



N T I M E

ACIP VOTES TO RECOMMEND ALL IPV SCHEDULE IN JANUARY 2000

On June 17, 1999, the Advisory Committee for Immunization Practices (ACIP) voted to change the recommendation for routine childhood polio vaccination to a schedule using only the inactivated poliovirus vaccine (IPV). The vote will not become a final recommendation until it is published in "Morbidity and Mortality Weekly Report" (MMWR). If the change is approved as expected by the Centers for Disease Control and Prevention (CDC), beginning in January 2000 all children will need to receive 4 doses of IPV at 2, 4, 6-18 months and 4-6 years of age. The change is being made to eliminate the occurrence of Vaccine Associated Paralytic Polio (VAPP) following administration of vaccine.

Since 1979, the only polio disease in the U.S. has been caused by oral polio vaccine (OPV); an average of 8-10 cases per year. In 1997 the polio vaccination schedule was changed to a sequential schedule of two doses of IPV followed by two doses of OPV. Due to the wide acceptance of sequential schedule and the continued decline in polio cases worldwide, the ACIP has determined that the risk of administering OPV outweighs the benefits of the vaccine, thus a change to an all IPV schedule. Limited quantities of OPV will be made available to control outbreaks of paralytic poliomyelitis, for administration of unvaccinated children who will be traveling in less than 4 weeks to areas with endemic polio and for children of parents who do not accept the recommended number of vaccine injections.

The year 2000 goal of global eradication is on target but until health officials certify the world as polio free all children will continue to be vaccinated against poliomyelitis.

SMITHKLINE SUBMITS APPLICATION FOR PENTAVALENT PEDIATRIC VACCINE

-WESTPORT, Jul 16 (Reuters Health)

SmithKline Beecham has filed for Food and Drug Administration (FDA) approval for its combination vaccine, Infanrix (DTaP-HepB-IPV), for use as protection against five childhood diseases with just one injection series.

The vaccine would offer infants protection against diphtheria, tetanus, pertussis, hepatitis B and polio. According to Philadelphia-based SmithKline, the vaccine would reduce by two thirds (three versus nine) the number of injections required in the first year of life to immunize against these five diseases.

If the FDA approves the vaccine, it would be the first pentavalent vaccine marketed in the U.S. SmithKline said that it has asked the FDA to consider a priority review for the product because it believes that the vaccine represents "...a significant advance in pediatric care." Thelma Theil, chairman and CEO of Hepatitis Foundation International, said in a SmithKline statement, "Numerous injections can be discomfoting for children, parents and medical practitioners, and are one of the primary reasons that immunization rates against deadly diseases are not higher." Combination vaccines such as this, if approved, should make it easier to combat these serious diseases. The manufacturer anticipates approval in the Spring of 2000.

U.S. MAY CUT FUNDS THAT COMPENSATE VACCINE VICTIMS

-WASHINGTON

The nation's top health officials are contemplating gutting a federal trust fund that compensates the families of children who are injured or killed by reactions to vaccines, a House committee was told recently. Surgeon General David Satcher revealed that Health and Human Services Secretary Donna Shalala might recommend to the White House that a large portion of the National Vaccine Injury Compensation Program's \$1.4 billion trust be turned over to vaccine research. She is also contemplating reducing how much is paid into the fund by cutting the current 75 cent-per-dose assessment on vaccines, a premium used to build up the compensation fund, to 25 cents. Satcher's revelation came during a August 3rd hearing before the House Government Reform committee, whose chairmen said mandatory anthrax vaccination of U.S. military personnel should be halted. Vaccine Safety advocates vehemently oppose the plan to cut the vaccine trust fund and shift some of its dollars to another use. They say the money eventually might end up back in the hands of the pharmaceutical companies they blame for reactive vaccines in the first

