



CT DEPT. PUBLIC HEALTH IMMUNIZATION PROGRAM

Commissioner: J. Robert Galvin, M.D., M.P.H., M.B.A.



NOT TIME



On July 17,2008 the Centers for Disease Control and Prevention (CDC) published the Recommendations of the Advisory Committee on Immunization Practices Prevention and Control of Influenza, 2008.

Primary Changes and Updates to the Recommendations



The 2008-2009 recommendations include five principal changes or updates:

- 1. Beginning with the 2008--09 influenza season, annual vaccination of all children aged 5--18 years is recommended. Annual vaccination of all children aged 5--18 years should begin in September or as soon as vaccine is available for the 2008--09 influenza season, if feasible, but annual vaccination of all children aged 5--18 years should begin no later than during the 2009--10 influenza season.
2. Annual vaccination of all children aged 6 months--4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza should continue. Children and adolescents at high risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children.
3. Either trivalent inactivated influenza vaccine (TIV) or live, attenuated influenza vaccine (LAIV) can be used when vaccinating healthy persons aged 2--49 years. Children aged 6 months--8 years should receive 2 doses of vaccine if they have not been vaccinated previously at any time with either LAIV or TIV (doses separated by >=4 weeks); 2 doses are required for protection in these children. Children aged 6 months--8 years who received only 1 dose in their first year of vaccination should receive 2 doses the following year. LAIV should not be administered to children aged <5 years with possible reactive airways disease, such as those who have had recurrent wheezing or a recent wheezing episode. Children with possible reactive airways disease, persons at higher risk for influenza complications because of underlying medical conditions, children aged 6--23 months, and persons aged >49 years should receive TIV.
4. The 2008--09 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.
5. Oseltamivir-resistant Influenza A (H1N1) strains have been identified in the U.S. and some other countries. However, oseltamivir or zanamivir continue to be recommended antivirals for treatment of influenza because other influenza strains remain sensitive to oseltamivir and resis-

tance to other antivirals remains high
2008-2009 Influenza Vaccine Supply Total production of influenza vaccine for the United States is anticipated to be >130 million doses for the 2008--09 season, depending on demand and production yields. However, influenza vaccine distribution delays or vaccine shortages remain possible in part because of the inherent critical time constraints in manufacturing the vaccine given the annual updating of the influenza vaccine strains and various other manufacturing and regulatory issues. To ensure optimal use of available doses of influenza vaccine, health-care providers, those planning organized campaigns, and state and local public health agencies should develop plans for expanding outreach and infrastructure to vaccinate more persons in targeted groups and others who wish to reduce their risk for influenza and develop contingency plans for the timing and prioritization of administering influenza vaccine if the supply of vaccine is delayed or reduced.

See Table 1 on page 2 for the list of influenza vaccines available for the 2008-2009 influenza vaccination season.



You can now order immunization education materials on-line without ever leaving your desk. No printing, writing or faxing! Just simply click on this link http://www.ct.gov/dph/cwp/view.aspx?aspa=3136&q=388450&dphNav_GID=1601 and fill out the order form under "Educational Materials". Your order will come directly to us at the Department of Public Health.

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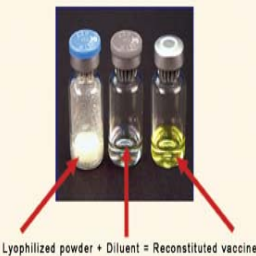
Table 1 Approved Influenza vaccines for different age groups-United States, 2008-2009 season

Vaccine	Trade Name	Manufacturer	Presentation	Thimerosal (mcg Hg/o.5mL dose)	Age Group	No. of doses	Route
TIV	Fluzone	Sanofi Pasteur	0.25 mL pre-filled syringe	0	6-35 mos	1 or 2	IM
			0.5 mL pre-filled syringe	0	≥36 mos	1 or 2	IM
			0.5 mL vial	0	≥ 36 mos	1 or 2	IM
			5.0 mL vial	25	≥ 6 mos	1 or 2	IM
TIV	Fluvirin	Novartis Vaccine	5.0 mL multi-dose vial	24.5	≥4 yrs	1 or 2	IM
			0.5 mL pre-filled syringe	<1.0	≥4 yrs	1 or 2	IM
TIV	Fluarix	GlaxoSmithKline	0.5 mL pre-filled syringe	<1.0	≥18 yrs	1	IM
TIV	FluLaval	GlaxoSmithKline	5.0 mL multi-dose vial	25	≥18 yrs	1	IM
TIV	Afluria	CSL Biotherapies	0.5 mL pre-filled syringe	0	≥18 yrs	1	IM
			5.0 mL multi-dose vial	25	≥18 yrs	1	IM
LAIV	FluMist	MedImmune	0.2 ml sprayer	0	2-49 yrs	1 or 2	Intranasal

