

# miniupdate

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TO: Medical Directors, Community-Based Clinics  
Directors, Medical Residency Programs  
Directors, Nursing Schools  
Interested Others

October, 2005

FROM: Howard Backer, MD, MPH, Chief  
Immunization Branch



Below for your information and reference is an abbreviated copy of the Immunization Branch's bimonthly UPDATE memorandum. The edited version contains medical and technical information on immunization and vaccines. We hope it is helpful. If you have questions on immunizations, please contact the Immunization Coordinator at your local health department.

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## Historic Hepatitis B Protection: K-12

Starting with the 2004-2005 school year, California's entire K-12 school population was subject to the Hepatitis B requirement. Hepatitis B was added to the immunizations required for children who enter licensed child care facilities and schools at the kindergarten level or below after August 1, 1997. Effective July 1, 1999, hepatitis B immunization was required for seventh grade entry. We are pleased to announce that most children and adolescents in California have been appropriately immunized against hepatitis B. Thanks go to California's health care providers, schools, and local health departments for this remarkable achievement (see also results from the 7th Grade Selective Review on page 3).

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## DISEASE ACTIVITY AND SURVEILLANCE

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The surveillance data reviewed in this section are reported in Table 1. The table includes provisional numbers of cases of *Haemophilus influenzae* type b, hepatitis A, hepatitis B, measles, pertussis, rubella, and tetanus reported in 2005 with onset in 2005 (as of August 31, 2005). For comparison, the numbers of cases reported in 2004 with

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onset in 2004 (as of August 31, 2004) are included. If you have any questions about this table, please contact Jennifer Myers by telephone: (510) 620-3848 or by email: JMyers@dhs.ca.gov.

**Pertussis:** From January to August 2005, 1,276 cases of pertussis were reported in California with onset in 2005, resulting in an annualized incidence rate of 5.20 cases per 100,000 population. This is a more than three-fold increase over the 357 cases reported in 2004 for the same time period (January to August). Of the 1,276 cases reported this year, 388 (30%) were infants less than 12 months old. Race/ethnicity was specified for 1,040 out of 1,276 cases. Of these, 489 (47%) were White, 482 (46%) were Hispanic, 36 (3.5%) were Asian/Pacific Islanders, 26 (2.5%) were African American and 7 (<1%) were American Indian. Three deaths occurred in 2005. All three cases were infants less than one month old. Laboratory confirmation was not possible in any of these cases and source of infection for all cases was unknown.

**Measles:** From January to June 2005, three cases of confirmed measles were reported, two in San Diego County and one in Santa Barbara County. These cases were described in detail in the June 2005 UPDATE. A fourth case was recently reported from Riverside County. This case was a 48-year-old male with history of international travel and unknown vaccination status.

**Mumps:** From January to August 2005, 34 cases of mumps were reported in California with onset in 2005. Twenty of the 34 cases (59%) were adults. Race/ethnicity was specified for 24 out of 34 cases. Of these, 9 were White, 9 were Hispanic, 4 were Asian, one was African American and one was American Indian.

**Haemophilus influenzae type b invasive disease**

**(Hib)** From January to August 2005, four cases of invasive *Haemophilus influenzae* type b (Hib) were reported. The first two cases were described in the August 2005 UPDATE. The recent cases include an African American 6-year-old from Alameda County and a Hispanic 3-month-old from San Bernardino County. The 6-year-old had received one Hib vaccination and also had asthma which may have contributed to her current infection. The 3-month-old also had received one Hib vaccination and did not have any pre-existing conditions.

**Tetanus:** From January to August 2005, four cases of tetanus were reported. The first two cases were described in earlier UPDATE articles. The recent two cases include a 31-year-old White female with unknown history of drug abuse and a 24-year-old white male who was a known injecting drug-user, the only IDU case reported so far in 2005. Vaccination history for both these cases is unknown.

**Hepatitis A:** From January to August 2005, 333 cases of hepatitis A were reported in California in 2005, resulting in an annualized incidence rate of 1.36 cases per 100,000 population. This is a decrease from 2004, when, for the same time period (January to August), 533 cases were reported. Most cases (83%) were reported in adults. Race/ethnicity was specified for 231 out of 333 cases. Of these, 93 (40%) were White, 104 (45%) were Hispanic, 25 (11%) were Asian/Pacific Islander, 8 (3%) were African American and one (<1%) was American Indian.

