FALL 2002 VOLUME 6.1

IMMUNIZATION ACTION PLAN

CT DEPT. PUBLIC HEALTH IMMUNIZATION PROGRAM

Commissioner: Joxel Garcia, M.D., M.B.A.

IAP TIME

EXPANSION OF ELIGIBILITY FOR INFLUENZA VACCINE THROUGH VFC PROGRAM

On June 20, 2002, the Advisory Committee on Immunization Practices (ACIP) adopted a resolution expanding the group eligible for influenza vaccine coverage under the Vaccines for Children (VFC) program. The resolution extends VFC coverage for influenza vaccine to all VFC-eligible children aged 6-23 months and VFC-eligble children aged 2-18 years who are household contacts of children aged <2 years. The resolution becomes effective on March 1, 2003, for vaccine to be administered during the 2003-2004 influenza vaccination season and subsequent seasons. ACIP is expanding VFC influenza coverage due to the fact that children aged =23 months are at substantially increased risk for influenza-related hospitalizations.

For the upcoming 2002-2003 influenza season, no changes are being made to groups of children eligible for influenza vaccine under the VFC program. Children aged 6 months-18 years who are eligible for the VFC program and who have a high risk medical condition or are household members of a person at high risk for complications may receive influenza vaccine through the program. Groups of children with high-risk medical conditions include those who 1) have chronic disorders of the pulmonary or cardiovascular systems, including asthma; 2) have required medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications); 3) are receiving long-term aspirin therapy; 4) are residents of long-term care facilities; and 5) are adolescent females in the second or third trimester of pregnancy during the influenza season (typically November through March)

The availability of additional supplies of influenza vaccine through the VFC program for the 2003-04 season will be based on anticipated need. VFC providers should provide the State Immunization Program with accurate and practical estimates of the number of VFC patients they plan to vaccinate. Accurate estimates are essential to ensure an adequate supply of vaccine and to avoid vaccine wastage. ACIP recommendations for the 2002-03 influenza season are available at http://www.cdc.gov/nip/flu/target-groups.htm and www.cdc.gov/mmwr/preview/mmwrhtml/rr5103al.htm Information about the VFC program is available at www.cdc.gov/nip/vfc. The VFC resolution for Influenza vaccine effective during the 2002-03 season is available at www.cdc.gov/nip/vfc/flu.pdf

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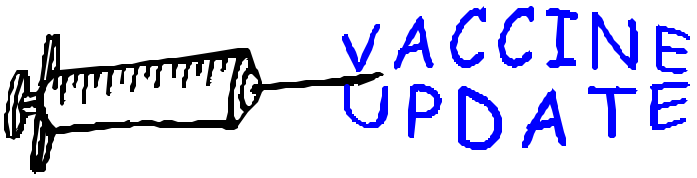
CHILDREN WITH EAR IMPLANTS AT HIGH RISK FOR STREP. PNEUMO.

The National Immunization Program (NIP) is collaborating with the National Committee of Infectious Diseases (NCID) in assessing the risk of bacterial meningitis among cochlear implant recipients. That risk appears to be high enough to justify giving cochlear implant recipients the same priority for 7-valent pneumococcal conjugate vaccine Prevnar, as other persons at high risk.

At least 52 cases of bacterial meningitis have been reported among cochlear implant recipients worldwide; 14 in the United States. The cause is unknown, but the design of the electrode is being considered as a possible factor as is an elevated preexisting risk associated with some causes of deafness. Of the 14 United States cases for which culture results are available, most were caused by Streptococcus pneumoniae. In light of the facts above, NIP, as well as our colleagues at the FDA and NCID, agree that it makes sense to recommend that people with cochlear implants and those planning to get them should be considered at high risk of pneumococcal meningitis and should be vaccinated according to the ACIP's recommendations for persons at high risk (MMWR 2000;49[No. RR-9] available at http://www.cdc.gov/mmwr/PDF/rr/rr4909.pdf . The ACIP will not address this issue until its next scheduled meeting in October. In the meantime, NIP plans to post interim recommendations on its website (http://www.cdc.gov/nip/default.htm and publish them in a Notice to Readers in the MMWR

INSIDE:



DTaP

The available supply of DTaP vaccine is now sufficient for a return to the routine DTaP immunization schedule. Providers can now resume administering the 15-18 month old dose and can begin recalling any child who was deferred from receiving that dose during the shortage., We are currently supplying Glaxo SmithKline's DTaP product-brand name Infanrix. Infanrix comes packaged in 10 single-dose vials to a box.

On May 14th, 2002, the U.S. Food and Drug Administration (FDA) approved DAPTACEL ™, which contains diphtheria and tetanus toxoids and acelluar pertussis vaccine adsorbed (DTaP), for distribution in the U.S. DAPTACEL is a product of Aventis Pasteur Limited in Toronto, Ontario. DAPTACEL is thimerosal-free. It joins Tripedia and Infanrix in the U.S. Market for DTaP vaccines for infants and children. The State Immunization Program will **not** be carrying this product at this time.

