

IAP



N T I M E

TRIPEDIA® NOW APPROVED FOR 5 CONSECUTIVE DOSES

Aventis Pasteur's DTaP product Tripedia® has been licensed by the FDA for the fifth consecutive dose in the DTaP immunization series. Tripedia is already licensed for the first four doses of the primary series and for the completion of the five-dose diphtheria, tetanus, pertussis (DTP) series for any child who has received one or more doses of whole-cell pertussis vaccine. The fifth consecutive dose indication for Tripedia will enable the pediatric healthcare community to use this popular acellular pertussis vaccine product for the entire DTaP immunization series.

Approval of the vaccine is important for children who began their immunization series with Tripedia, and are now due for their booster dose. These children can now complete the series with the same vaccine that they started with. The only other vaccine licensed for the fifth dose is ACEL-IMUNE® manufactured by Wyeth Lederle.

IMPORTANT ACTIONS TAKEN TO REACH HIGH RISK PERSONS WITH FLU VACCINE DESPITE DELAYS

Recently public health officials announced that flu vaccine supplies should be approximately what was distributed last year; however, they also noted a substantial amount of vaccine will reach providers later than usual. In June, influenza vaccine manufacturers told federal public health officials to expect delays in flu vaccine shipments this flu season and of possible short-ages.

Flu vaccine is the best tool to prevent severe illness and death related to influenza among the elderly and chronically ill in the United States. CDC's overriding public health concern has been to prevent hospitalizations and deaths, especially among high risk persons, that could result from an insufficient supply of flu vaccine. Therefore, since June, CDC has been developing contingency plans and if needed, CDC has guaranteed the production of up to 9 million doses of additional influenza vaccine to make up for possible shortfalls experienced by some of the vaccine manufacturers.

The Food and Drug Administration estimates that 66 million doses will be available from manufacturers through normal production plus 9 million doses to be guaranteed by CDC for a total of 75 million doses. The 75 million doses this flu season should meet the expected usual annual demand. During last year's flu season in the United States, an estimated 74 million doses were distributed to providers from the 80 to 85 million doses produced. Although a severe flu vaccine shortfall is no longer expected, the vaccine delays will continue to challenge influenza vaccination efforts this flu season in the United States.

The Advisory Committee on Immunization Practices (ACIP) met Sept. 28, by teleconference, to review recommendations about the timing and priority of flu vaccination in the United States for this upcoming flu season. The first public health priority is to help ensure high risk persons who choose to be vaccinated can obtain vaccine to help prevent the flu and complications related to influenza illness. The ACIP recommended the following:

- ⇒ As vaccine first becomes available, vaccination efforts should be focused on persons at high risk of complications associated with influenza disease and on health care workers (Health care workers should be vaccinated to stop the potential spread to vulnerable persons). These efforts should continue into December and later, as long as influenza vaccine is available.
- ⇒ Mass vaccination campaigns should be scheduled later in the season as availability of vaccine is assured.
- ⇒ Special efforts should be undertaken in December and later to vaccinate persons 50-64 years of age who are not at high risk and are not household contacts of high risk persons.
- ⇒ Immunization efforts for all groups (e.g., high risk persons, health care workers, household contacts of high risk persons, other persons 50-64 years of age, and other people who wish to decrease their risk of influenza) should continue into December and later, as long as influenza vaccine is available.
- ⇒ Assuring pneumococcal vaccination of high risk persons early in the influenza

season, will confer substantial protection from secondary bacterial pneumonia, a major complication of influenza, but is not a substitute for influenza vaccine.

The degree of delay for individual providers will vary, depending on the vaccine manufacturer, distributor, and when vaccine was ordered. Officials urge high risk persons to remain patient but persistent as they work with their health care provider to obtain their annual flu vaccination. At the same time, CDC will be working with states, industry and health systems to help providers obtain vaccine for high risk persons. For example, the CDC has developed an internet website to help providers and distributors make contact about where to obtain additional influenza vaccine supplies. Go to: www.cdc.gov/nip/flu-vac-supply

In previous flu seasons, although the number has been increasing, only about half of the 70 to 76 million persons CDC estimates are at high risk for complications from flu have received vaccine. The high risk populations include approximately 35 million persons aged 65 years or older, 33 to 39 million persons less than 65 years of age with high-risk medical conditions, and 2 million pregnant women.

