



ON TIME

RUBELLA OUTBREAK IN FAIRFIELD COUNTY & WESTCHESTER COUNTY, NY

The State Immunization Program has confirmed a total of 30 cases of rubella in the Fairfield County area within the past 3 months. The majority of the cases are in Stamford residents (18 cases to date). Cases continue to occur in adults with Hispanic surnames, ranging from 18-53 years of age. The ethnic origin of reported cases are in countries from Central and South America. More men than women have been affected (18 men and 12 women). The State Immunization Program has been sending updated rubella alerts to all hospitals in Fairfield County. Local health departments in this area are being urged to continue to identify and work with hotels, organizations, businesses, medical walk-in facilities, hospital ambulatory outpatient clinics and religious institutions that interact with the high-risk population to help get the word out and offer free vaccinations. Individuals with no history of having received one dose of rubella containing vaccine are considered at risk for contracting the disease. High risk susceptible, such as pregnant women and immunocompromised individuals should be referred to their health care provider immediately for screening and counseling. The incubation period for rubella is usually 16-

18 days. The infectious period is from 7 days before to 7 days after rash onset.

Similarly, Westchester County, NY has been experiencing a rubella outbreak with 66 confirmed cases and 28 suspect cases with the majority occurring in individuals of Guatemalan descent. To date they have administered over 2,406 doses of MMR vaccine. The State Immunization Program expects to see continued activity in Fairfield county due to the close proximity and continued interaction between the Hispanic communities in both states.

CHICKENPOX PREVENTION PROGRESSES

Chickenpox has been a vaccine-preventable disease for the past 3 years, since a vaccine was licensed in March 1995. The vaccine is highly effective in preventing chickenpox and in limiting outbreaks. It also appears to be effective in preventing shingles, which is caused by activation of latent chickenpox infection. In the prevaccine era of the early 1990's in Connecticut an average of 150 hospitalizations and 2 deaths from chickenpox and another 500 hospitalizations and 25 deaths from shingles occurred each year.

Based on use of federally purchased Vaccines for Children (VFC) varicella vaccine, it appears that 70-90% of VFC-eligible infants and adolescents in Connecticut are now getting immunized. Beginning in September 1998, the

Immunization Program will begin to encourage control of outbreaks of

varicella in schools and daycare. Model materials will be supplied to school health personnel and to daycare directors to use with parents of susceptible children to inform them that their child has been exposed to chickenpox, that some individuals could suffer severe morbidity during a sustained outbreak, and what steps they can do to reduce the risk to their child and to others - emphasizing immediate vaccination.

It is also anticipated that by September 1999, immunization against chickenpox will be required for daycare and school entry for children born on or after January 1, 1997, and for susceptible adolescents entering 6th-7th grade.

For the next several years, the Immunization Program will be monitoring the effect of vaccination efforts on preventing hospitalizations and deaths from chickenpox. In particular, all deaths from chickenpox will be investigated to determine their preventability.

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RESULTS FROM 1997 NATIONAL IMMUNIZATION SURVEY IN

For the second consecutive year, the Connecticut State Immunization Program has recorded the highest vaccination rate in the country. The CDC recently released results of the National Immunization Survey (NIS) on 19-35 month old children born between August 1993 and November 1995. CT achieved a 91% vaccination rate for having these children receive four doses of diphtheria, tetanus, pertussis (DTP) vaccine, three doses of polio vaccine, and one dose of measles, mumps, rubella (MMR) vaccine. As of February 98, we were at 91%, an increase of 3% from July of 97. When adding three doses of Haemophilus influenza type B (Hib) vaccine, the vaccination rate is 88% also the highest in the country. The hepatitis B vaccine was completed by 85% of surveyed CT children.

Lieutenant Governor, Jodi Rell issued a press release announcing Connecticut's accomplishment. She mentioned that the Department of Public Health Commissioner, Steve Harriman attributed the high rates to collaborative efforts over the past five years among professional, private and community-based organizations including local health departments and the Commission on Children who have worked with DPH to improve early childhood wellness. N

REGISTRY UPDATE

The full statewide immunization registry is well on its way toward implementation. At present, most of Connecticut's birthing hospitals have begun the process of enrolling each newborn child into the registry. Enrollment forms are distributed to mothers, collected and then submitted on a bimonthly basis to CIRTS.

