



# N T I M E

## REVISED RECOMMENDATIONS FOR PNEUMOCOCCAL CONJUGATE VACCINE

The Advisory Committee on Immunization Practices (ACIP) voted on December 7th, 2001 to temporarily revise recommendations for the pneumococcal conjugate vaccine due to continued shortages of the vaccine that are insufficient to allow full implementation of the 4-dose schedule for infants. The ACIP had previously revised recommendations for the vaccine on September 14, 2001, for shortages which at the time were anticipated to be brief. However, according to manufacturer estimates, about 1.2 million doses of vaccine will be distributed per month through March 2002, less than the 1.5 million doses per month needed based on current demand.

The shortage of the vaccine is due to a rapid increase in demand and manufacturing problems that have prevented the manufacturer from producing at full capacity. The shortage is expected to continue until mid-2002, depending on adherence to the revised recommendations.

The ACIP is making revised recommendations to limit pneumococcal conjugate vaccine use until supplies are adequate. Two key principles underlie the revised recommendations. First, providers should conserve vaccine supply by decreasing the number of doses administered to healthy infants, rather than leaving some children in the group recommended for vaccination completely unprotected. Second, changes in pneumococcal conjugate vaccine use and ordering should be made by all providers, regardless of the current vaccine supply in their own practice.

The ACIP recommendations are as follows:

- 1) High risk children less than 5 years of age should continue to be vaccinated according to ACIP recommendations of October 2000.
- 2) Healthy infants and children less than 24 months old should receive a decreased number of pneumococcal conjugate doses based on the age at which vaccination is initiated. All providers should defer the 4th dose for infants who are vaccinated beginning at less than 6 months of age. Additional recommendations to decrease vaccine use are included in the specific recommendation adopted by the Committee.
- 3) Further studies should be done to evaluate the immune response to a pneumococcal polysaccharide vaccine booster dose among children 12-15 months of age. Polysaccharide vaccine is recommended for children more than 2 years who are at increased risk of invasive pneumococcal infection. It is not licensed for use in children less than 2 years old.
- 4) Providers should maintain a list of children for whom PCV has been deferred so that it can be administered when the supply situation improves. ☺

## CDC PUBLISHES FINDINGS ON IMPORTANCE OF PROPER TIMING OF VARICELLA VACCINATION

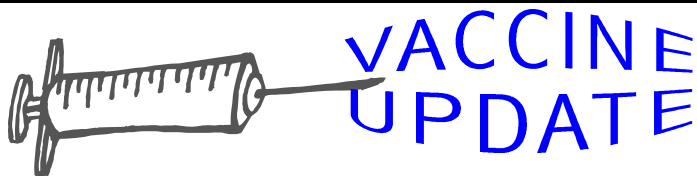
On November 30, 2001, the Centers for Disease Control (CDC) published "Simultaneous Administration of Varicella Vaccine and Other Recommended Childhood Vaccines—U.S., 1995-1999" in the Morbidity and Mortality Weekly Report (MMWR).

In a retrospective cohort study, the effectiveness of varicella vaccine (Var) was assessed when administered to children simultaneously with or fewer than 30 days later than several routine childhood vaccines. Effectiveness was measured by looking at rates of "breakthrough" varicella disease, meaning cases that occurred following exposure to wild-type virus more than 42 days after children's varicella vaccination. The incidence of "breakthrough" varicella disease was compared for each vaccine in three groups: children who received Var simultaneously with the other vaccines, children who received Var fewer than 30 days after the other vaccines, and control children who received Var 30 or more days after the other vaccines.

While the study found no increased risk of breakthrough varicella disease among children who received Var simultaneously with any of the vaccines, a significant 2.5 fold increase in breakthrough varicella disease was found when Var was given 1-29 days after measles-mumps-rubella (MMR) vaccine.

This finding supports the recommendation by the Advisory Committee on Immunization Practices (ACIP) that Var be administered either on the same day as MMR or 30 or more days after MMR. To obtain the complete text of this article online, go to: [www.cdc.gov/mmwr/preview/mmwrhtml/mm5047a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5047a4.htm) ☺

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**Td**  
 Challenges with the Td vaccine supply began in 2000 when Wyeth Lederle withdrew from the market as a producer of tetanus-containing products. This change made Aventis Pasteur the sole major manufacturer in the U.S. producing this vaccine. Wyeth's contribution to all diphtheria and tetanus products in 1999 was 32% but was dramatically reduced to 19% for 2000. Consequently, demand for vaccine exceeded supply available, which created thousands of back orders and a recommendation from the CDC to delay booster doses until 2002. Aventis anticipates inventory build-up among providers beginning in May 2002 and a return to the routine recommended schedule for Td boosters in July or August 2002. For more information go to: [www.cdc.gov/nip/news/shortages/td-shortage5-25.htm](http://www.cdc.gov/nip/news/shortages/td-shortage5-25.htm)

**DTaP**  
 Aventis Pasteur and GlaxoSmithKline (GSK) are the sole providers of DTaP vaccine in the U.S. At this time an estimated 61% of the purchase needs through CDC's contracts are being met within acceptable time frames and are being supplied by GSK. Aventis has temporarily stopped filling orders off the CDC contract, but expects to resume in the second quarter of 2002.

