Nurse Practitioners, American Medical Association, American Pharmacists Association, American Public Health Association, Infectious Diseases Society of America, Convenient Care Association, Food and Drug Administration, National Association of Child Care Resource and Referral Agencies, and the Student Academy of the American Academy of Physician Assistants. CDC, state-based appropriate antibiotic use campaigns, and other partners aimed to raise awareness about antibiotic resistance and appropriate antibiotic use.

**T**his year's theme was "The power to prevent resistance is in your hands." The target audiences for the week were the general public, parents of young children, and healthcare providers. Preliminary media impressions include: Lysol's HomeSolutionsNews featured an article about the Week and distributed it to more than 2.4 million people in September and October; more than 150 websites featured information regarding Get Smart About Antibiotics Week; and CDC's homepage feature highlighting Get Smart About Antibiotics Week received more than 4,200 hits in one week, up from the 2,500 hits received by Get Smart's 2007 feature. CDC INFO also incorporated the Get Smart About Antibiotics Week message into its automated message system, which is estimated to have been heard by over 16,000 waiting callers during the observance week.



**I**n honor of Get Smart About Antibiotics Week, EVOS restaurants, "a healthier fast-food restaurant" that offers hormone-free chicken, cholesterol-free soy burgers and hormone-free and antibiotic-free steak provided free 100% antibiotic-free steak burgers to their customers. During the month of October, CNN Accent Health, a waiting room TV network, played the Get Smart campaign's public service announcement, "Always Give Hugs," in 2,900 obstetrics/gynecology and pediatric offices. The National Association of Chain Drug Stores wrote an article about Get Smart About Antibiotics Week in their publication, "The Practice Memo," which is distributed to more than 39,000 retail community pharmacies.

**P**ublic Health Prevention Specialist, Brandi Jordan, MPH is currently working to evaluate this effort and anticipates having a completed evaluation document and an implementation guide to share internally and externally no later than early spring. **For more information, contact Darcia Johnson or visit [www.cdc.gov/getsmart](http://www.cdc.gov/getsmart).**

## NOTEWORTHY ITEM:

### Preliminary ACIP Recommendations from October 22, 2008 Meeting

**Pneumococcal Vaccine:**  
The Advisory Committee on Immunization Practices (ACIP) voted on new and revised recommendations for the use of 23-valent pneumococcal polysaccharide vaccine (PPSV23) for the prevention of invasive pneumococcal disease. Adults who smoke cigarettes are at substantially increased risk for invasive pneumococcal disease. The ACIP recommends that cigarette smoking should be added to the list of indications for PPSV23 in adults aged 19 through 64 years. Proposed wording of the revised recommendation: Persons aged 19 through 64 years who smoke cigarettes should receive a single dose of PPSV23 and smoking cessation counseling.

**Anthrax Vaccine Post-exposure prophylaxis:** ACIP voted to recommend 60 days of antimicrobial prophylaxis in combination with three doses of vaccine as the best protection against inhalation anthrax. Vaccine should be offered within 10 days of exposure. Anthrax vaccine is not licensed for children and has not been studied in children. However, post-exposure anthrax vaccination in children potentially exposed to anthrax may be considered on an event-by-event basis in conjunction with 60 days of antibiotics. Pregnancy is neither a precaution nor a contraindication. Pregnant women should receive vaccine and antibiotics if they are exposed to inhalation anthrax.

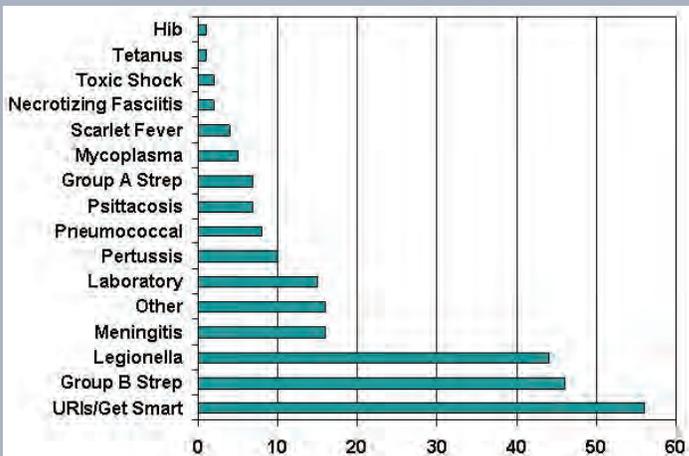
Find more provisional ACIP recommendations and details at <http://www.cdc.gov/vaccines/recs/provisional/>

## Communications Corner

### CDC-INFO Inquiries by topic for DBD

July 1 through December 15, 2008 (total = 240)

\*\*\*Please note that all vaccine-related inquiries are handled by NIP INFO; those numbers are not included in this table.