On the technical side, the State Immunization Program is currently evaluating the various proposals from the software vendors who submitted bids. Additionally, the telecommunications component is being evaluated and will be included in the contract. A vendor should be selected by April, at which time negotiations will begin on the contract. Several factors will need to be considered when discussing contract parameters. First, the database engine that will eventually run the entire system must be licensed for concurrent use. Secondly, the telecommunications component must be incorporated into the total purchase price. This phase will take several months. Actual delivery of the system and its components may take an additional 6 weeks. All in all, the state is anticipating a June implementation.

Part of the conversion process from the old software to the new software will include moving all the existing data into the new system.

Also being examined at present are all Connecticut's immunization providers existing computer systems. Surveys are going to be sent out to all providers to assess their computer capabilities and compatibility with the new software.

THE STATE IMMUNIZATION PROGRAM NOW HAS IMMUNIZATION FACT SHEETS AVAILABLE IN THE FOLLOWING LANGUAGES

| | |
|----------------|---------|
| SERBO-CROATIAN | ARABIC |
| LAO | HMONG |
| HAITAIN | RUSSIAN |
| VIETNAMESE | SOMALI |
| CAMBODIAN | |

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VACCINE UPDATE

Hepatitis B

Effective immediately, the Vaccines For Children Program has expanded its eligibility requirements for Hepatitis B. The vaccine is now available to any VFC-eligible child 0-18 years of age. Prior to this, the Immunization Program was only able to supply vaccine to support vaccination of VFC-eligible adolescents entering 6-7th grade and high risk adolescents up to and including 18 years of age. The Advisory Committee on Immunization Practices (ACIP) voted for the resolution to take effect March 1, 1998. A memo will be sent to all state vaccine users officially informing them of the change.

Eligibility Criteria for Publicly Purchased Hepatitis B Vaccine in CT as of March 25, 1998

| Vaccine | Age Group | VFC Eligible | Other |
|-------------|-------------------------------|--------------|-----------|
| Hepatitis B | Newborns in hospital | yes | yes |
| | Infants 0-18 mo. (rout) | yes | yes |
| | 6th-7th grade entry (rout) | yes | yes |
| | All children 2-18 yrs. | yes | no |
| | School-based health ctrs. | yes | yes |

DTP Vaccine Information Statement

CDC has issued a revised Diphtheria, Tetanus and Pertussis vaccine information statement (VIS). The most recent addition, dated August 15, 1997, replaces previous versions dated June 10, 1994 and September 13, 1996. Pursuant to federal law, health care providers are required to distribute VIS's to patients (or parent/legal guardian of a child) prior to administration of each dose of vaccine.

NOTABLE ACHIEVEMENTS

East Hartford

Linda Dutka gave certificates of commendation to all providers in the area who exceeded 90% on their CASA assessments. Candy was given to all providers Who participated in a CASA assessment.



FEATURE SPOT

STATEWIDE PSA TO AIR DURING NATIONAL INFANT IMMUNIZATION WEEK

Hartford

Rita Kornblum, in collaboration with the Commission on Children, has designed and produced a Public Service Announcement to represent National Infant Immunization Week (NIIW) statewide. The thirty second television spot depicts a scrapbook-like effect of black and white photos of parents with their children and music in the background. The message shown says "Make the memories last a lifetime", "Protect your child against childhood diseases", "Don't wait. Vaccinate!" The Infoline telephone number is given, which incidentally will also help track how many people are actually watching the PSA. A memo is going out to all local cable stations in the state asking them to run the PSA during or near NIIW. This initiative is expected to be particularly effective in reaching the high-risk population since recent studies have shown that most people in CT have a television in their home regardless of demographic status. Rita's optimism rides on the earlier success of the Ray Allen PSA.

Waterbury

Romiah Yamin has developed immunization coloring books that are currently being distributed to public clinics in the community. The coloring books have the Waterbury Immunization Program's name and telephone number printed on the front and back cover.

Romiah also publishes a news bulletin for immunization providers to keep them abreast of current immunization issues happening nationally, statewide and locally.

Norwalk

Pam Bates has developed reminder post cards that she will introduce to immunization providers in her area. They are printed in English and Spanish.

Pam has also participated in an educational seminar at Briggs Vocational School called "Life in the 90's". She presented childhood immunization information in a unit on child health and safety to approximately 20 teens.

Northeast District

Janet Johnson sponsored a Parent/Baby party that was attended by approximately 100 guests. Twenty social service agencies from the local area were present to display information and handouts relevant to early childhood health and wellness. The goal of the party was to make information available to the target population, to help them locate services which will aid in the successful raising of healthy children and to make families aware of the untapped resources available to them. Door prizes were given, lunch was served, and a clown entertained the children.

