

Division of Disease Control Notable Trends and Announcements

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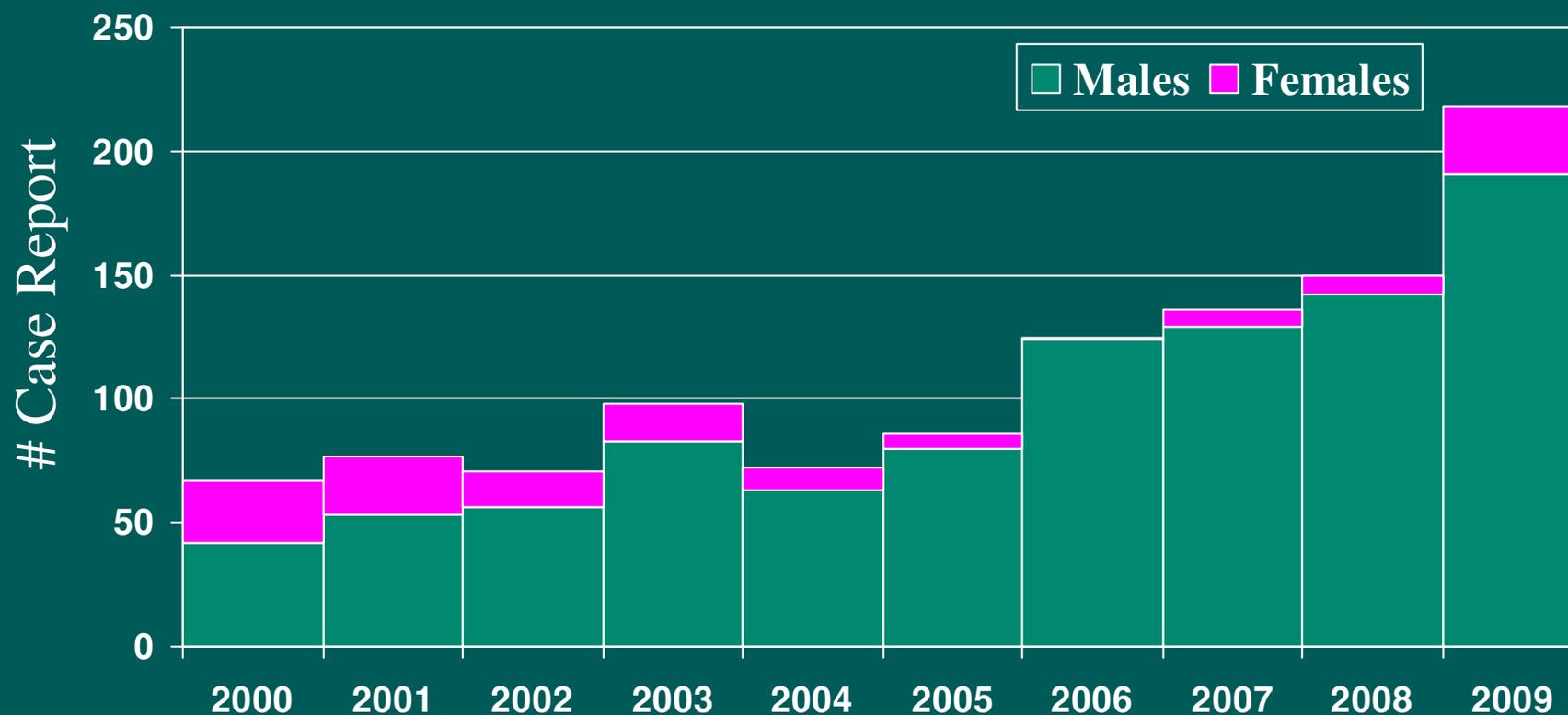
June 4th 2010



STD Control Program

- Syphilis continues to increase
 - Majority of cases still in MSM, but rate of increase is greatest in women
 - Mean age decreased from 39 yrs in 2005 to 29 yrs in 2010
- Increasing resistance of *Neisseria gonorrhoea* to ceftriaxone
- Chlamydia infection in adolescents remains high (5-10% of teen girls)