From the desks of:

Maria Heinz, Carol Natitus & Claudia Soprano
Your Vaccine Order Support Team 860-509-7929

Diluent is shipped in combination with your MMR and Varicella vaccines. It is packed on the inside cover of your vaccine shipment box. When you receive your shipment, check the box **immediately** to make sure that the box contains the correct quantity of diluent for the lyophilized vaccine. Check the box carefully to ensure you didn't overlook it. If the diluent is missing, call the state Immunization Program. Don't throw out or return the box.



Lyophilized powder + Diluent = Reconstituted vaccine

Diluents vary in their volume and may also vary in their ingredients. Some consist of sterile water only, but others may contain a variety of other substances that can be used to dissolve the lyophilized vaccine into a liquid, stabilize the reconstituted vaccine, and/or maintain the sterility of the reconstituted vaccine.

Diluents are not interchangeable.

Check that diluent is cool or at room temperature. Diluent should not be in direct contact with refrigerated/frozen packs. There should be an insulating barrier between the diluent and the refrigerated/frozen packs, such as crumpled brown packing paper, bubble wrap, or some other barrier. The diluent for varicella vaccine is shipped with its vaccine but should not be placed in the container with the dry ice. Check the cold chain monitor to see if the vaccine or diluent has been exposed to temperatures outside the recommended range during transport.



Diluents have an expiration date just like the vaccines so it is important that you use those with short outdates first. If you don't, you may still have vaccines that are viable but that has expired diluent.

When your vaccine shipment arrives, it is good practice to check your vaccine order carefully. Compare the contents with the invoice. Is your order complete? Are you missing any vaccine? Did you receive vaccines that you did not order? If you find anything wrong, call us so we can address the problem. Keep your invoice; we may need it to resolve the issue. Don't wait until it's too late.



Did you know that McKesson Customer Care's most frequent call from CDC programs is about requests for return labels and return boxes? McKesson wants to make returning empty boxes and expired/wasted vaccines as efficient and easy as possible for all grantees and providers. All of McKesson's boxes are sent out to providers with the return label already affixed. Below is a picture of what a box looks like with the return label already affixed to the inside flap. Please review the picture and feel free to share with others.

Providers have been so successful returning boxes to McKesson to be re-used/recycled, that sometimes they simply don't have a box to return expired/wasted vaccines. Therefore, it would be helpful for all providers to keep at least one return box available for returning expired vaccine.



TO FIND A FLU CLINIC IN YOUR AREA
CALL:
888-NO-TO-FLU
 (888-668-6358)
OR VISIT:
www.alact.org



CIRTS UPDATE

The Results for Connecticut's Events are in! Connecticut took the **Bronze** in the Nation!!!

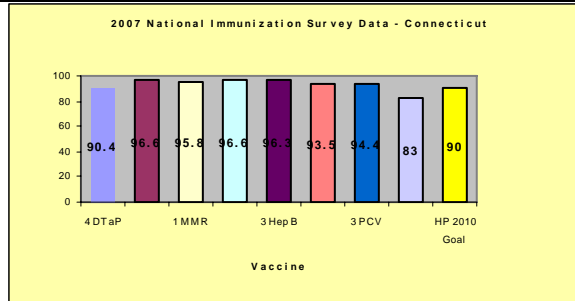


Let's go for the Gold!



