

## New Recommendations For Hepatitis A Vaccination of Adoptive Parents and Caregivers of Adoptees from High-Risk Area

U.S. citizens who will have close contact with children adopted from countries with high rates of hepatitis A should be vaccinated within 60 days of the child's arrival, according to a new recommendation from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices.

As soon as the adoption process begins or at least two weeks prior to the child's arrival, adoptive parents and caregivers (such as persons who will be changing diapers often) should receive the first dose (of two doses 6 months apart) of the vaccine. The previous recommendation urging vaccination for parents traveling to countries with high or intermediate infection rates remains in effect.

Hepatitis A is a viral infection of the liver caused by hepatitis A virus (HAV). HAV infection may range in severity from a mild illness lasting 1-2 weeks to a severely disabling disease lasting several months. Hepatitis A virus is shed in the feces of persons with HAV infection. Transmission can occur through direct person-to-person contact, including changing diapers.

HAV infection is common throughout the developing world, where infections most frequently are acquired during early childhood and usually have few or only mild symptoms. In developed countries, HAV infection is less common but communitywide outbreaks still occur in some areas of the United States.

Hepatitis A vaccine and other pre-travel vaccines and recommendations are available at travel clinics. Patients may also arrange with their own healthcare provider to receive hepatitis A vaccine. For more information about these recommendations, please call the Immunization Program at the Vermont Department of Health at (800) 464-4343, ext. 7638.

## Flu Activity Update & Antiviral Health Advisory

Influenza activity continued to increase during late February and early March, and VDH has reported "widespread" flu since early March. The report is based on the number of patients with influenza-like illness symptoms, positive rapid influenza tests from sentinel surveillance practices around the state, and positive viral cultures. The VDH Laboratory is reporting influenza A/H1, A/H3, and B viruses, with the majority being A/H1. An updated health advisory (See: <http://www.healthvermont.gov/advisory/documents/020609Influenza-OseltamivirResistance.pdf>) was sent to providers on 2/6/09 regarding the use of antiviral medications when there may be Tamiflu®-resistant influenza A/H1N1 flu strains circulating. Call 802-863-7240 24/7 for guidance on prevention and control of outbreaks in institutional settings.

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**Chart: 2009 Selected  
Reportable Diseases  
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# Vermont – Selected Reportable Diseases – 2009

(Data through MMWR Week 8 – 02/28/09) – Provisional

	Campylobacter	Cryptosporidium	E. coli*	Giardia	Group A Strep Inv	Hepatitis A	Hepatitis B - Acute	Hepatitis B - Chronic	Hepatitis C - Acute	Hepatitis C - Chronic	Legionellosis**	Listeriosis	Lyme §	Meningococcal Inf.	Pertussis	Salmonella	Shigella	Tuberculosis**	Varicella
<b>Age</b>																			
<5	5	1	0	3	0	0	0	0	0	0	0	0	3	0	0	1	0	0	4
5-14	1	1	0	4	1	0	0	0	0	0	0	0	3	0	1	2	0	0	13
15-24	5	0	0	5	0	0	0	2	0	2	0	0	0	0	2	0	0	0	2
25-39	2	0	0	4	0	0	0	2	1	16	1	0	3	0	0	0	0	0	0
40-64	7	2	0	4	3	0	0	5	0	33	0	0	4	0	2	5	0	0	1
65+	3	0	0	1	2	0	0	0	0	1	0	2	3	0	0	1	0	0	0
Unknown	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total (YTD)</b>	<b>23</b>	<b>4</b>	<b>0</b>	<b>21</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>52</b>	<b>1</b>	<b>2</b>	<b>16</b>	<b>0</b>	<b>5</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>20</b>
<b>5-yr Median (YTD)</b>	<b>11</b>	<b>2</b>	<b>1</b>	<b>20</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>†</b>	<b>1</b>	<b>†</b>	<b>1</b>	<b>0</b>	<b>†</b>	<b>0</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>†</b>
<b>County of Residence</b>																			
Addison	4	0	0	0	1	0	0	1	0	0		0	3	0	0	0	0		3
Bennington	2	0	0	3	0	0	0	0	0	3		0	4	0	0	1	0		1
Caledonia	2	1	0	0	0	0	0	0	0	5		0	0	0	0	0	0		0
Chittenden	4	1	0	11	0	0	0	5	1	21		1	1	0	0	4	0		2
Essex	0	0	0	0	0	0	0	0	0	1		0	0	0	0	0	0		0
Franklin	3	0	0	0	0	0	0	0	0	0		1	0	0	0	0	0		2
Grand Isle	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		0
Lamoille	0	0	0	2	0	0	0	0	0	0		0	0	0	0	1	0		0
Orange	2	1	0	1	0	0	0	0	0	0		0	0	0	0	0	0		1
Orleans	1	0	0	0	0	0	0	0	0	2		0	1	0	1	1	0		1
Rutland	1	0	0	1	1	0	0	1	0	5		0	2	0	4	0	0		5
Washington	0	1	0	2	2	0	0	2	0	6		0	1	0	0	1	0		3
Windham	2	0	0	0	0	0	0	0	0	6		0	1	0	0	1	0		1
Windsor	2	0	0	1	2	0	0	0	0	3		0	3	0	0	0	0		1
Unknown	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		0
<b>Total (YTD)</b>	<b>23</b>	<b>4</b>	<b>0</b>	<b>21</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>52</b>	<b>1</b>	<b>2</b>	<b>16</b>	<b>0</b>	<b>5</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>20</b>
<b>VDH District Office</b>																			
Barre	1	1	0	2	1	0	0	2	0	0		0	0	0	0	1	0		3
Bennington	2	0	0	3	0	0	0	0	0	0		0	0	0	0	1	0		1
Brattleboro	2	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		1
Burlington	4	1	0	9	0	0	0	1	0	0		0	0	0	0	4	0		1
Middlebury	4	0	0	0	1	0	0	1	0	0		0	0	0	1	0	0		4
Morrisville	0	0	0	2	0	0	0	0	0	0		0	0	0	1	1	0		0
Newport	1	0	0	0	0	0	0	0	0	0		0	0	0	0	1	0		1
Rutland	1	0	0	1	1	0	0	1	0	0		0	0	0	3	0	0		4
St. Albans	3	0	0	0	0	0	0	0	0	0		0	0	0	0	0	0		2
St. Johnsbury	2	1	0	0	0	0	0	0	0	0		0	0	0	0	0	0		0
Springfield	1	0	0	0	1	0	0	0	0	0		0	0	0	0	1	0		0
White River	2	1	0	2	0	0	0	0	0	0		0	0	0	0	0	0		2
Central Office	0	0	0	2	2	0	0	4	1	52		2	16	0	0	0	0		1
<b>Total (YTD)</b>	<b>23</b>	<b>4</b>	<b>0</b>	<b>21</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>1</b>	<b>52</b>	<b>1</b>	<b>2</b>	<b>16</b>	<b>0</b>	<b>5</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>20</b>

(802)863-7240

1(800)640-4374 (VT)

FAX: (802)865-7701

\*Shiga toxin-producing Escherichia coli (STEC)

\*\*This column partially obscured to protect patient confidentiality

§ Includes both confirmed & probable cases

†Data captured differently in previous years; no 5-year median available