*Continued on page 3...*

**Table 1: Reported Cases with Onset in 2005, (by Age Group) and Incidence of Selected Vaccine Preventable Diseases, California, 2005 (Provisional – as of 8/31/05)**

DISEASE	Age Groups				All Ages	
	0-4 yrs	5-17 yrs	18+ yrs	Unknown	Cases	Rate <sup>1</sup>
Congenital Rubella Syndrome	1	0	0	0	1	0.00
Diphtheria	0	0	0	0	0	0.00
<i>H. influenzae</i> , type B (Hib) <sup>2</sup>	1	3	0	0	4	0.04
Hepatitis A	9	44	277	3	333	1.36
Hepatitis B	0	3	224	1	228	0.93
Measles <sup>3</sup>	1	0	3	0	4	0.02
Mumps	9	5	20	0	34	0.14
Polio	0	0	0	0	0	0.00
Pertussis	490	394	389	3	1,276	5.20
Rubella <sup>3</sup>	1	0	0	0	0	0.00
Tetanus	0	0	4	0	4	0.02


<sup>1</sup> Annualized Incidence Rate = cases/100,000 population. Populations estimates source: California Department of Finance projections based on the 2000 census.

<sup>2</sup> *H. influenzae* is reportable only for cases ≤30 years

<sup>3</sup> Confirmed cases only

Prepared by the California Department of Health Services, Immunization Branch

**Hepatitis B:** From January to August 2005, 228 cases of hepatitis B were reported in California with onset in 2005, resulting in an annualized incidence rate of 0.93 cases per 100,000 population. This is a decrease from 2004, when, for the same time period (January to August) 282 cases were reported. Almost all reported cases were adults (224 out of 228); one pending case is of unknown age and three pending cases are adolescents. Race/ethnicity was specified for 150 out of 228 cases. Of these, 69 (46%) were White, 37 (25%) were Hispanic, 25 (17%) were Asian/Pacific Islander, 18 (12%) were African American and one (<1%) was American Indian.

**Rubella and Congenital Rubella Syndrome (CRS):** From January to August 2005, one confirmed rubella case and one case of Congenital Rubella Syndrome (CRS) were reported by Los Angeles County. These cases were described in detail in the August 2005 Immunization  UPDATE.

**Other VPDs:** As of August 31, 2005, for this report year, no confirmed cases of diphtheria or polio have been reported to the Immunization Branch.

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## ASSESSMENT ACTIVITY

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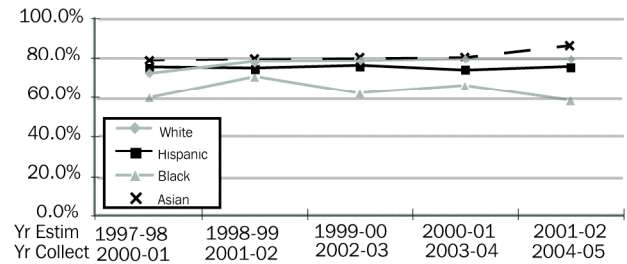
### 2005 Kindergarten Retrospective Survey Results

The annual Kindergarten Retrospective Survey (KRS) provides comparisons of immunization coverage by a variety of factors, including race/ethnicity and region. This year's sample consisted of 2,660 kindergarten immunization records that were collected by local health departments during Selective Review visits.

This year, the percent of kindergarten students at 24 months of age with the 4:3:1 (4 DTaP, 3 polio, and 1 MMR) vaccine series was 85.8±4.7% among Asian children, 78.7±5.1% among White children, 74.7±2.9% among Hispanic children, and 57.7±8.1% among Black children.

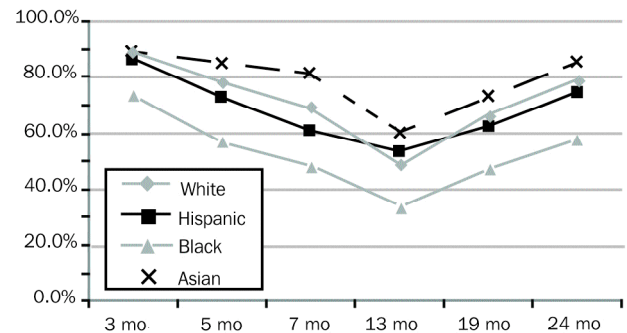
The Kindergarten Retrospective Survey is one of the only sources of information on subpopulations of Black and Asian children. The KRS data suggest a serious and persistent disparity in immunization coverage among Black children. Over the past five years, coverage with the 4:3:1 vaccine series among Black children has been significantly lower than White, Hispanic, and Asian children (Figure 1) and this is consistent at all age checkpoints (Figure 2).