EVENT: COVERAGE RATES by AGE 2 :
Healthy People 2010 Goal: 90% Up To Date (UTD), for each vaccine in series, 4,3,1,3,3,1, by 19-35 months of age

RESULTS: CT exceeded the goal of 90% for each vaccine! However, if you combine the schedule: 4,3,1,3,3,1, the statewide rate is 83%
(Source: NIS Data)



Let's Go for the Gold,...I mean Goal!

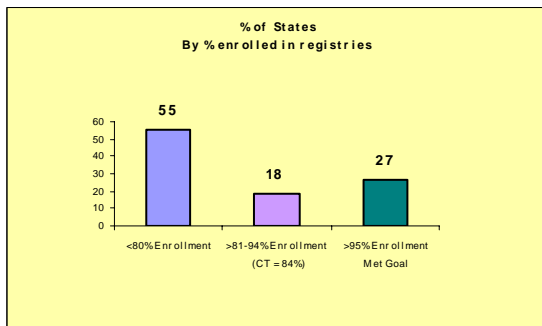
1. Hospitals can ensure that all new parents complete the CIRTS enrollment form.
2. Pediatric and family practices/clinics can encourage enrollment into CIRTS.
3. To enroll a child into CIRTS, obtain CIRTS enrollment forms from the CIRTS website <http://www.ct.gov/dph/cwp/view.asp?a=3136&q=388268> or call us at (860) 509-7929.

Let's Go for the Gold,...I mean Goal!

1. Review your 7 & 19 month Compliancy Reports and recall any kids not UTD.
2. Review your CIRTS Coverage Rates. Contact Nancy Caruk @ 860-509-7912 with ????
3. Call Your Local IAP or CIRTS to request a "Late List" of children who are not UTD in CIRTS.

EVENT: ENROLLMENT into CIRTS!
Healthy People 2010 Goal: >95% participation in an immunization registry among children 0-6 years old

RESULTS: CT, 84% Enrollment into CIRTS (11% CIRTS refusal rate)



Local IAP Coordinators

Bridgeport
Joan Lane
203-372-5503

Danbury
Irene Litwak
203-730-5240

East Hartford
Marie Rorrio
860-291-7322

Hartford
Jeffrey Lim
860-547-1426 X7057

Ledge Light
Ginny Haas
860-448-4882 x352

Meriden
Ana Guajardo
203-630-4241

Naugatuck Valley
Elizabeth Green
203-881-3255

New Britain
Ramona Anderson
860-612-2777

New Haven
Jennifer Hall
203-946-7097

Northeast District
Danielle DaSilva
860-928-6541 X2013

Norwalk
Pam Bates
203-854-7728

Stamford
Cinthia Vera
203-977-5098

Torrington
Sue Sawula
860-489-0436

Waterbury
Randy York
203-346-3907

West Haven
Betty Murphy
203-937-3665

Windham
vacant
860-423-4534

Other areas
Johanna Castaneda
860-509-7241

CIRTS – statewide-computerized registry that maintains immunization records on children up to six years of age

NIS – a large on-going telephone sample survey of immunization coverage among pre-school age children.



CDC clarified the vaccine management requirements for providers participating in the Vaccine For Children (VFC) program.

1. Certified thermometers by all VFC-enrolled providers in all vaccine storage units.
2. Elimination of "dorm-style" refrigerators as permanent storage units for VFC vaccine by December 31, 2009, for currently enrolled-VFC providers. These requirements are immediate for newly enrolling VFC providers. CDC defines "dorm-style" refrigerators as a small combination refrigerator/freezer unit that is outfitted with one external door, an evaporator plate (cooling coil) which is usually located inside an ice-maker compartment (freezer) within the refrigerator, and is void of a temperature alarm device. Its temperature control sensor reacts to the temperature of the evaporator rather than the general air in the storage compartment. When the compressor is on, the evaporator cools to lower the temperature in the refrigerator, in most cases to below 0°C. The problem with dorm-style refrigerators is that they place vaccine at a high risk of freezing. Ideally, vaccine storage units should be temperature-monitored/alarm-equipped stand-alone refrigerators and stand-alone freezers. These units, unlike the dorm-style units, will have an evaporator that is located behind the surface of the walls, the back of the refrigerator compartment or, in most cases in the back of the unit.