Backorders (over 15 days) were reduced in June 2001 but rose again in September. The State Immunization Program will try their best to supply providers with a 1 month inventory until the situation improves, but spot shortages are expected to continue for the next several months.

### Rubella

In the December 14, 2001, MMWR, Notice to Readers: Revised ACIP Recommendation for Avoiding Pregnancy After Receiving a Rubella-Containing Vaccine, the ACIP reviewed data from several sources indicating that no cases of congenital rubella syndrome (CRS) had been identified among infants born to women who were vaccinated inadvertently against rubella within 3 months of becoming pregnant. On the basis of these data, ACIP shortened its recommended period to avoid pregnancy after receipt of rubella-containing vaccine from 3 months to 28 days.

## SAVE THE DATE!!!

### How to Reach the "Hard To Reach" population

Patients who are transient, lack transportation, lack medical insurance, are homeless, or any combination of these are greatly at risk for postponing preventive child care. This full day seminar will examine strategies for reaching populations generally not found by traditional methods for the purpose of establishing a permanent medical home.

**When: March 6, 2002**

**Where: Radisson Hotel, Cromwell**

Please call the State Immunization Program for more details (860) 509-7929

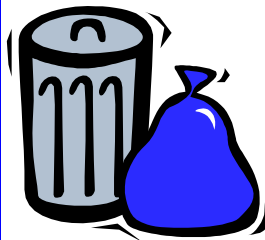
### NEW College Immunization Requirements

In addition to the current requirement of immunity to measles and rubella (usually given as MMR) for college entry, another has been added.

**Beginning in the 2002-2003 school year and each year thereafter, all college students residing in on-campus housing shall be required to be vaccinated against meningitis.**

### Don't throw away that vaccine!!

**Do not let vaccine expire in your inventory. Vaccine that you will not be able to use can be transferred to another provider.** The increased cost of vaccines, as well as vaccine shortages makes it imperative that CT VFC vaccine wastage is kept to an absolute minimum. Please call the state immunization program if you have vaccine that will be expiring soon and will not be able to use it. (860) 509-7929.



**Also remember that expired and wasted vaccines can be returned to the state for excise tax credit. Please call the Immunization Program and we will forward you a vaccine wastage sheet.**



## REGISTRY UPDATE

A transition in operations of the state immunization registry, (CIRTS) is now taking place. Effective January 1, 2002 the state assumed full control of CIRTS and is moving its main operations from the Hartford Health Department to the Department of Public Health located at 410 Capitol Avenue. All correspondence will come from the main DPH office and all reports/immunization histories should be sent back to:

### CIRTS

**410 Capitol Ave., MS #11 MUN  
Hartford, CT 06134-0308  
Phone: (860) 509-7929  
Fax: (860) 509-7945**

Registry Director, Joan Christison-Lagay can still be reached at her current phone number until June 30th, 2002.

Immunization rate data at 2 years of age for CT children born in 1998 are complete and will go out to all Health Directors with their town's immunization rate. This report should be especially interesting since January 1, 1998 was the date CIRTS began enrolling *all* children born in the state of CT and not just the Medicaid children. Contact Joan Christison-Lagay at (860) 547-1426 X7182 if you wish to have an immunization rate for your practice.

CIRTS staff have begun upgrading the current software to add a new feature to benefit provider offices. The upgrade will allow providers to print out school (blue forms), daycare, and camp forms right from their own PC with all the immunizations already filled in. The reports will have the name, date of birth and immunization history completed in the appropriate places on the forms. This feature should save lots of time, reduce transcription errors, and save school nurses from having to decipher handwriting.

Another upgrade taking place is a reinstallation of a virtual private network which provides a direct line in which end-users (providers) will have an uninterrupted path to call directly to the state health department. This feature will ensure that end-users won't be competing with others using the internet, thus avoiding busy signals.

CIRTS staff will be pilot-testing this new feature in two large practices in the state. Once these sites have tested successfully, all other existing on-line sites will be upgraded. If your practice wishes to go on-line, please call the State Immunization Program at (860) 509-7929.

