



VaxFacts

Volume 9 Summer 2012

To achieve its goal of preventing disease, disability and death from vaccine-preventable diseases, the Connecticut Department of Public Health's Immunization Program:

- ◆ Provides vaccine to immunization providers throughout the state;
- ◆ Provides education for medical personnel and the general public;
- ◆ Works with providers using the immunization registry to assure that all children in their practices are fully immunized;
- ◆ Assures that children who are in day care, Head Start, and school are adequately immunized;
- ◆ Conducts surveillance to evaluate the impact of vaccination efforts and to identify groups that are at risk for vaccine-preventable diseases.

VaxFacts
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Perinatal Hepatitis B Prevention Program

The Perinatal Hepatitis B Prevention Program began in 1990, as part of the Congressional Vaccine and Immunization Amendments. The program is based on the success of past activities to prevent hepatitis B virus (HBV) in children and adults, since the first hepatitis B vaccine was approved in the early 1980s. The CT DPH Immunization Program works closely with the department's Viral Hepatitis Section to meet the following program goals:

1. Establish a mechanism to identify all hepatitis B surface antigen (HBsAg)-positive pregnant women;
2. Conduct case management for all identified infants born to HBsAg-positive women and all household and sexual contacts of HBsAg-positive pregnant women; and
3. Evaluate identification of HBsAg-positive pregnant women, universal hepatitis B vaccine birth dose administration, hospital policies and appropriate standards for infants born to HBsAg-positive and unknown status women.

The above efforts, as well as other initiatives to identify and vaccinate high risk populations, resulted in a decrease of new hepatitis B infections in Connecticut. The annual numbers of reported acute HBV cases have declined from 39 in 2007 to 19 in 2011. For additional information on hepatitis B incidence and prevalence in Connecticut, see http://www.ct.gov/dph/lib/dph/aids_and_chronic/hepatitis/pdf/hepatitisb_and_hepatitisc_surveillance_report_final2.pdf.

Information on perinatal hepatitis B for both health professionals and the public is available at <http://www.immunize.org/birthdose/index.asp> and <http://www.cdc.gov/vaccines/vpd-vac/hepb/default.htm#preg>

For any questions about the Perinatal Hepatitis B Prevention Program, call the CT DPH Immunization Program at 860-509-7929.

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ASK THE EXPERTS

Q: How can my Electronic Health Record (EHR) report electronically to the state immunization registry and how is this related to Meaningful Use?

A: In April of 2012, the *new web-based* Connecticut Immunization Registry and Tracking System (CIRTS), our statewide childhood immunization registry, went into production. DPH plans to start putting providers online in the fall. We are in the process of building the capability for EHRs (of pediatric and family providers who administer immunizations to children from birth up to school age) to report to CIRTS electronically. We plan to start with pilot sites in the fall. If you want to be put on a waiting list for your EHR to report to CIRTS, please contact Nancy Sharova at 860-509-7912. Although reporting to CIRTS may help you attest to Meaningful Use (MU), our immunization program does not provide exemptions or proof of attestation. To learn more about the attestation process in CT, to check our current project status, and to find the "Exceptions Letter from DPH for Public Reporting - Meaningful Use", please visit:

- CT Dept. of Public Health- Health Information Technology and Exchange: www.ct.gov/dph/hite
- eHealthConnecticut – working with providers to select, implement and achieve MU of EHR: www.ehealthconnecticut.org
- CT Dept. of Social Services: <https://www.ctdssmap.com> (click on EHR Incentive Program on the left)

Study Quantifies Costs of Influenza Illness In Children

The Centers for Disease Control and Prevention (CDC) published a study in the journal *Vaccine* which estimated costs associated with visits to doctor's offices and emergency rooms for the treatment of children with the flu. The study also looked at the amount of time parents had to miss work to care for children while they recovered. The study examined the experience of 282 children under the age of five in three U.S. cities. They found that parents had medical expenses ranging between \$300—\$4,000 and missed 11– 73 hours of work, depending on whether their child was able to recover at home or was hospitalized.

The study estimated medical costs, which can include the cost of diagnostic testing, medications, hospital fees, supplies and physician services. Unsurprisingly, medical costs were the highest for parents of hospitalized children and those treated in emergency rooms; parents of children hospitalized with flu spent an average of \$3,990 in medical costs, while those with children treated in emergency rooms spent around \$730.

To access the study visit <http://www.sciencedirect.com/science/article/pii/S0264410X12005932>.