Although the vaccine supply this year should be sufficient to meet the usual demand, the situation remains fluid and some questions about supply and demand will remain unanswered until much later into the flu season. All influenza vaccine for use in the United States is produced in the private sector and virtually all flu vaccine is distributed through private-sector distributors for use by health care providers.

INSIDE:

REGISTRY UPDATE.....2

NOTABLE ACHIEVEMENTS.....3

MORBIDITY REPORT.....4

(Continued from page 1)

The public and private communities will continue to work closely together to ensure the availability of influenza vaccine for the season and to minimize the adverse impact of delays. Note: Additional information about the ACIP recommendations and HHS activities for this flu season will be reported in CDC's Oct. 6 *MMWR*.

RESUME THE BIRTH DOSE OF HEPATITIS B VACCINE!

By Deborah L. Wexler, MD

Executive Director, Immunization Action Coalition

If you haven't done so already, it's time to resume administration of the first dose of hepatitis B vaccine at 0-2 months of age. Ample supplies of pediatric hepatitis B vaccines that do not contain thimerosal as a preservative are available from both Merck & Co. (Recombivax HB and Comvax) and SmithKline Beecham (Engerix-B).

According to Bob Snyder, vaccine contract project officer at the Centers for Disease Control and Prevention (CDC), "As of April 2000, the National Immunization Program has contracts with both Merck & Co. and SmithKline Beecham that will provide sufficient preservative-free hepatitis B vaccine for all age cohorts 0 through 18 years of age." Some states have reported that infants born to women who tested positive for hepatitis B surface antigen (HBsAg) did not receive the birth dose of hepatitis B vaccine. The infants were not vaccinated because of hospital policy changes based on "Thimerosal in Vaccines: A Joint Statement of the American Academy of Pediatrics and the United States Public Health Service." In Michigan, a baby girl recently born to an HBsAg-positive mother did not receive hepatitis B immune globulin (HBIG) or hepatitis B vaccine at birth. The infant died at three months of age from liver failure caused by fulminant (overwhelming) HBV infection. This death most likely would have been prevented if the birth hospital had not stopped its policy of routinely vaccinating infants before hospital discharge. This illustrates the importance of establishing AND implementing hospital policies to ensure that the HBsAg status of all pregnant women is known and clearly documented before delivery and that infants are vaccinated against hepatitis B at birth.

The following problems continue to occur:

1. Some hospitals and clinicians have been incorrectly deferring hepatitis B vaccination for ALL infants, even those whose mothers are HBsAg positive.
2. Some hospitals and clinicians have been incorrectly delaying vaccination for infants born to mothers whose HBsAg status is unknown at the time of delivery.

NOTE: According to the recommendations of CDC, AAP, AAFP, and ACOG, when the mother's HBsAg status is unknown, hepatitis B vaccine should be administered to the infant within 12 hours of birth and the mother's blood should be tested as soon as possible for HBsAg to determine if the baby also needs HBIG prophylaxis and subsequent evaluation during well child visits.

3. Many hospitals and clinicians have been incorrectly deferring the birth dose of hepatitis B vaccine for infants whose mothers are HBsAg negative but may have other factors that continue to place the infants at risk for HBV infection after they leave the hospital. Postponing hepatitis B vaccination for these infants leaves them at risk for exposure in their households and communities.

The administration of hepatitis B vaccine at birth serves as a broad safety net to protect infants whose risk factors for HBV infection have not been identified or whose prenatal care records may be missing, incomplete, or incorrect (containing transcription or lab test misinterpretation errors).

HOW TO PREVENT HEPATITIS B TRANSMISSION AT BIRTH

- 1 Please resume administration of the birth dose of hepatitis B

vaccine for all infants who are at risk for HBV infection to be sure that these babies are protected from this potentially deadly liver disease.

- 2 Hospitals that previously administered the birth dose of hepatitis B vaccine to ALL infants should reinstate their policies to assure that every baby is protected.
- 3 If your hospital doesn't have this policy, consider adoption of a policy to vaccinate every infant beginning at birth. When hospitals institute this important policy, every infant will receive protection.
- 4 Be sure your hospital's labor and delivery unit and its newborn nursery have hepatitis B prevention protocols in place. For a sample hospital policy that has been reviewed by CDC, go to: <http://www.immunize.org/catg.d/p2130.htm>

Testing of the new software was completed in August and a report was submitted to the vendor rejecting the system due to some critical deficiencies. The software vendor ACS, has until October 23, 2000 to respond to the report, detailing if and how they will correct the deficiencies. Despite the problems encountered, registry staff remain optimistic that a statewide registry will become a reality. Staff have actively been installing the current CIRTS system in many practices throughout the state.