**FIGURE 1: 4:3:1 Coverage<sup>1</sup> Among Kindergarten Students At 24 Months Of Age By Year Of KRS<sup>2</sup> And Race/Ethnicity<sup>3</sup>**



- Four or more doses of DTaP, three or more doses of polio, and one or more doses of MMR
- Year of KRS: year collected is the school year that students were in kindergarten. Since this is a retrospective survey, year estimated reflects the year when kindergarten students were 24 months
- As recorded on student immunization record (blue card). Individual racial groups do not include Hispanic children. Children of Hispanic ethnicity may be of any race.

**FIGURE 2: 4:3:1 Coverage<sup>1</sup> Among Kindergarteners By Age Checkpoint<sup>2</sup> And Race/Ethnicity<sup>3</sup>**



- Age appropriate doses of DTaP, polio, and MMR
- Age checkpoints are defined according to whether or not children are up-to-date for age appropriate doses of DTaP, polio and MMR at 3, 5, 7, 13, 19, and 24 months
- As recorded on student immunization record (blue card). Individual racial groups do not include Hispanic children. Children of Hispanic ethnicity may be of any race.

### 7th Grade Immunization Coverage from the 2005 Selective Review

The annual Selective Review conducted each spring provides information on compliance with the California School Immunization Law. Results from this year's Selective Review also provide a measurement of immunization coverage among seventh grade students.

The percent of seventh grade students with all required immunizations measured this past spring was an impressive 94.3±1.2%. This is almost a 5% increase from last year's selective review (89.5±2.5%). Coverage for Hepatitis B

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(97.0±1.0%) and the second dose of MMR (97.5±1.0%) among seventh grade students were higher than ever. The increase between spring 2004 and spring 2005 might be attributed to the fact that this year, for the first time, students entering seventh grade were subject to the hepatitis B and second dose measles requirement in kindergarten.

**More from NIS 2004**

**How we measure up:** The 2004 National Immunization Survey (NIS) indicates that California's immunization coverage continues to improve. Only four states have statistically higher 4:3:1 (4 doses of DTP, 3 doses of polio, 1 dose of MMR) coverage rates than California, and only one state (Florida) has statistically higher rates 4:3:1:3:3:1 (4 DTP, 3 polio, 1 MMR, 3 Hib, 3 HepB and 1 varicella)

**Racial/ethnic coverage disparities:** National 4:3:1 series coverage estimates for children 19-35 months of age continue to be highest (and equivalent) for Asians and Whites, with Hispanics having the next highest coverage, with Black and American Indian/Alaska Native children lagging behind Asians, Whites and Hispanics.

In California, the situation is somewhat different, with coverage among Asian children being significantly higher than for White or Hispanic children, and White and Hispanic children having comparable coverage rates. The California sample contained too few children to make valid estimates for Blacks and other groups.

Interestingly, both Asian and Multiple Race children from California have higher estimated coverage than in the US as a whole. This is the first year in which there have been sufficient numbers of Multiple Race children in the California sample to provide an estimate. Estimated coverage for the 4:3:1 series, by racial/ethnic group is:

**Varicella Vaccine: Another Success Story**

Most of us grew up with chickenpox as an inevitable childhood disease. Now, just ten years since varicella vaccine was licensed in the US and five years since it was made a school requirement in many states, disease rates have plummeted. A report in the New England Journal of Medicine last spring cited mortality rates in children age 1 to 4 had declined 92% when comparing the pre-vaccine period of 1990-1994 with the period of 1999-2001 when varicella vaccine came into universal use for kids.

Now, according to a recent study discussed in the August 17 issue of the Journal of the American Medical Association (JAMA), chickenpox-related hospitalizations and doctor visits have declined dramatically among all age groups in the United States. Varicella can be a serious disease, particularly in adults, with complications such as serious skin infections, pneumonia, brain damage and even death. With such success noted in protecting children, it will be important to target vaccine efforts at older adolescents and young adults who had neither vaccine nor disease and remain vulnerable to chickenpox.