Reported Cases of Primary & Secondary Syphilis: Philadelphia, 2000-2009



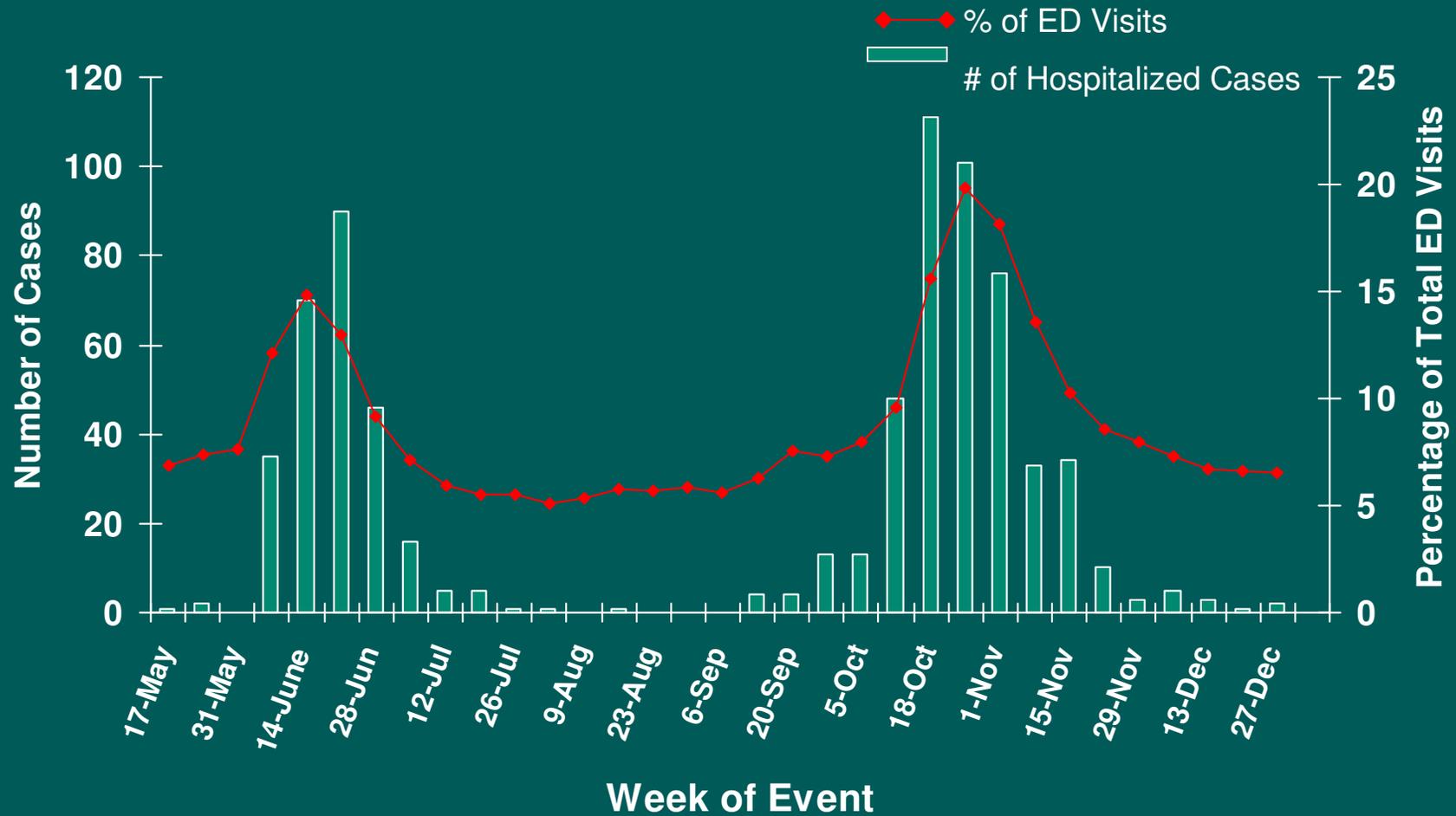
Syphilis Screening Recommendations

- Perform RPR on persons with
 - Symptoms or exposure to any STD
 - Multiple sex partners
 - History of sex work or exchange for drugs
- Annual RPR for all females 15-40 with more than one sex partner in the preceding year
- RPR every 3-4 months for sexually active MSM

Acute Communicable Diseases

- Rabies prevention
 - new post-exposure regimen recommended
 - dog scratches no longer considered rabies exposure
- pH1N1 influenza inactive since late 2009
 - Undecided about need to continue reporting hospitalized, pregnant, or fatal cases

