



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 of vaccine-preventable diseases.

DPH Expands Availability of Flu Vaccine

In response to continued widespread flu activity in the state, the Connecticut Department of Public Health (DPH) announced that as of January 17th it has temporarily expanded the availability of state supplied seasonal flu vaccine to include all children 5 through 18 years of age, regardless of their insurance status. Residents who have not yet been vaccinated are encouraged to get the flu vaccine.



Before the announcement, seasonal flu vaccine was available through DPH's Connecticut Vaccine Program (CVP) to all children 6 through 59 months of age and for children 5 through 18 years of age who are Medicaid-enrolled, uninsured or underinsured.

The Centers for Disease Control and Prevention (CDC) encourage all people six months of age and older to be vaccinated. Vaccines are especially important for high-risk groups, including children from 6 months through 4 years of age, pregnant women, people age 65 and older, individuals with certain chronic medical conditions, American Indian and Alaska natives, and people who live in nursing homes or long-term care facilities.

Residents of our largest cities, especially those who are poor and live in densely populated areas, may be at more risk of developing serious complications from the flu than other state residents. People living in urban communities are strongly encouraged to get vaccinated for the flu.

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To Get Vaccinated For The Flu:

- Check with your or your child's regular health care provider to see if they have the flu vaccine available.
- Visit the HealthMap Vaccine Finder at <http://vaccine.healthmap.org/> to find a flu clinic near you.
- Check with your local health department. You can find your local health department at www.ct.gov/dph/localhealth

Up-to-date information on influenza activity in Connecticut is available at:

<http://www.ct.gov/dph/cwp/view.asp?a=3136&q=410788>

CVP Expansion of 13-Valent Pneumococcal Conjugate Vaccine (PCV 13)

Beginning March 1, 2013, providers can begin to use state supplied PCV 13 for all children 2 through 71 months of age regardless of insurance status. Providers should plan on using up all of their private stock of PCV13 by February 28, 2013. Providers should also plan on placing a sufficiently sized PCV13 order with the Connecticut Vaccine Program in early February that will enable them to adequately vaccinate all eligible patients in their practice starting March 1st.



FDA approves Fluarix (GSK) as the Second Quadravalent Influenza Vaccine

On December 14, 2012, the Food and Drug Administration (FDA) approved a request by GlaxoSmithKline (GSK) to supplement its biologics license application for Fluarix influenza virus vaccine to include a quadrivalent formulation for use in people age 3 years and older. Fluarix quadrivalent vaccine is the second quadrivalent influenza vaccine to receive FDA approval. FDA approved MedImmune's FluMist quadrivalent on February 29, 2012.

New Requirement Added to Disease Reporting

As of January 1, 2013, laboratory reporting of all culture positive *Bordetella* specimens (including non-pertussis) is now mandatory. All *Bordetella* species isolates from nasopharyngeal specimens must be sent to the DPH Laboratory. Connecticut has special CDC funding to monitor the effectiveness of pertussis-containing vaccines using case-control and enhanced surveillance methodology. More information on reportable diseases is available at: <http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=388262>.



Q Do all children aged 24 months–4 years (59 months) who have not received a flu vaccine by December 31st need to be excluded from school?

A Children do not have to be excluded from school if any of the following conditions are met:

1. The school has received a statement signed by the child's health care provider indicating that the child has an appointment to receive the required immunization (this is considered "immunization in progress"). Continued enrollment in school for more than thirty days after the named immunization appointment shall be contingent on the school receiving written documentation from the provider stating either the appointment was kept and the child received the scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named;
2. The school has received a statement signed and dated by the child's provider indicating

New Meningococcal Vaccine Recommended for High-Risk Infants

Infants who are at high risk for meningococcal disease should receive a recently licensed combination vaccine that protects against 2 strains of meningococcal disease as well as *Haemophilus influenzae* type b (Hib), according to the Centers for Disease Control and Prevention (CDC). The new recommendation was published in the January 25 issue of the CDC's Morbidity and Mortality Weekly Report.

Infants recommended to receive the Meningococcal/Hib combination vaccine (brand name MenHibrix[®], GlaxoSmithKline Biologicals) include those with persistent complement component pathway deficiencies and functional or anatomical asplenia, including sickle cell disease.

MenHibrix[®], licensed in June 2012, is the first meningococcal vaccine approved for use in young infants, with an indication for ages 6 weeks through 18 months. High-risk infants in that age group should receive 4 doses of the vaccine.

The new vaccine can also be used in any infants aged from 6 weeks through 18 months in local outbreak situations, but not for travel to the Hajj or the "meningitis belt" of sub-Saharan Africa because it does not contain the necessary serogroups A and W135. Two other meningococcal vaccines containing those strains are available but cannot be used in children younger than 9 months, according to the CDC.