*More on page 5...*

**Estimated Immunization Coverage with the 4:3:1 Immunization Series  
Among Children 19-35 Months, by Race/Ethnicity, US and California, 2004**

RACE/ETHNICITY	California	United States
American Indian or Alaska Native only, non-Hispanic	NA <sup>1</sup>	75.6% (±8.6)
Asian only, non-Hispanic	95.2% (±3.8)	87.4% (±3.6)
Black only, non-Hispanic	NA <sup>1</sup>	77.8% (±2.9)
Hispanic	83.9% (±4.4)	82.2% (±1.9)
Native Hawaiian or other Pacific Islander only, non-Hispanic	NA <sup>1</sup>	NA <sup>1</sup>
White only, non-Hispanic	84.4% (±6.0)	85.7% (±1.1)
Multiple Race, non-Hispanic	96.9% (±3.1)	82.0% (±4.4)
All racial/ethnic groups combined	84.1% (±3.2)	83.5% (±0.9)

<sup>1</sup> Sample is too small for a valid estimate to be calculated.  
Source: National Immunization Survey, 2004  
Prepared by the California Department of Health Services, Immunization Branch

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## VACCINES FOR CHILDREN (VFC) PROGRAM

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### **New Vaccines Available from VFC**

Two letters were sent to VFC providers in September to inform them about vaccines they may now or may soon be able to order. The first alerted them to the worrisome increase in pertussis cases in California, as well as new pertussis-containing vaccines now recommended for adolescents. Although federal VFC contracts with manufacturers are not yet in place, VFC providers were informed that the two new adolescent Tdap booster products would be available to order in the near future. The new interim Tetanus, Diphtheria, Pertussis vaccine information statement (VIS) will be sent to VFC providers later this month.

The second letter gave VFC providers information on flu vaccine for this season. In this annual VFC Program Influenza letter the nasal spray flu vaccine, Live Attenuated Influenza Vaccine (LAIV). MedImmune's FluMist®, was added to the other flu vaccine formulations available to them. The flu vaccine information statement was included in the mailing.

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## PROFESSIONAL INFORMATION AND EDUCATION

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### **2005 Epidemiology and Prevention of Vaccine-Preventable Diseases Course**

Last chance to sign up for this year's course!! Registration ends November 1st, 2005. The live version of CDC's Epidemiology and Prevention of Vaccine Preventable Diseases Course will again be hosted by the Immunization Branch in Sacramento on November 14-15, 2005 and in Torrance on November 17-18, 2005. Additional information about the course will be available on the Immunization Branch website and the CDC NIP website. A \$40 non-refundable fee is required to confirm your registration. For questions, please contact Myan Nguyen at MNnguyen2@dhs.ca.gov or (510) 620-3739.

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## PUBLIC INFORMATION AND EDUCATION

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### **New Interim Tdap VIS Available**

The Tetanus, Diphtheria, Pertussis Vaccine Information Statement (VIS) has been developed for the new adolescent Tdap vaccines and a sample is enclosed in this UPDATE. The Spanish version is in the works. Please

note that this version is considered interim until the ACIP issues its recommendations on the new Tdap vaccine and the final VIS is approved, likely in 2006. Bulk supplies of the interim Tdap Vaccine Information Statement in both the English and Spanish will be available soon to local health departments. Translations into other languages are expected to be available online at [www.immunize.org](http://www.immunize.org) within the next few months.

### **Immunization Branch Website Now Easier to Find**

We have developed a "splash" page to direct visitors to the Immunization Branch website. Instead of using the existing, lengthy URL, you can now find us via [www.getimmunizedca.org](http://www.getimmunizedca.org) which will promptly direct you to the Department of Health Services Immunization Branch home page. You will see that we have also made changes to improve the look and navigation of the website. Set a bookmark and keep checking back for continued updating and other improvements.

### **Wash Your Hands for the Holidays**

Last year's acclaimed "wash your hands" singing jingle is making a comeback??—just in time for the holiday season. Hand washing is considered the single easiest step to staying healthy. A timely reminder from public health departments prior to flu season is not just good advice, it is a community preparedness activity as well. This year, we are encouraging health departments and coalitions to expand the campaign reach to include radio stations, schools, health plans, pharmacies and malls. CD copies and MP3 e-file copies of the jingle, a sample lesson plan for preschool and elementary school teachers, and other outreach ideas will be sent to Immunization Coordinators and California's immunization coalitions to help get the message out into communities. Campaign participants are encouraged to include a hand washing sign for public restrooms, either one your jurisdiction has printed or the DHS hand washing cling-on (IMM-819), to double the message impact. The MP-3 downloadable version of the jingle is available on line at [www.getimmunizedca.org](http://www.getimmunizedca.org) and anyone is free to use it. A copy of our hand washing cling-on is enclosed in this UPDATE.