New Britain

Ramona Anderson in conjunction with the New Britain Public Library and Community Health Network, is sponsoring a free puppet show in April. The show focuses on family values and children living with siblings. The puppeteer will incorporate an immunization message into the show. There will also be a booth set up with immunization information.

Also, Ramona is coordinating an "Immunization Records Night" at the New Britain Rock Cats' baseball game. For every paid adult ticket, a child's admission ticket will be free when they present a copy of the child's immunization record. What a great way to get folks thinking about immunization!

Windham

Karin Hentschel held a hepatitis B immunization clinic for high school teens. A total of 500 kids were immunized.

♥ Ask the Experts ♥

Editor's note: This information is provided by the Centers for Disease Control and Prevention's National Immunization Program.

♥ **What is the availability of the rotavirus vaccine that has been developed?**

Wyeth Lederle Laboratories has applied to the FDA for licensure of an oral live rotavirus vaccine (Rotashield™). The FDA Advisory Committee has judged that it is safe and efficacious. Licensure is expected in the near future.

♥ **Where does the vaccine come from?**

The vaccine is derived from an attenuated rhesus monkey rotavirus strain (RRV-1). Three additional strains of RRV-1 have been developed which contain genes from the other human rotavirus serotypes commonly found in the United States. Given as a single tetravalent vaccine, these four strains produce an immune response against the four human rotavirus serotypes which are responsible for almost all of rotavirus disease in the U.S.

♥ **How effective is this vaccine?**

In four placebo-controlled randomized trials, three doses of vaccine gave a vaccine efficacy of about 50% against any diarrhea caused by rotavirus and 70-95% against severe rotavirus diarrhea. In the one clinical trial large enough to study hospitalizations, the vaccine was 100% effective against hospitalization due to rotavirus diarrhea.

♥ **Will the vaccine prevent all diarrhea in small children?**

Although rotavirus vaccine is highly effective against severe rotavirus disease, a large number of milder cases of rotavirus diarrhea will still occur and childhood diarrhea from other causes will not be prevented by vaccination. Fifty to seventy percent of hospitalization for diarrhea are due to non-rotaviral etiologies.

♥ **Once the vaccine is available, what will be the recommended schedule?**

The recommended schedule for routine administration is expected to be a series of three doses orally at 2, 4, and 6 months of age. The first dose may be given as early as 6 weeks of age and the minimum interval between doses is 3 weeks. The first dose is not recommended to be given to infants older than 6 months of age due to a preliminary study which found a higher incidence of fever with first doses given to infants over this age. The second and third doses are not recommended to be given to children older than 1 year of age due to a lack of data on use in this age group.

♥ **How is the vaccine provided? What are the storage requirements for the vaccine?**

The recommended dose is 2.5 cc of reconstituted vaccine. The vaccine is supplied in boxes of 12 doses as lyophilized powder in individual-dose bottles and 12 individual droppers with pre-measured diluent. Although manufacturer data suggest that the vaccine is stable for extended periods at room temperatures, it is not yet known whether the FDA will allow the vaccine to be stored at room temperature; if not, the vaccine will be stored at refrigerator temperature (+4 deg. C).

♥ **How many doses of vaccine are needed to provide protection?**

Available data indicate that three doses reliable provide a high degree of protection from severe rotavirus disease. Earlier studies, in which only one dose was given, did not find a high degree of protection. No studies were conducted using a two dose schedule.

♥ **Can the rotavirus vaccine be administered simultaneously with other vaccines?**

Data show that immunogenicity against other antigens were unaffected by simultaneous administration with DPT-Hib, OPV, IPV, or Hepatitis B vaccines.

♥ **What kind of adverse events are associated with the vaccine?**

In the pre-licensure studies, the only noted side effect was a higher rate of fever after the first dose of vaccine, primarily on days 2-4 after administration. Higher rates of intussusception and failure-to-thrive among vaccinees were reported initially but were not confirmed on a more detailed analysis of the data.

CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, IMMUNIZATION PROGRAM MORBIDITY REPORT

| Disease | 1/1/98-3/27/98 | Total 1997 |
|-----------------------------------|----------------|------------|
| Measles | 0 | 1 |
| Mumps | 0 | 1 |
| Rubella | 30 | 5 |
| CRS (congenital rubella syndrome) | 0 | 0 |
| Diphtheria | 0 | 0 |
| Tetanus | 0 | 0 |
| Pertussis | 6 | 37 |
| Hib | 0 | 2 |

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