New CIRTS Registry Rolled Out

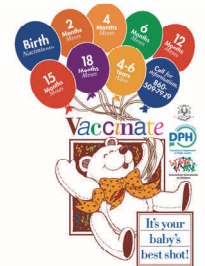
On April 26th, the Connecticut Immunization Registry and Tracking System (CIRTS) went into production with the new web-based immunization registry. Currently, DPH Immunization Program staff and local Immunization Action Plan Coordinators are on-line. We expect to start rolling the registry out to pediatric and family providers in the Fall. Benefits of the new system include:

- Internet access (quick, secure, and confidential) via the internet.
- Immediate access to a child's immunization history regardless of where they received vaccinations in CT previously.
- Ability to print an official immunization record for school, camp, day care, etc.
- Ability to forecast and tell which vaccines are due and overdue.
- A clinical comments section to indicate if your patient has contraindications, refusals, exemptions, and immunities.
- The registry will soon have the ability for a provider's electronic medical record (EMR) to report immunization data electronically to the registry. No more copying and mailing records to CIRTS! In the fall, keep an eye out for a survey about your EMRs.

Please visit www.ct-aap.org/ctaap-teleconferences-2012.php to hear and view the presentation from the American Academy of Pediatrics–DPH Teleconference "How the NEW Immunization Registry Can Help Your Practice".

Sign Me Up! To put your name on the waiting list to come on-line with CIRTS, contact Nancy.Sharova@ct.gov or call 860-509-7912 and provide your name, facility name, phone number and email.

visit our website at www.ct.gov/dph/immunizations





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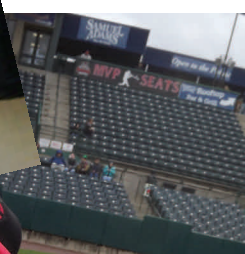
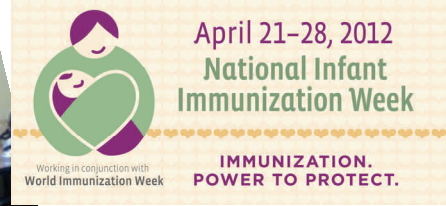
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National Infant Immunization Week

Celebrated Throughout Connecticut.
See pictures below.





Pentacel Shortage

The shortage of Pentacel continues and is expected to last through the first quarter of 2013. Pediarix is being made available for providers who wish to order it. Single antigen vaccines for DTaP, IPV, Hib, and Hepatitis B are also available to order and in plentiful supply.

Educational Resource For Hesitant Parents

The CDC developed a packet of information, "Conversations with Parents". It contains very useful information for providers to communicate with families about immunization. The packet and materials can be ordered from CDC for free or individual pieces may be downloaded from the website at <http://www.cdc.gov/vaccines/spec-grps/hcp/conversations.htm>.

Brush Up On The Latest in Immunization News This Year!

The annual Immunization Update sponsored by CDC will be broadcast on:

August 16, 2012 at 9 a.m. and rebroadcast at 12 p.m.

For more information go to <http://www.cdc.gov/vaccines/ed/imzupdate/default.htm>

Statewide notification with local sites was recently faxed to all immunization providers.

State Children's Health Insurance Program (SCHIP) Added to Vaccine For Children Categories

An additional category is being added to the VFC-eligibility screening record to identify how children are able to receive state vaccine. Children on HUSKY B are considered to be part of SCHIP and should be documented as such on the VFC-eligibility screening record.

Flu Expansion

Flu vaccine will become universal as of July 1, 2012 for children aged 6–59 months. For children aged 5–18 years, flu vaccine will be available for VFC-eligible children only.

New Vaccine Legislation

A bill regarding immunization passed in the state legislature.

- Beginning October 1, 2012, healthcare providers will have choice of all vaccines available on the federal contract.
- Beginning October 1, 2012, Hepatitis A vaccine will be universally supplied for all patients aged 12–23 months regardless of insurance status.
- Beginning January 1, 2013, all providers who administer vaccines to children birth through 18 years of age will be required to order their vaccine from the Immunization Program.

Office of the Inspector General (OIG) Reports on the VFC Program: Vulnerabilities in Vaccine Management

The inspection looked at five grantee areas (Connecticut was not one of them) and focused on 45 provider sites that looked at vaccine management. The report found that there were storage and handling concerns that could potentially compromise the integrity of vaccine effectiveness.

The report underscores the need for providers to be vigilant in their efforts to maintain the highest degree of compliance with federal guidelines with regard to vaccine management.

The report can be found at <http://oig.hhs.gov/oei/reports/oei-04-10-00430.asp>