### Local IAP Coordinators

**Bridgeport**  
Vacant  
(203) 332-5556

**Bristol-Burlington**  
Beth Mertz  
(860) 584-7682

**Danbury**  
Irene Litwak  
(203) 792-4120

**East Hartford**  
Rory Angulo  
(860) 291-7447

**Hartford**  
Susan Vater  
(860) 547-1426 X7057

**Meriden**  
Kate Baker  
(203) 630-4251

**Middletown**  
Barbara Ricketts  
(860) 704-5782

**Naugatuck Valley**  
Kim Blount  
(203) 924-9548

**New Britain**  
Ramona Anderson  
(860) 612-2777

**New Haven**  
Jennifer Rich  
(203) 946-7485

**New London**  
Susan Curcio  
(860) 447-8322

**Northeast Region**  
Janet Johnson  
(860) 928-6541 X2013

**Norwalk**  
Pam Bates  
(203) 854-7728

**Stamford**  
Marge Kappas  
(203) 977-5098

**Torrington**  
Sue Sawula  
(860) 489-0436

**Uncas**  
Vacant  
(860) 823-1189

**Waterbury**  
Randy York  
(203) 574-6880

**West Haven**  
Betty Murphy  
(203) 937-3665

**Windham**  
Karin Davis  
(860) 423-4534

## Do you Need Informational Materials For Your Patients?

The following publications are available free of cost from the state Immunization Program. Please call for a fax request form to submit your order:

- ⊕ Every Child Deserves a Shot (English & Spanish)
- ⊕ Give your Child a Shot at Good Health (English & Spanish)
- ⊕ Call For Your Child's Shot's Today **NEW!** (English)
- ⊕ Guard Your Child's Health with Shots (Spanish)
- ⊕ Vaccine Safety-What Every Parent Should Know **NEW!** (English & Spanish)
- ⊕ Childhood Diseases Are Just One Plane Away... Dispelling Myths about Childhood Vaccinations **NEW!** (English)
- ⊕ The CT Immunization Registry and Tracking System (CIRTS)... A Guide For Parents **NEW!** (English & Spanish)
- ⊕ Ready or Not (English & Spanish) -*school readiness booklet*
- ⊕ My Child's Immunization Record -*Parent-held immunization record booklet*

## ACIP VOTES ON BIRTH DOSE OF HEPATITIS B VACCINE

On October 17, 2001, the Advisory Committee on Immunization Practices (ACIP) voted to change its recommendation regarding the timing of the first dose of hepatitis B vaccination for infants of low-risk women. ACIP voted to recommend a birth dose of hepatitis B vaccine for all infants, meaning that the first dose of hepatitis B vaccine should be administered between birth and hospital discharge. Only for infants of mothers whose HBsAg test is assured to be negative does ACIP now consider allowing administration of the first dose as late as 2 months of age.

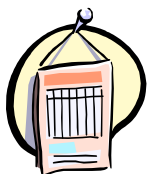
Since 1991, ACIP has offered two recommended infant hepatitis B vaccination schedules and each had equal weight. In the first option, the first dose is given prior to hospital discharge; in the second option, the first dose is given anytime up to 2 months of age. The new recommendation will formally favor the first option.

The ACIP recommendation will now agree with the American Academy of Pediatrics (AAP) policy, which since 1992 has been recommending a birth dose for all infants and referring to an alternative schedule beginning with a dose at 2 months of age as "acceptable". (See AAP's position as originally stated in "Universal Hepatitis B Immunization", Pediatrics, vol. 89, no. 4, April 1992, as well as 1997 and 2000 Red Books)

The ACIP has not changed its hepatitis B vaccination recommendation for infants of HBsAg-positive mothers and infants of mothers whose HBsAg status is unknown at the time of delivery. These infants should be given HBIG and hepatitis B vaccine or just hepatitis B vaccine respectively, within 12 hours of birth, not just anytime prior to hospital discharge.

The ACIP vote will become an official recommendation upon publication in the Recommended Childhood Immunization Schedule for 2002, which will appear in the Morbidity and Mortality Weekly Report and elsewhere in January. ☺

### Happy New Year!



Time to update last year's immunization materials with 2002 materials

Please log on to [www.cdc.gov/nip](http://www.cdc.gov/nip) or [www.immunize.org](http://www.immunize.org) to obtain the most recent:

- ☺ Recommended Childhood Immunization Schedule
- ☺ Vaccine Information Statements
- ☺ Screening Questionnaire (recently revised)

Please call the State Immunization Program if you wish to receive a *Provider Information Folder* containing **all** materials you need to run your immunization practice.

### DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM MORBIDITY REPORT

Disease	1/1/01-12/31/01	Total 2000
Measles	1	0
Mumps	0	3
Rubella	0	1
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	24	50
Hib	0	0
Varicella	1,647	N/A

CONNECTICUT DEPARTMENT OF  
PUBLIC HEALTH

Keeping Connecticut Healthy

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