"Dorm-style" refrigerators are still acceptable as temporary storage in limited situations. They should only be used to store a provider's single-day supply of refrigerated vaccines and these vaccines should be returned to the main refrigerator storage unit at the end of each day. These refrigerators used as temporary storage for VFC vaccine must have a dedicated certified thermometer in place, and the temperature must be monitored and recorded twice a day.

NEW VACCINES APPROVED



KINRIX™ On June 24, 2008 the FDA licensed this new vaccine. The vaccine contains Diphtheria and Tetanus Toxoids and Acellular Pertussis Adsorbed and Inactivated Poliovirus Vaccine. It is indicated for active immunization against diphtheria, tetanus, pertussis, and poliomyelitis as the fifth dose in the diphtheria, tetanus, and acellular pertussis (DTaP) vaccine series and the fourth dose in the inactivated poliovirus vaccine (IPV) series in children 4 through 6 years of age whose previous DTaP vaccine doses have been with INFANRIX® and/or PEDIARIX® for the first three doses and INFANRIX® for the fourth dose.

PENTACEL® The FDA licensed the vaccine on June 23, 2008. It is a combination vaccine that includes: diphtheria, tetanus, acellular pertussis, polio and Hib antigens. It is approved for administration as a four-dose series at 2, 4, 6 and 15-18 months of age. The vaccine is approved for use in infants and children 6 weeks through 4 years of age (prior to the fifth birthday).

ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP) UPDATE June 25-26, 2008

New Provisional Recommendations-ACIP approved provisional recommendations for the Prevention of Rotavirus Gastroenteritis among Infants and Children to include the new rotavirus vaccine licensed on April 3,2008. Rotarix® is administered orally in a 2-dose series given at ages 2 and 4 months. The first dose is administered from ages 6 weeks through 14 weeks 6 days. Minimum interval between doses is 4 weeks. All doses should be administered by 8 months. ACIP does not express a preference for which rotavirus vaccine to use but recommends that the series be completed with the same product, whenever possible.

Next scheduled ACIP meeting October 22-23, 2008



Keeping Connecticut Healthy

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Melinda Mailhot, BS, MSPH

*Congratulations to the Following Practices for Achieving a $\geq 90 - 94\%$
Immunization Rate on CIRT'S Enrolled Children Born in 2005*

Alliance Medical Group/Mathew
 Avon Pediatrics
 Baker Pediatrics
 Bridgeport Hospital Primary Care
 Bristol Pediatric Center
 Branford Pediatric & Allergy/Clinton
 Brookside Pediatrics
 Candlewood Valley Pediatrics
 Child Care Associates/Danbury
 Dr. Jeannette Chinchilla
 Center for Advanced Pediatrics/Norwalk
 Center for Pediatric Medicine/Danbury
 Community Health Center/Meriden
 Community Health Center/New Britain
 Community Health Center/Norwalk
 Community Health Center/Staywell
 CT Valley Pediatric Center
 Day/Kimball Pediatric Center
 Doctors' Pediatric/Wilton
 East Hartford Community Health Care
 East Shore Pediatrics
 Ellington Pediatrics
 FairHaven Community Health Center
 Farmington Pediatrics
 Farmington Valley Pediatrics
 Dr. Leonard Forner
 Fote & Schwab MD's
 Dr. Sobhy Ghabrial
 Gold Star Pediatrics
 Greenwich Hospital Ambulatory Pediatrics
 Grove Hill/New Britain
 Grove Hill/Newington
 Grove Hill/Plainville
 Hartford Area Pediatrics
 Hospital of Central CT/NBGH
 Kid's Choice/E Casas
 Dr. Uwe Koepke
 Long Wharf Pediatric & Adolescent Medicine

