



Physician's Newsletter



Communicable Disease Information for Physicians

Fall, 2009

Communicable Disease Statistics - 2009*

Reportable Disease	Reported Cases
Preventable by Vaccine	
Pertussis	1
Meningitis	
Aseptic	8
Neisseria	0
Other	1
Enteric	
Campylobacter	42
Cryptosporidiosis	9
E. Coli (all types)	7
Hepatitis A	5
Giardia	11
Salmonella	34
Shigella Infection	36
Sexually Transmissible Diseases	
Chlamydia	443
Gonorrhea	45
Syphilis**	1
Miscellaneous	
Animal Bites	494
Lyme Disease	460
Lead Poisoning (venous>10)	12
Rabies (animals)	13
Tuberculosis	2
Legionella	5

* As of 7/31/09 - data is provisional

**includes primary, secondary & early latent

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Post-Exposure Rabies Prophylaxis New ACIP Recommendations

On June 24, 2009, the CDC's Advisory Committee on Immunization Practices (ACIP) accepted and approved new recommendations from their rabies work group on the use of rabies vaccine for post-exposure prophylaxis (PEP) for the prevention of human rabies. The recommendation, to reduce the number of rabies vaccine doses per PEP from 5 to 4 doses for most individuals, was subsequently posted on CDC's website on July 10, under the heading "ACIP Provisional Recommendations for the Prevention of Human Rabies", to make medical and public health professionals aware that these changes were in the works.

For the most part, the 2008 ACIP recommendations for the prevention of rabies are unchanged and remain the essential standard of care for rabies PEP. That document is available at www.cdc.gov/mmwr/preview/mmwrhtml/rr57e507a1.htm.

The new 2009 provisional changes document can be found at www.cdc.gov/vaccines/recs/provisional/downloads/rabies-July2009-508.pdf.

The new recommendations will reduce the number of human rabies vaccine doses to 4, given on days 0, 3, 7 and 14 by eliminating the previously recommended 5th dose currently advised for day 28. Note that human rabies immune globulin (HRIG) continues to be recommended (20 IU/Kg) on day 0 for persons not considered previously immunized for rabies as defined in the 2008 ACIP recommendations.

During 2008, on-going rabies vaccine supply limitations reinforced the need to emphasize basic human rabies prevention and prophylaxis recommendations. A national work group of experts, consisting of representatives from state and federal

health agencies, academia, and relevant professional organizations, was convened to provide recommendations in response to a limited rabies vaccine supply, as well as guidance in the event of a possible shortage of rabies biologics. One of the recommendations for responding to a shortage was to reduce the number of vaccine doses from 5 to 4. Upon review, the ACIP requested formation of a work group to gather and evaluate evidence to consider the 4 dose requirement as a permanent recommendation for rabies PEP in the U.S.

The panel of experts conducted an extensive review of historical rabies studies and current literature concerning the pathogenesis of rabies virus, clinical vaccine trials, animal studies, epidemiologic surveillance, and health economics to determine the immunogenicity, effectiveness and safety of a 4-dose PEP vaccination requirement. The panel found significant evidence to suggest that 4 doses of vaccine elicit an immunological response equivalent to the 5 doses series.

It is significant to note that these provisional recommendations will not become official until accepted by the CDC Director and published in the Morbidity and Mortality Weekly Review (MMWR). Meanwhile, state and local health departments as well as health care providers, should begin to consider plans for implementation of these recommendations now that the provisional guidelines have been posted on the ACIP website. Actual implementation of the new recommendation should only begin following publication in the MMWR.

According to CDC, the safety and effectiveness of vaccines in people are determined by the nature and degree of immunosup-

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Rabies Prophylaxis cont'd

pression. Immunosuppressed persons (either due to illness, medication, or therapy for the illness or condition) should continue to receive rabies PEP according to the previously used 5 dose schedule. One or more serum samples should be tested for rabies virus neutralizing antibody by the rapid fluorescent focus inhibition test (RFFIT) to ensure that an acceptable antibody response has developed after completing the series. Per CDC: When titers are obtained, specimens collected from 1-2 weeks after PEP should completely neutralize challenge virus at a 1:5 serum dilution by the RFFIT test. A person who fails to seroconvert with an acceptable antibody response after the fifth and last dose should be managed in consultation with their physician and appropriate public health officials.

Again, these new recommendations pertain only to elimination of the 5th (day 28) dose of vaccine. Other PEP recommendations as defined in the 2008 ACIP recommendations on human rabies prevention (i. e., exposure assessment and HRIG administration) remain unchanged.

N.B.: While the new ACIP recommendations are based on evidence which supports a 4 dose regimen, the vaccine manufacturers likely will continue to support the product insert which was developed at the time the product was licensed by the FDA. Historically, ACIP recommendations have not always coincided with label claims and have, on occasion, made off- label recommendations based upon current scientific evidence presented to the committee. The function of ACIP is to evaluate the available evidence and to make immunization recommendations based on the most recent data.



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