Td

Td is now in sufficient supply to return to the routine schedule recommended by the ACIP and the AAP. Td vaccine can now be ordered in sufficient quantities to re-institute Td booster doses and providers can begin to recall any patient whose booster dose was deferred due to the shortage.

Varicella

The sole licensed supplier of varicella vaccine in the US is Merck and Company. According to Merck, vaccine supplies have now caught up to cumulative demand. Given that information, providers using state supplied vaccine can resume administering the 12-18 month old dose of varicella and can begin recalling any infants whose vaccination against varicella was deferred during the shortage.

HiB

Due to continued manufacturing problems with Hib TITER the Immunization Program will continue to supply ActHib. There is no definitive timetable for a return to Hib TITER.

Pneumococcal Conjugate

The most recent statement from the manufacturer (Wyeth) is that production will not be sufficient to return to the routine schedule before late 2002-mid 2003. Thus, the interim recommendation for this vaccine still are in effect, as follows. If faced with a shortage of PCV, the highest priority for on-hand doses should be given to vaccinating those infants less than 12 months of age and children 1-2 years old who are at increased risk for pneumococcal disease (e.g., children with sickle cell disease or anatomic asplenia, chronic illness, or children who are immunocompromised, including those with HIV infection). Vaccination may be deferred for both catch-up in healthy children 1-2 years of age and booster doses for children who have completed the primary 3-dose series. Records should be kept so that any deferred doses of PCV can be given when supplies are adequate. As a reminder, state-supplied PCV can only be given to children who are VFC-eligible (those on Medicaid, without health insurance, American Indian or Alaskan Eskimo, or those who have health insurance that does not cover the cost of immunizations)

Day Care Requirements (DTaP& Var)

The State Immunization Program has been working with the licensing unit of the health department to inform daycare center operators that they should begin to ensure that all children who had their 15-18 month DTaP booster dose and/or varicella vaccination deferred, that they need to get fully immunized as soon as possible. Parents of children whose vaccination was deferred due to the vaccine shortage should schedule an appointment for their child to receive the deferred vaccine(s) within the next 90 days.

It's Federal Law!

Vaccine Information Statements (VIS) MUST be given at each immunization visit

Vaccine Information Statements (VISs) are information sheets produced by the Centers for Disease Control and Prevention (CDC) that explain to vaccine recipients, their parents, or their legal representatives both the benefits and risks of a vaccine. Federal law requires that VISs be handed out whenever *(before each dose)* certain vaccinations are given. Below are the dates of the most current VIS's as of September 30, 2002:

Diphtheria/Tetanus/Pertussis (DTaP) 7/30/01
Hepatitis B 7/11/01
Influenza 6/26/02 NEW
Measles/Mumps/Rubella (MMR) 6/13/02 (Interim) NEW
Meningococcal 03/31/00
Pneumococcal Conjugate 9/30/02 Update
Tetanus/Diphtheria (Td) 6/10/94
Anthrax 11/6/2000

Hepatitis A 8/25/98
Haemophilus Influenzae type b (Hib) 12/16/98
Lyme Disease 11/01/99

Pneumococcal Polysaccharide 7/29/97
Polio 1/1/2000
Varicella (Chickenpox) 12/16/98

VISs in other languages: Download these Vaccine Information Statements in over 20 languages from the Immunization Action Coalition web site www.immunize.org

REGISTRY UPDATE

Immunization rates are now available for your practice! Approximately 83% of CT's children born in 1999 were enrolled into the Connecticut Immunization Registry and Tracking System (CIRTS) Below are the rates for the whole state:

Comparison of NIS Data and CIRTS Data

National Immunization Survey Data (1999 birth cohort) vs. CIRTS Data (l999 Birth Cohort Enrolled in Registry)

Vaccination Series Examined	NIS Data	CIRTS Data: (All Children in Registry: including 13.5% of total data base lost after birth)	CIRTS Data: (All Children minus those lost)*	Children in **Private Practices** on 2nd birthday	Children in **Public or Quasi-Public Settings** on 2nd birthday	Children **Moved or Transferred to Unknown Practice but UTD before Move/Transfer**
4, 3, 1	**85.9%**	**76.7%**	**88.6%**	90.3%	81.1%	1.2%
4, 3, 1, 3	84.1%	76.6%	88.5%	90.2%	80.8%	1.2%
4, 3, 1, 3, 3	78.4%	70.9%	82.3%	83.8%	75.3%	0.8%

*34,563 children born in l999 (approximately 83% of CT's l999 birth cohort) were enrolled in CIRTS. Of these, approximately 13% could not be tracked to their second birthday by CIRTS. Some were never found following their enrollment into CIRTS at birth or through Medicaid Managed Care, others either moved, transferred practices or stopped seeking care and could not be located. Of this 13%, it is not known how many children were age-appropriately immunized or how many were not up-to-date. The true immunization rates of children enrolled in CIRTS is probably between the rate reflecting all children and the rate reflecting children not able to be tracked.