place. Rep. Henry Waxman, D-Calif., the committee's ranking minority member, encouraged the idea of cutting the fund. "If there are excess funds, we should devote them to safety research," he said. Satcher described the 13 year old compensation fund as a no-fault, government-takes-all responsibility program and insisted that "we try to give the benefit of the doubt" to parents when medical testimony is vague concerning vaccine damage claims. But Barbara Fisher, president of the National Vaccine Information Center, a private advocacy group for parents of vaccine injured children, said in written testimony that the federal compensation system, which started out as "simple justice for children," has turned into a "cruel Joke." Fisher said the program has grown fat because it reimburses only a quarter of the families that apply for damages. "There is more than \$1 billion languishing in the trust fund because HHS and the Justice Department pay expert witnesses and lawyers to fight every vaccine injury claim," she said. A Gannett News Service examination of the compensation system last year showed that the government has 17 full-time, veteran Justice Department lawyers on staff to fight claims and that only 1,300 families of the 5,300-plus petitioners have been awarded about \$920 million so far. Also attending the hearing were the Association of State and Territorial Health Officers, Dr. Samuel Katz representing the American Academy of Pediatrics and the Infectious Disease Society who provided testimony in support of immunizations.

INSIDE:

REGISTRY UPDATE.....	2
VFC EXPANSION.....	3
NOTABLE ACHIEVEMENTS.....	3
ASK THE EXPERTS	4
'99 MORBIDITY.....	4

(Continued from page 1)

VACCINE UPDATE

Hepatitis B

During the month of October, SmithKline expects to have thimerosal-free Hep. B vaccine available for distribution. The State of Connecticut currently provides the SmithKline product, Engerix-B. Once the State Immunization Program procures the new thimerosal-free product, we will begin supplying it to hospitals. A letter will go out to all CT birthing hospitals encouraging them to reinstate their newborn hepatitis B policy. The policy of routinely administering Hep B to newborns at birth had been temporarily halted in lieu of the recent recommendation by the American Academy of Pediatrics to delay the first dose of HepB until 6 months of age for HepBsAg negative mothers. The new product will be in single-dose vials.

Rotavirus

On July 16, 1999, an article entitled "Intussusception Among Recipients of Rotavirus Vaccine-United States, 1998-1999" was published in the MMWR. The vaccine manufacturer, Wyeth-Lederle announced October 15, 1999 that it has withdrawn its RotaShield vaccine from the market and has requested the immediate return of all doses of the vaccine. The company's press release can be accessed at the web address http://www.ahp.com/releases/wa_101599.htm The use of the Rotavirus vaccine had been suspended until further studies could be completed. The ACIP will meet October 20-22, 1999 to discuss Rotavirus and the results from the CDC's study into the relationship between Rotavirus vaccine and the bowel obstruction disorder, intussusception.

Pertussis Cases - Lebanon: The Immunization Program is currently investigating six cases of pertussis in Lebanon. Five of the cases involve students at Lyman Memorial High School, the sixth is a parent of a student who attends the school. Only one of the cases has been culture confirmed. A pertussis alert remains in effect for the area. There have been a total of 19 cases of pertussis reported in 1999 compared to 41 cases at the same time last year.

REGISTRY UPDATE

Representatives from ACS GSG, the vendor for the Connecticut Immunization Registry and Tracking System (CIRTS), recently visited the state health department for several days and performed a demonstration of the registry for health department personnel. ACS GSG is working on a Project Plan to address several outstanding issues that remain unresolved. The Immunization Program is hoping to rollout the registry on a statewide basis by the first quarter of 2000.

Several public clinics in CT have gone on-line with the old CIRTS software to prepare for the statewide rollout. They include: Hartford, Stamford, New Haven, Torrington, Waterbury, Danbury, Bridgeport, New Britain, Meriden, and Norwalk.

An eight minute videotape that explains CIRTS to new mothers has been developed by the Hartford Health Department and the CT chapter of the American Academy of Pediatrics (AAP). Currently mothers are given a CIRTS enrollment form to fill out in the hospital along with written information. The video would be shown to new moms in the hospital after delivery at their request to learn more about CIRTS. Tapes will be distributed to all birthing hospitals maternity wards.

IMMUNIZATION EDUCATION SOFTWARE FOR NURSES NEWLY REVISED!