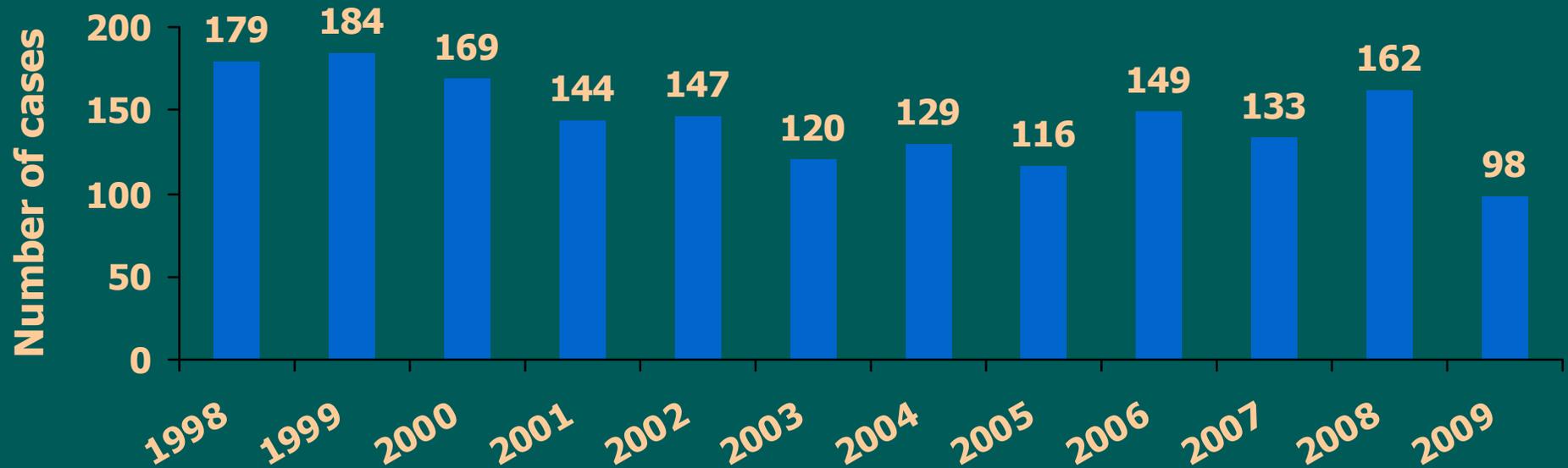
Philadelphia 2009 H1N1 Influenza Hospitalizations & Influenza-like Illness ED Visits by Week



TB Control Program

- Decline in Reported TB (DIRT)
 - decline of 11.4% in 2009 compared to average annual decline of 3.3 for last decade
 - decline in Philadelphia was 39% for 2009
- 50% cases occurring in foreign-born (immigration policy changes implemented in some countries)

Philadelphia TB Cases: 1998-2009



Laboratory Diagnosis of TB from Primary Clinical Specimens at Philadelphia Labs, 2007–2009 (n=15)

	2007	2008	2009	(%) Change
Total # specimens for AFB stain	6,380	6,644	6,789	+2.2%
# AFB positive	136	128	114	-11.0%
Total # specimens inoculated for TB	11,915	12,320	12,439	+1.0%
# Culture-positive	90	86	69	-19.7%
% Culture-positivity	0.76%	0.70%	0.55%	-20.5%

Immunization Program

- New Board of Health Regulation requires reporting of all vaccinations to the Immunization Program, effective October 2009
- H1N1 influenza vaccine

(5/15/10)

H1N1 Vaccine by Provider Type

Provider Type	Ordered		Shipped To		Administered	
	N	%	N	%	N	%
VFC/VFAAR/KIDS	129,700	29	127,000	29	106,519	37
Hospital	144,500	32	142,300	32	59,625	21
University Health Services	28,700	6	28,700	7	22,234	8
Dialysis Centers	3,500	1	3,500	1	1,385	0
Residential Facilities	2,400	1	2,400	1	389	0
Walk In	47,000	11	46,800	11	44,380	15
Adult Specialty	17,000	4	16,600	4	8,455	3
PDPH incl. vaccine for Schools	73,900	17	73,400	17	43,334	15
Other Miscellaneous	300	0	300	0	1,686	1
TOTAL	447,000	100	441,000	100	288,007	100