### Web Updates

- New DBD internet and intranet sites can be found at:  
<http://www.cdc.gov/ncird/dbd.htm> and  
<http://ncird.cdc.gov/divisions/#dbd>
- New Unexplained Respiratory Diseases Outbreak website at <http://emergency.cdc.gov/urdo/>
- Revisions and migration into CDC's new web template are currently underway for: Meningitis, Legionella, Get Smart, and Pertussis

## NOTEWORTHY ITEM:

### Hib Vaccine Shortage

In December 2007, Merck & Co., Inc. (West Point, Pennsylvania) announced a voluntary recall of certain lots of two *Haemophilus influenzae* type b (Hib) conjugate vaccines, PedvaxHIB (monovalent Hib vaccine) and Comvax (Hib-HepB vaccine) and suspended production of the two vaccines. At that time, Merck projected restoration of these vaccines to the U.S. market in late 2008. To ensure that enough vaccine would be available for all U.S. children to complete the primary Hib vaccination series, on December 18, 2007, CDC recommended that providers defer the booster dose of Hib vaccine (scheduled for administration at age 12–15 months) for all children except those at increased risk for invasive Hib disease. On October 17, 2008, Merck announced that restoration of the two vaccines to the market would be delayed until mid-2009. Because the continued delay potentially could produce an increase in incidence, national surveillance for invasive Hib disease has become particularly important. To assess the current status of surveillance for Hib nationally, CDC reviewed 4,657 cases of *H. influenzae* infection reported during January 2007–October 2008, including 748 cases among children aged <5 years. Of those 748 cases, 48 (6.4%) were Hib (serotype b), and 278 (37.2%) were missing serotype information. The extended vaccine shortage heightens the need for timely reporting and investigation of *H. influenzae* cases, and accurate serotyping of all invasive *H. influenzae* isolates in children aged <5 years.

Centers for Disease Control and Prevention. Continued Shortage of *Haemophilus influenzae* Type b (Hib) Conjugate Vaccines and Potential Implications for Hib Surveillance — United States, 2008. MMWR 2008;57:1252-55.

### Featured Publication:

Marano N, Plikaytis BD, Martin SW, et al: Effects of a reduced dose schedule and intramuscular administration of anthrax vaccine adsorbed on immunogenicity and safety at 7 months. JAMA 300:1532-1543, 2008.

In 1999, the US Congress directed the Centers for Disease Control and Prevention to conduct a pivotal safety and efficacy study of anthrax vaccine adsorbed (AVA).

**Objective** To determine the effects on serological responses and injection site adverse events (AEs) resulting from changing the route of administration of AVA from subcutaneous (SQ) to intramuscular (IM) and omitting the week 2 dose from the licensed schedule.

**Design, Setting, and Participants** Assessment of the first 1005 enrollees in a multisite, randomized, double-blind, noninferiority, phase 4 human clinical trial (ongoing from May 2002). Intervention Healthy adults received AVA by the SQ (reference group) or IM route at 0, 2, and 4 weeks and 6 months (4-SQ or 4-IM; n = 165-170 per group) or at a reduced 3-dose schedule (3-IM; n = 501). A control group (n = 169) received saline injections at the same time intervals.

**Main Outcome Measures** Noninferiority at week 8 and month 7 of anti-protective antigen IgG geometric mean concentration (GMC), geometric mean titer (GMT), and proportion of responders

with a 4-fold rise in titer (%4xR). Reactogenicity outcomes were proportions of injection site and systemic AEs.

**Results** At week 8, the 4-IM group (GMC, 90.8 µg/mL; GMT, 1114.8; %4xR, 97.7) was noninferior to the 4-SQ group (GMC, 105.1 µg/mL; GMT, 1315.4; %4xR, 98.8) for all 3 primary end points. The 3-IM group was noninferior for only the %4xR (GMC, 52.2 µg/mL; GMT, 650.6; %4xR, 94.4). At month 7, all groups were noninferior to the licensed regimen for all end points. Solicited injection site AEs assessed during examinations occurred at lower proportions in the 4-IM group compared with 4-SQ. The odds ratio for ordinal end point pain reported immediately after injection was reduced by 50% for the 4-IM vs 4-SQ groups (P < .001). Route of administration did not significantly influence the occurrence of systemic AEs. Conclusions The 4-IM and 3-IM regimens of AVA provided noninferior immunological priming by month 7 when compared with the 4-SQ licensed regimen. Intramuscular administration significantly reduced the occurrence of injection site AEs. Trial Registration [clinicaltrials.gov](http://clinicaltrials.gov) Identifier: NCT00119067

*The CDC Anthrax Vaccine Research Program (AVRP), a congressionally mandated activity, focuses on a large scale, multi-center, Phase 4 human clinical trial with 1563 participants. The objective of the study is to optimize use of the only licensed anthrax vaccine in the U.S. The study evaluates the potential for changing the route of administration, reducing the number of primary series vaccinations for the licensed vaccine and improving the side effect profile.*

### Video Vault...

**Survival: The Struggle to Breathe** was filmed in the Philippines and focuses on the infections that lead to pneumonia. It follows Dr Lulu Bravo – a member of PACE, Pneumococcal Awareness Council of Experts – through the slums of Manila, where poor air quality and poor social conditions exacerbate the problem of pneumonia. Aired November 22, 2008. Watch at: <http://www.rockhopper.tv/programmes/198/>

More documentaries are available at: <http://www.rockhopper.tv/>