"Immunization: You call the shots", an immunization education software program for nurses, is now revised and contains new information on polio and rotavirus vaccines. The teaching module features six hours of instruction along with a library of resources and simulated practice settings.

Upon successful completion of the self-instruction program, continuing education credits can be earned through the American Nurses Association or the National Association of Pediatric Nurse Associates and Practitioners. The software program was created by HealthSoft, Inc., and is supported by funding from the National Immunization Program at the CDC through a cooperative agreement with the Association of Teachers of Preventative medicine. Cost for the software set is \$25. For more information, call HealthSoft at (800) 235-0882, or visit their website: <http://www.nursingresourcecenter.com>

Announcements

Satellite Broadcasts

On September 16, 1999, IAP Coordinators from 7 geographical sites in CT hosted "Immunization Update" a live satellite broadcast originating from CDC in Atlanta. Approximately 250 health care professionals attended despite Hurricane Floyd visiting our state that day. The program addressed new recommendations for polio and hepatitis A vaccines as well as issues concerning thimerosal. The next immunization satellite broadcast will be:

Surveillance of Vaccine-Preventable Diseases

December 2, 1999

12:00 PM to 3:30 PM

Call the state Immunization Program at
(860) 509-7929

for the location nearest you

EXPANSION OF STATE PROVIDED VACCINE

On August 1, 1999, the State Immunization Program began distributing Varicella and Hepatitis B vaccines for all individuals 0-18 years old regardless of their insurance status.

Eligibility Criteria for Publicly Purchased Vaccines (Connecticut), as of August 1999

Vaccine ¹	Age Group	VFC Status of Children	
		VFC-Eligible ²	Other Children
Varicella	12-18 months (routine)	yes	yes
	11-12 years ³ (routine)	yes	yes
	2-18 yrs. ³ (catch-up)	yes	yes
Hepatitis B	Newborns in hospital (routine)	yes	yes
	Infants 0-18 months ⁴ (routine)	yes	yes
	6th-7th grade entry ⁵ (routine)	yes	yes
	School-based health centers	yes	yes
	all children 2-18 yrs. (catch-up)	yes	yes
Td booster	Adolescents 11-18 yrs. ⁶	yes	yes
MMR (2nd-dose)	4-6 years old (routine)	yes	yes ⁷
	6th-7th grade entry (routine)	yes	yes
	college entry (routine)	yes	yes

Footnotes

¹ All vaccines not listed on this table that are administered to support routine vaccination of children as recommended by the ACIP and AAP are supplied for vaccination of all children, regardless of VFC status (DTaP, Hib, OPV/IPV, and MMR-1).

² VFC eligibility criteria is defined as follows: (a) Medicaid enrolled; (b) no health insurance; or (c) American Indian or Alaskan native.

³ Susceptible children who do not have a history of having had chickenpox.

⁴ Hepatitis B vaccine will be supplied for vaccination of any child born on or after 1/1/93.

⁵ Hepatitis B vaccine will be supplied for vaccination of any child entering 6th or 7th grade, ideally as part of the required routine health assessment, beginning with children entering those grades in August/September 1997.

⁶ Routine Td booster dose can be given to adolescents at either 11-12 or 14-16 years of age if primary series is complete and no boosters have been given for the previous 5 years.

⁷ State-supplied MMR vaccines for non-VFC children should only be used when it is fairly certain that the child's health insurance will not cover the cost of these vaccines.

Notable Achievements



Hooray! Connecticut is # 1 again!
The latest National Immunization Survey figures for 1998 show CT at 90.7% for 4 DTP, 3 polio, and 1 MMR vaccine coverage. This survey includes children 19-35 months of age born between February 1995 and May 1997.

Northeast District

Janet Johnson assisted in a Reach Out And Read celebration held at Day Kimball Hospital. Reach out and Read is a program whereby early literacy is combined with the child's health. Every child went home with immunization literature.