Main Street Pediatrics
 Mansfield Pediatrics
 Middlesex Pediatrics
 Naugatuck Pediatrics
 Park Street Pediatrics
 Dr. Nima Patel
 Pediatric & Adolescent Health Care/Ansonia
 Pediatric & Adolescent Medicine/Cheshire
 Pediatric & Adolescent Medicine/Middletown
 Pediatric & Medical Associates/New Haven
 Pediatric Associates/Bristol
 Pediatric Associates/Western CT
 Pediatric Care Center
 Pediatric Health Care/Bridgeport
 Pediatric Health Care/Fairfield
 Pediatric Health Care/Huntington
 Pediatric Health Center/Danbury
 Pedicorp/Windsor
 Pioneer Valley Pediatrics
 Prakash Pediatrics
 Ridgefield Pediatric Associates
 Rocky Hill Medical Center
 Shoreline Pediatrics/Madison
 Somerset Family Health Care
 South Windsor Pediatrics
 St Raphael's Family Medical Health Care Center
 Staywell Pedi-Private
 Dr. Neil Stein
 Stamford Pediatrics/Darien
 Stamford Pediatrics/Stamford
 Dr. Robert Toscano
 United Community & Family Services
 Vernon Pediatrics
 Westone Pediatrics
 Whitney Pediatrics & Adolescent Medicine
 Willows Pediatric Group
 Windham Primary Care
 Yale Health Plan Pediatrics



*Congratulations to the Following Practices for Achieving a $\geq 95 - 100\%$
Immunization Rate on CIRT'S Enrolled Children Born in 2005*

Dr. Sherry Banack
Dr. Dennis Bekeny
Branford Pediatric & Allergy/Branford
Branford/North Branford Pediatrics/Branford
Branford/North Branford Pediatrics/North Branford
Drs. Bush, Robert, & Spiegelman
Dr. Gerald Calnen
Center for Pediatric Medicine/New Fairfield
Central Pediatrics
Dr. Jeff Cersonsky
Children's Medical Associates
Children's Medical Group/Bloomfield
Children's Medical Group/Hamden
Children's Medical Group/Rocky Hill
Dr. Taesun Chung
Community Health Center/Groton
Dr. Michael Curi
Doctors' Pediatric/Ridgefield
East Granby Family Practice
East Hartford Pediatrics
East Haven Pediatrics
Enfield Pediatric Associates
Dr. Mary Eslick
Flanders Pediatrics
Dr. Diane Fountas
Dr. Sari K. Friedman
Dr. Laurentiu Galan
Dr. Stuart Gardner
Guilford Pediatrics
Hamden Pediatrics
Hemenway & Strong
Dr. William B. Henry
Dr. Kenneth Inchalik
Dr. Richard J. Lavoie
Dr. Michael S. Levine
Litchfield Hills Pediatrics
Madison Pediatrics
Dr. Joel Markowski
Dr. Wanda Merced
New Britain Pediatric Group
New England Pediatrics/New Canaan
New England Pediatrics/Stamford
Newington Pediatrics
Norwich Pediatrics/Colchester
Dr. Robert Parnes
Pediatric & Adolescent Medicine/Brookfield
Pediatric & Adolescent Medicine/Orange
Pediatric & Adolescent Medicine/Wallingford
Pediatric & Medical Associates/Cheshire
Pediatric Associates/Branford
Pediatric Associates/Marlborough
Pediatric Associates/New London
Pedi-Care Associates/Stratford
Pediatric Health Care/Stratford
Pediatric Medicine/Wallingford
Pediatrics Plus
Dr. Foster I. Phillips
Plainfield Pediatric Center
Dr. Ujwala Puranik
Dr. Vandana Sacheti
Dr. Fred E. Santoro
Dr. Gerald L. Schwartz
Dr. Lester Schwartz
Shoreline Pediatrics/Clinton
Smart Start Pediatrics
Southbury Pediatrics
Southington Pediatric Associates
Drs. Spiesel, Butler, & Davis
St Luke's Family Medicine
Sutay & Stewart Pediatrics
Dr. Teresa Szajda
Tunxis Pediatric & Adolescent Medicine
Unionville Pediatric Group
Wallingford Family Practice
Wildwood Pediatrics/Essex
Wildwood Pediatrics/Old Saybrook
Dr. Barbara Ziogas

*Rates based on the following being administered on or before the children's 2nd birthday
"OK24 Months VZ": 4 DTaP, 3 Polio, 1 MMR given on/after 1st birthday, 3 Hep B with one given
on/after 24 weeks of age, 1-4 Hib given age appropriately, 1 Varicella given on/after 1st birthday
and/or Varicella disease. (Practices with ≥ 20 children born in 2005 and enrolled in CIRT'S.)*