REGISTRY UPDATE

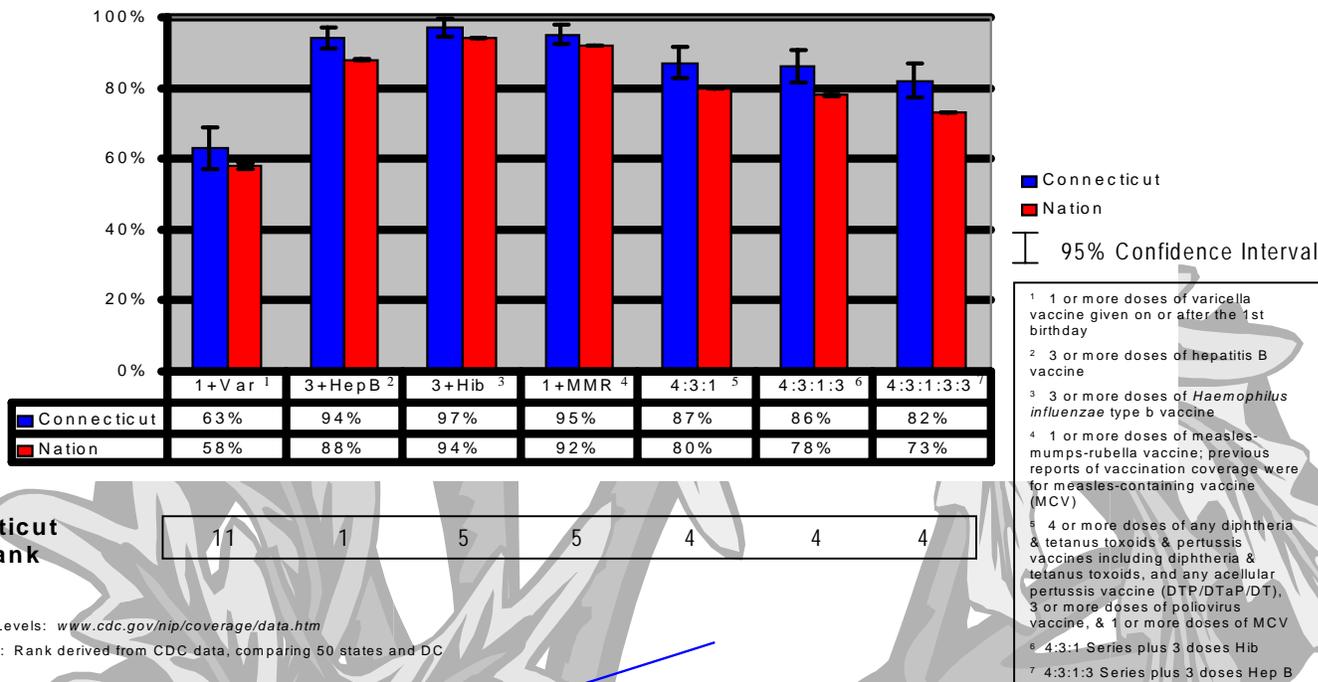
CDC'S SURVEILLANCE OF VACCINE- PREVENTABLE DISEASES

WILL BE ON
DECEMBER 8, 2000
FROM 12:00-3:30PM

Call the State Immunization Program for the location nearest you

Vaccination Coverage Levels Among Children Aged 19–35 Months Connecticut as Compared to Nation

Centers for Disease Control and Prevention (CDC)
National Immunization Survey (NIS) Jan 99–Dec 99



Notable Achievements



Windham

Thanks to the initiative of Karin Davis, private pediatric providers in the Windham area have become certified *Reach Out and Read* Sites. The goal of the program is twofold: to promote literacy and the love of learning in young children, and to promote and encourage the well child visits of children in the town. Every time a child receives an immunization they are given an age appropriate book. In addition to promoting early reading and literacy, the book is also used as part of the medical examination to assess development. The program will be run through the Immunization Action Plan as part of outreach services to help ensure that children are taken to the doctor for their immunizations. The two participating sites are Windham Pediatrics (Dr. Maduka), and Dr. John Lee, both in Willimantic.