Reported H1N1 Vaccine Administered by Recipient Age

Ages	N	%
< 6 mos	213	0
6 - 23 mos	25,772	9
24 - 59 mos	30,977	11
5 - 18 yrs	99,857	34
19 - 24 yrs	22,096	8
25 - 49 yrs	59,871	21
50 - 64 yrs	33,815	12
65+ yrs	14,058	5
Missing	4,024	1
TOTAL	290,683	100

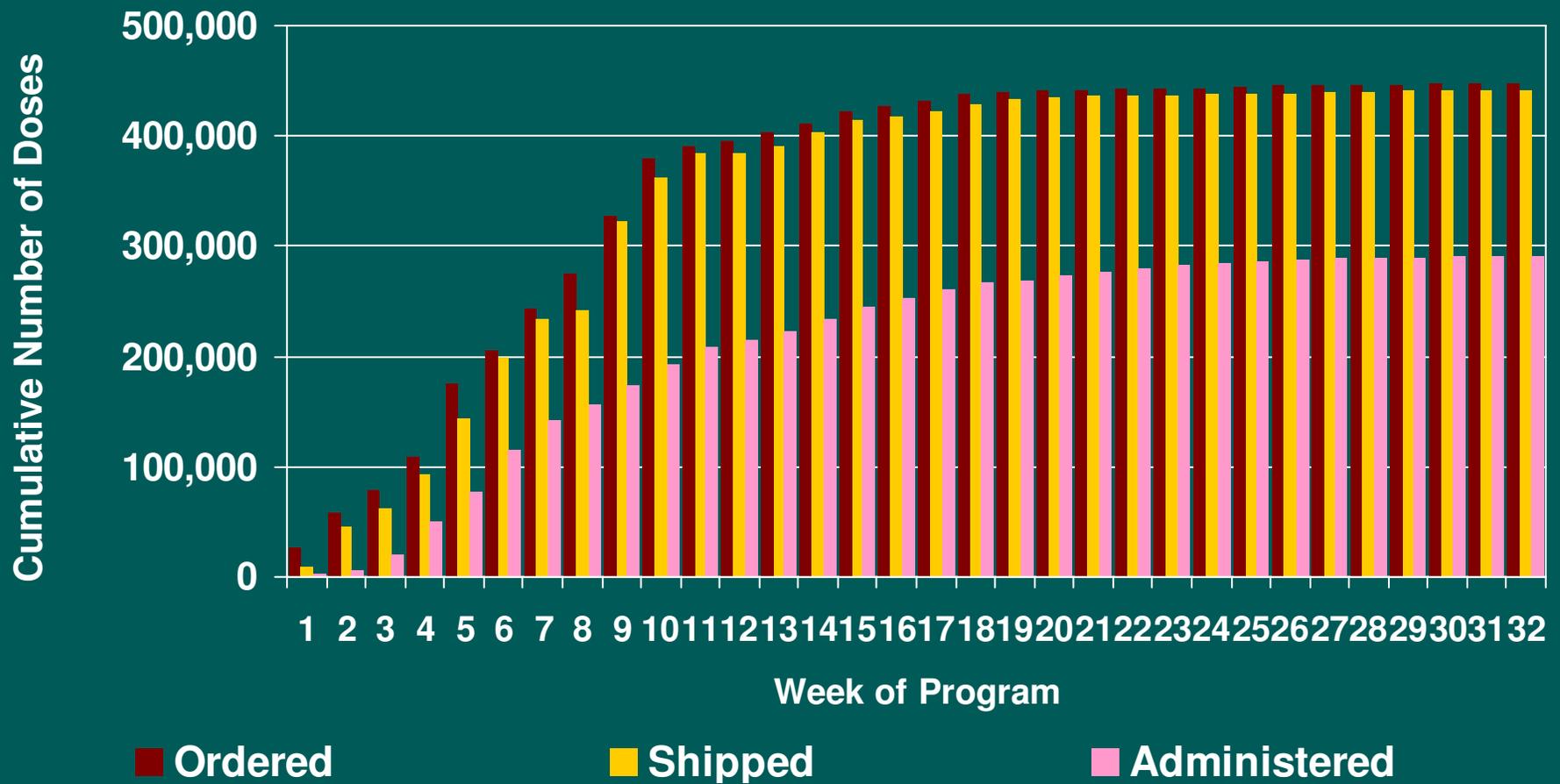
Recipients of First H1N1 Vaccine Dose by Priority Group

(5/15/10)