### **Revised Yellow IZ Card and Timing Flyer Now Available**

As mentioned in the last UPDATE, the California Immunization Record or "Yellow Card" (IMM-75) and the Immunization Timing Flyer (IMM-395) have been revised to reflect current ACIP recommendations. Samples of each are included in this UPDATE. Supplies of the Timing Flyer are now available for local health department ordering. However, supplies of the 8/02 version of the Yellow Card will be depleted before supplies of the revised Yellow Card becomes available.

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### **Avian Influenza Update**


Since December 2003, 11 countries throughout Asia have reported outbreaks of highly pathogenic avian influenza A (H5N1) virus affecting poultry. Over 150 million birds have either died or been culled since then. Back in 1997, the H5N1 strain passed from birds and infected 18 people in Hong Kong, killing 6 of them.

From December 2003 until August 2005, 112 laboratory-confirmed cases of H5N1 in humans have been reported to World Health Organization, and 57 infected persons have died, for a startling mortality rate of 51%. While disease in humans has been limited to 4 countries, influenza A (H5N1) has been identified in flocks and migratory fowl of 11 countries.

Although clinical trials are in progress to design an effective vaccine against H5N1, no vaccine is currently available, and if an outbreak H5N1 humans were to appear in the immediate future, treatment and prophylaxis of persons possibly exposed to this influenza virus would be undertaken with two anti-viral medications (oseltamivir and zanamivir), both while commercially available would be in very short supply and run out quickly since any influenza virus spreads person to person more quickly than it can be identified, treated, and contained.

### **2005-2006 California Influenza Program**

Since 1974, our Department has purchased influenza vaccine for local health departments, mainly targeting seniors and other high risk groups recommendations from the Advisory Committee on Immunization Practices (ACIP). For full details of recommendations for 2005-2006 see the CDC website [www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5408a1.htm). This year we will be providing approximately 750,000 doses of flu vaccine to local health departments, both sanofi and Chiron products. Influenza vaccine with no preservative (Fluzone®, no preservative) is being made available through the Vaccines for Children Program.

Guidelines for prioritization of influenza vaccine were recently published in the MMWR (September 2, 2005). A 2005-06 Influenza Vaccination Pocket Information Guide is included in this  UPDATE.

Beginning October 24, 2005, all persons will be eligible for flu vaccination. For more details, see the CDC website [www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5434a4.htm).

### **Sentinel Provider Surveillance for Influenza**

Sentinel provider surveillance is a critical component of California's flu surveillance program, and the Immunization Branch is recruiting. This week we sent a letter about sentinel provider recruitment to Health Officers, Communicable Disease Controllers, and Immunization Coordinators. CDC has set a goal of one sentinel provider per 250,000 population. Last year our Department intensified sentinel site recruitment efforts, including offering incentives such as rapid influenza test kits. Statewide, we now are up to 90 of the 144 providers we need to represent California.

Our 2005 objective is to recruit 50+ more sentinel providers evenly across the state according to county populations, and we have already contacted jurisdictions where we need more sentinel providers. For those of you in those jurisdictions, we are open to your suggestions and identification of potential candidates. We will again be offering incentives to sentinel providers. If this targeted recruitment does not pan out, we will do a larger mailing to providers. We also are working to enroll more school-based clinics, since illness in young persons may serve as early warning for epidemics in the larger community.

Sentinel providers can be physicians, nurse practitioners, or physician assistants from a variety of specialties. As sentinel providers they commit to report each week the total number of patient visits and the number of patient visits for influenza-like illness by four age groups (0-4 years, 5-24 years, 25-64 years, >65 years). The time involved is estimated to be less than 30 minutes a week. Existing sentinel providers report that being in the sentinel network actually enhanced their clinical practice, making participation a win-win for both medicine and public health. For further information, contact Charlotte Wheeler at 510-620-3763 or [CWheeler@dhs.ca.gov](mailto:CWheeler@dhs.ca.gov) or Erica Boston at 510-620-3846 or [EBoston@dhs.ca.gov](mailto:EBoston@dhs.ca.gov).

### **Credit for A/California Isolation Goes to California Labs**

Flu strains change over time, so constant surveillance is essential. In California, influenza surveillance is a collaboration of DHS VRDL, DHS Immunization Branch, Kaiser Permanente, medical providers, and other laboratories throughout the state. The Viral and Rickettsial Disease Laboratory (VRDL) facility tests specimens from ill Californians to track the specific types of influenza circulating. Last autumn, VRDL isolated influenza virus from a key specimen obtained by the Santa Clara County Public Health Laboratory. CDC determined that this strain was a new variant of the influenza A virus, subsequently

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named A/California/7/2004 (H3N2). The World Health Organization recommended that the 2005 influenza vaccine contain an “A/California-like strain to protect us against this new” strain that caused illness throughout the United States last winter.