At the last (October 2012) meeting, the CDC's Advisory Committee on Immunization Practices (ACIP) debated a possible recommendation for routine use of MenHibrix[®] in all infants. The committee ultimately decided against that recommendation because of the current frequency of meningococcal disease, which reached a historic overall low of 0.21 cases per 100,000 population in 2011.

Moreover, similar to other meningococcal vaccines, MenHibrix[®] does not contain serotype B, which is responsible for 60% of meningococcal disease among children aged 0 through 59 months. The ACIP will continue to monitor trends in epidemiology to determine whether further recommendations are needed.



ASK THE EXPERTS

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that the child has a medical contraindication to immunization;

3. The school has received a written statement that immunization is contrary to the religious beliefs and practices of the child or the parent of such child. Such statement shall be signed by the child's parent.

Use your local Immunization Representatives

Your local Immunization Action Plan (IAP) Coordinator and regional field Epidemiologist are your resource for all questions concerning immunization. They can also keep your office current on blue folder updates, conduct educational in-services for your staff, and broker the transfer of vaccines. IAP Coordinators will also conduct outreach on children in your practice who are missing or late with their vaccinations. See the side bars in this publication for your local contacts. The Connecticut Department of Public Health would also like to welcome Kristin Gerard, regional Field Epidemiologist for the Hartford region .



VaxFacts

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2013 U.S. Recommended Immunization Schedules for People age 0–18 years and Adults age 19 years and Older are Now Available

The recommended child and adolescent immunization schedules have been approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) and can be found at:

<http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>.



The recommended adult immunization schedule has been approved by ACIP, the AAFP, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the American College of Nurse-Midwives and can be found at: <http://www.cdc.gov/vaccines/schedules/hcp/adult.html>.

Attention Immunization Providers! Are you interested in letting the public know about vaccines offered at your practice or clinic?

Go to: <http://vaccine.healthmap.org/>

This site already includes more than 54,000 locations that provide flu shots and has provided this information to 500,000 users from the general public. The public simply enters their zip code and checks which vaccine they are looking for.

On January 28, 2013, the site expanded to include 10 additional adult vaccines. If you want to register your location on this website, click on the “about” button on the top right hand side and follow the prompts to register, or go to: <https://flushot.healthmap.org/admin/signup>

A request from the Connecticut Immunization Registry and Tracking System (CIRTS):

Please indicate clearly on the vaccine administration record if Pentacel or Pediarix were given. Or, you may write a notation on your monthly Compliancy Report if your EHR does not specify the brand name.

Thank you for ensuring data is correctly entered into the registry!



FDA clears expanded use of Pfizer Pneumococcal Conjugate Vaccine Prevnar 13

Pfizer has obtained FDA approval for the expanded use of Prevnar 13 (pneumococcal 13-valent conjugate vaccine), pneumococcal conjugate vaccine, in children and adolescents age six through 17 years as a one-time dose to patients who have never received the vaccine. The vaccine will provide protection from invasive disease caused by 13 *Streptococcus pneumoniae* serotypes. The FDA approval was based on positive data from Prevnar 13 Phase 3, open-label study conducted in 592 older children and adolescents. The Advisory Committee on Immunization Practices has not yet considered making a recommendation on the expanded use of Prevnar 13.



The Immunization Champion award is an annual award that recognizes individuals who make a significant contribution toward improving public health through their work in childhood immunization. The CDC will honor up to one immunization *Champion* from each of the 50 states and the District of Columbia. You probably have lots of champions in mind but we need to choose *one*. On the site below, you will find all nomination materials, award and eligibility criteria, and the deadlines associated with the award. If you know of someone who is deserving of this award, please complete the nomination form and return it via mail, fax, or e-mail by **March 1st, 2013** to:

Mail:	Vincent Sacco Immunization Program Manager CT Department of Public Health 410 Capitol Ave. MS #11 MUN Hartford, CT 06134
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Please Visit: <http://www.cdc.gov/vaccines/events/niw/champions/childhood.html>

Who is a CDC Childhood Immunization Champion?

An individual who meets one or more of the following criteria:

- Has provided community leadership on immunization issues and collaborated with others to build support for and increase rates of infant immunization
- Has used creative and/or innovative strategies to promote infant immunization and meet unique immunization challenges within their community, including reaching hard-to-reach or under-immunized populations
- Has been a visible immunization champion in a community and/or medical system by acting as a spokesperson, advocate, and/or educator
- Has been an advocate for immunization policy advancements

State immunization program managers, state and federal government employees (including contractors), and individuals affiliated with and/or employed by pharmaceutical companies are not eligible to apply.