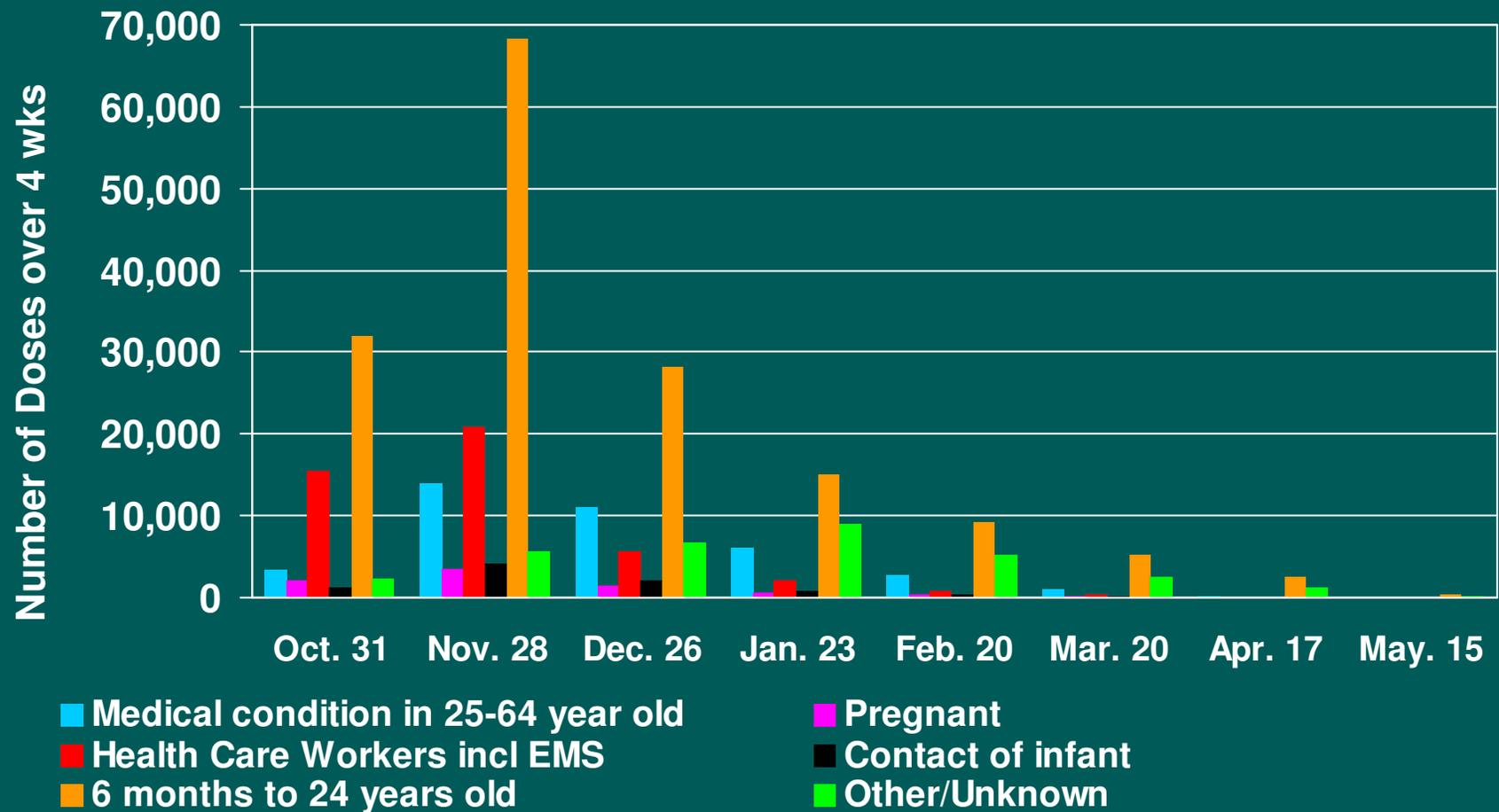
Priority Groups	N*	%
Medical condition in 25-64 year old	38,377	14
Pregnant	8,211	3
HCW incl EMS	45,298	17
Contact of infant	9,116	3
6 months to 24 years old	161,029	60
None/Unknown	32,485	12
TOTAL*	269,477	100

•Column does NOT sum to total because individuals in multiple priority groups are included in each priority group.

Cumulative H1N1 Vaccine by Week



Recipients of H1N1 Vaccine over Time by Priority Group



Recipients of H1N1 Vaccine over Time by Priority Group