### **Health Care Workers & Flu Shots**

This year, the CDC has again called for health care workers to be among the first to receive flu vaccinations. Not only can a flu shot protect providers, it can prevent influenza from spreading to the people at highest risk. As another alternative, many providers could use the nasal spray vaccine (FluMist™), which is only appropriate for healthy individuals between the ages of 5 and 49.

### **www.FindaFluShot.com**

Searching for local flu clinics is easy! Once again, the American Lung Association with support from Maxim Health System is offering a search system as part of its flu immunization web page. With zip codes and dates, anyone can locate a convenient flu clinic. It’s also a great way for providers to know about each others’ local efforts. **www.FindaFluShot.com** will be continually updated throughout the season, keeping the list current and adding information on the latest flu developments.

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## **SMALLPOX AND BT PREPAREDNESS**

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### **Pan Flu Satellite Broadcast Available on Video and Webcast Soon!**

The Pandemic Flu Satellite Broadcast aired on October 6, 2005. Our Department is collaborated with CDC on this timely broadcast. For more details and instructions for the accompanying table top exercise, visit **www.cdllhn.com**.

The Pan Flu Satellite Broadcast will be available as a webcast next week and on video later this fall. The webcast will provide continuing education credits through November 21 at **www.cdllhn.com**.

### **CDC Mass Antibiotic Dispensing Broadcast**

#### **Mass Antibiotic Dispensing: Using Public Information to Enhance POD Flow**

A Strategic National Stockpile (SNS) and Public Health-Training Network Satellite Broadcast and Webcast Centers for Disease Control and Prevention

**Thursday, December 1, 2005**

**10:00 AM - 11:30 AM (PT)**

If there were a large infectious disease outbreak, or influenza pandemic, would staff of local health department be ready to quickly organize points of dispensing in your jurisdiction? The upcoming live CDC satellite broadcast and webcast is designed to help persons involved in coordinating the on- the-ground activities with the strategic national stockpile at the state and local level. Discussion will cover logistical issues in managing personnel and equipment resources, SNS-related components of emergency response plans, public information and patient education as it relates Points of Dispensing (POD). A live question and answer session will enable participants nationwide to pose questions to panelists. Additional information and registration materials can be found at **www.phppo.cdc.gov/phtn/antibiotic4/default.asp**.

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## **IMMUNIZATION REGISTRIES**

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### **IZ Registries Help Katrina Kids**

Immunization registries have shown their value in the wake and devastation of Hurricane Katrina. With the loss of homes, personal belongings and records for millions of families across the South, one important piece of information is safe and dry—the immunization history of its children. Louisiana, Mississippi and Alabama have statewide registries containing among the highest levels of childhood immunization data in the country. Within days of the flooding and subsequent relocation of families, links were established between registries from the states affected by Katrina with those in the jurisdictions receiving the displaced. Health departments in California have been pleased with the efficiency of the immunization registries from the Gulf Coast States, whose use has facilitated school entry while saving the resources and discomfort that otherwise would have resulted from repeating vaccines recorded only on paper back home.

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## IZ COALITION ACTIVITIES

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### **CAIC Celebrates National Adult IZ Week 2005**

During the summer, representatives of the member organizations of the California Adult Immunization Coalition (CAIC) came together as the National Adult Immunization Awareness Week (NAIAW) 2005 Campaign Committee. The group worked collaboratively to locate and develop materials and resources for use during this year's NAIAW, from September 25 to October 1. Postcards, e-mail messages and mailings alerted public and private partners about the website, [www.immunizecaadults.org/naiaw](http://www.immunizecaadults.org/naiaw), which offers a wealth of resources, including press release templates and screening tools as well as provider and patient education materials. Now, just after 2005, is the time to let the committee know how to improve next year's effort. Take a few minutes to review the website and its materials, then fill out the short, on-line evaluation. Your thoughts will make an even better campaign in 2006.

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## MISCELLANEOUS

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### **We've Moved!**

Our long awaited move to the DHS Richmond campus has occurred. Immunization Branch staff moved to our new location in September. Please note our address and contact information.

850 Marina Bay Parkway  
Building P, 2nd Floor  
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Main Phone Line: (510) 620-3737  
Fax: (510) 620-3774

*UPDATE Now Available by E-Mail:*

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