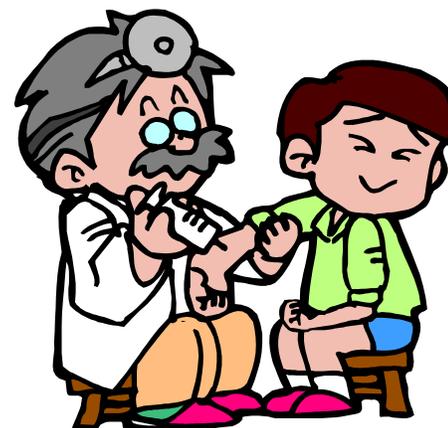
Also, Karin and her staff are using CIRTSS to locate kids in the Windham area that may have otherwise fallen through the cracks. Children who have been determined to be late with immunizations (based on compliancy reports sent by CIRTSS to area physicians) are sent a postcard asking them to call their provider for an appointment. CIRTSS also generates a list that identifies children whose primary care provider is incorrect or unknown. The parents of these children receive a postcard asking them to phone the IAP with the correct information so they can be effectively tracked in the CIRTSS system. Way to Reach out!!

Connecticut Receives Award

The State Immunization Program received an award from Merck Vaccines acknowledging our contribution in making vaccination one of the 10 greatest public health achievements of the 20th century.

The award is a commemorative replica of the vaccine display that was included in the millennium time capsule. The contents of the time capsule were chosen to represent the pinnacle of national pride and achievement. They were unveiled by President Clinton at the opening ceremonies of the National Millennium Celebration in Washington, DC on New Year's Eve, 1999.

The time capsule will be opened in 100 years at the end of this century, and will be on display at the National Archives in Washington, DC.



For Your Information....

The state Immunization Program offers FREE Provider Information Folders to all immunization providers in the state!

This folder contains the most current information your practice needs regarding immunization. It contains:

- 2000 Childhood Immunization Schedule
- Catch-up Schedule
- Vaccine Administration Record
- CDC Child and Teen Screening Questionnaire
- All VIS's in a camera-ready booklet, "What You Need To Know" (English and Spanish)
- VAERS Form
- Vaccine Injury Table
- Temperature Chart
- PD-23 (Reportable Disease Form)
- CDC Standards for Pediatric Immunization Practice
- CDC/NIP Immunization Educational and Training Materials order form
- Protocol for Power Failure

Do you have the most current VIS?

Five new Vaccine Information Statements (VIS's) were released by CDC during 1999-2000. Health care providers in the United States who administer any vaccine containing diphtheria, tetanus, pertussis, measles, mumps, rubella, polio, hepatitis B, Hib, or varicella vaccine are required by law, prior to administration of each dose of the vaccine, to provide a copy of the relevant VIS to the patient or parent/guardian. For the vaccine-preventable diseases not listed above, use of the VIS is recommended, but not required. The following is a list of the most current VIS's with the date that each was last updated. (Found at the bottom of each sheet)

Most Current VIS's as of 10/00

DTaP/DT/DTP.....	8/15/97	MMR.....	12/16/98
Td.....	6/10/94	Varicella.....	12/16/98
Polio.....	1/1/00	Hib.....	12/16/98
Hepatitis A.....	8/25/98	Hepatitis B.....	8/23/00
Pneumo (PPV23).....	7/97	Influenza.....	4/14/00
Meningococcal.....	3/31/00	Lyme.....	11/1/99
Pneu. Conj.(PCV7). ...	7/18/00		

**DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM
MORBIDITY REPORT**

Disease	1/1/00-11/01/00	Total 1999
Measles	0	2
Mumps	2	0
Rubella	1	0
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	43	35
Hib	0	0

EDUCATIONAL VIDEOTAPES AVAILABLE

All CDC-sponsored satellite broadcasts on immunization are available on videotape for you and your office staff to borrow. These programs are the best way to keep up-to date on current issues in the field of immunization. The following year 2000 programs are available:

- ★ **UPDATE: Preparing for the Next Influenza Pandemic**
- ★ **Epidemiology & Prevention of Vaccine-Preventable Diseases**
- ★ **Immunization Update 2000**

CONNECTICUT DEPARTMENT OF
PUBLIC HEALTH

Keeping Connecticut Healthy

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