What has CIRTS done for me lately?

- CIRTS is now generating blue forms for school and child health records for day care . To request forms for a particular child or for an entire birth cohort for your whole practice, call the State Immunization Program at (860) 509-7929.
- CIRTS staff can help pull immunization records for submission to the state registry. Please contact your nearest IAP Coordinator *(see side bar).*
- If a child is new to your practice, chances are that CIRTS has the previous immunization history. Call CIRTS to receive the information. (860) 509-7929.
- CIRTS can provide you with the immunization rate for your practice.
- CIRTS can identify any children who appear late with their immunizations.

Vaccine Shortage Report

The United States General Accounting Office (GAO) recently released a report entitled "Childhood Vaccines: Ensuring a Stable Supply Poses Continuing Challenges". The 43-page report assesses the effect of vaccine shortages on immunization policies and programs across the country. The report makes several recommendations to the Secretary of Health and Human Services including adding vaccines to the types of products that can be considered under the Food and Drug Administration's authority to expedite the approval of products in developmental trials, and directing CDC to address several operational and strategic issues in expanding childhood vaccine stockpiles. The entire report can be accessed at http://www.gao.gov/nav.html

DOCUMENT DOCUMENT DOCUMENT!!

The 3 D's of good practice

When a parent calls to have their child's medical record forwarded.... That's your cue that documentation is needed.

In the patient's chart, indicate where the child has moved or if they have gone to a different practice. This helps tremendously in finding children who may be late with their immunizations and ultimately boosts immunization rates statewide.

Local IAP Coordinators

Bridgeport
Anita Smalls
(203) 332-5556

Bristol-Burlington
Beth Mertz
(860) 584-7682

Danbury
Irene Litwak
(203) 792-4120

East Hartford
Rory Angulo
(860) 291-7447

Hartford
Leticia Marulanda
(860) 547-1426 X7033

Meriden
Kate Baker
(203) 630-4251

Middletown
Cathy Cusson
(860) 704-5783

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
Susan Leifer
(203) 977-5098

Torrington
Sue Sawula
(860) 489-0436

Uncas
Stephanie Youngerman
(860) 823-1189

Waterbury
Randy York
(203) 574-6880

West Haven
Betty Murphy
(203) 937-3665

Windham
Karin Davis
(860) 423-4534

NIS Results Are In!

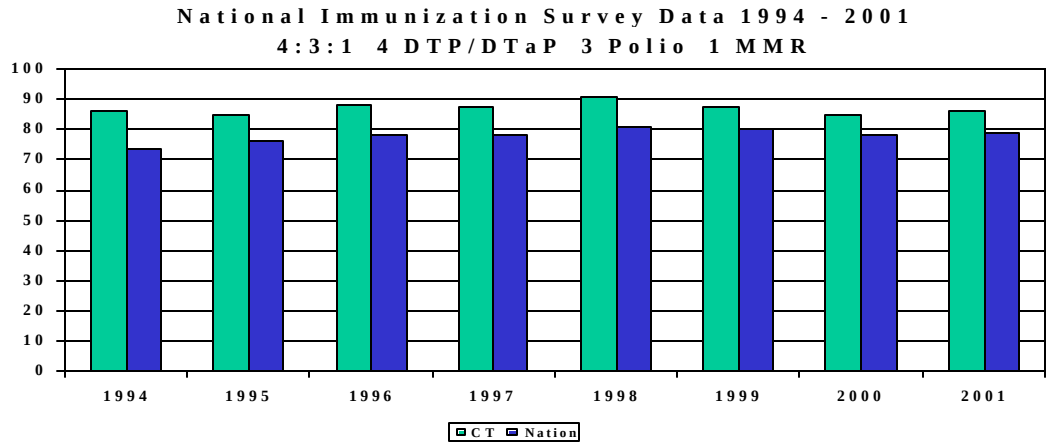
According to the latest National Immunization Survey, Connecticut ranks #2 in the nation for immunzation coverage of 2 year olds. When looking at 4 DTP, 3 polio, and 1 MMR, we have 85.9% coverage. Here are the top 4 performers:

State	Rank (4:3:1)	Rank (4:3:1:3)
Vermont	#1 (89.2%)	#1 (88.3%)
Connecticut	#2 (85.9%)	#3 (84.1%)
North Carolina	#3 (85.7%)	#2 (84.7%)
New Hampshire	#4 (84.9%)	#4 (83.9%)

DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM
MORBIDITY REPORT

Disease	1/1/02-09/30/02	Total 2001
Measles	0	1
Mumps	1	0
Rubella	0	0
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	25	24
Hib	0	0
Varicella	1192	1,704

Vaccination Coverage Levels Among Children Aged 19-35 months Connecticut as Compared to Nation



For the past 8 years Connecticut has surpassed National vaccine coverage levels by an average of 10%

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Keeping Connecticut Healthy

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