Norwalk

Pam Bates sponsored a *Healthy Kids Day* at the Norwalk YMCA. Varicella vaccine was the focus of the event. Children were

encouraged to color in pictures with the heading, "Who shouldn't have the spots"? Those children who colored a picture were entered in a raffle drawing to win a "Meanie Baby" (beanie baby look-a-like) which was a chicken with spots. Parents were informed about the varicella vaccine as well as other updates on childhood immunization.

New Haven

Pam Hansen has found a way to incorporate immunization into Healthy Start, a program which provides many different facets of support to pregnant women. In this partnership, all new pregnant women applying for Healthy Start receive information on immunizations.

Naugatuck Valley

Kim Blount sponsored Miss Fairfield County in the Shelton-Derby Memorial Parade. Kim and her staff decorated a vehicle. Miss Fairfield's platform centered around children. Consequently the importance of immunization was a big part of her promotion.

New Britain

Ramona Anderson spread the immunization word at the "Mayor's Fun and Prevention Day". It is a city-wide event held in Walnut Hill Park that includes participation from many health and social service agencies. It is well attended by families, school representatives, media, and elected representatives.

☆ ASK THE EXPERTS ☆

Editor's note: This information was provided by epidemiologists from the Center for Disease Control and Prevention's National Immunization Program and Hepatitis branch.

☐ **What is thimerosal and why has it been in the news recently?**

Thimerosal is an effective preservative that contains ethyl mercury. It has been used in small amounts to reduce the chance of bacterial growth in vaccines and other products since the 1930's. On July 9, 1999, the U.S. Public Health Service and the American Academy of Pediatrics released a joint statement urging vaccine manufacturers to eliminate or reduce the mercury content of their vaccines as expeditiously as possible.

☐ **Should I report intussusception to CDC? How do I report this?**

If a child develops intussusception or any other serious adverse event following receipt of rotavirus vaccine or any other vaccine, whether or not it is thought to be related to the vaccine, the adverse event should be reported to VAERS. VAERS reporting forms and information can be requested 24 hours a day by calling (800) 822-7967 or via the internet at: www.cdc.gov/nip/vaers.htm

☐ **A patient of mine inadvertently received MMR vaccine two weeks after receiving varicella vaccine? What is recommended now?**

ACIP recommends that, whenever possible, injected live virus vaccines, like MMR and varicella vaccines, be separated by 30 days because of possible interference of the vaccine given first with the vaccine given second. It may prudent to repeat the vaccine given second, or confirm that the dose was effective by serological testing of the recipient.

☐ **Who is responsible for reporting cases of vaccine-preventable diseases to the state? Which cases are reportable?**

Generally speaking, the responsibility for submitting a disease report is with the provider who diagnoses the disease. The CT Department of Public Health has a Reportable Disease Confidential Case Report (PD-23) for reporting diseases required under Sections 19a-36-A3-4 of the Public Health Code and Sections 19a-5 and 191-215 of Connecticut General Statutes. The PD-23 form lists the diseases

required to be reported and procedures for reporting information to the Department of Public Health. The reportable diseases are broken down into two categories. Category 1 diseases must be reported immediately by phone within 12 hours on the day of recognition or strong suspicion of disease to both the local director of health for the town in which the patient resides and the State Epidemiology Program (860) 509-7994. Category 2 diseases are reported in the same manner. The only difference is that the report is required to be reported by mail within 12 hours rather than by phone. Forms can be obtained from the State Epidemiology Program.

☐ **If a 13-month old received Hib #1 at 8 months of age and Hib #2 today, does s/he still need a booster in 2 months?**

ACIP recommendations have not addressed interrupted Hib vaccine schedules. The AAP (1997 *Red Book*, p. 230) recommends a child in this situation receive one additional dose of any conjugate Hib vaccine 2 months after the dose at 13 months of age.

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM MORBIDITY REPORT

Disease	1/1/99-10/15/99	Total 1998
Measles	2	0
Mumps	0	3
Rubella	0	29
CRS (Congenital Rubella Syndrome)	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	16	49
Hib	1	2

IAP ON TIME

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