

IMMUNIZATION ACTION PLAN

CT DEPT. PUBLIC HEALTH IMMUNIZATION PROGRAM  
 Governor: M. Jodi Rell  
 Commissioner: J. Robert Galvin, M.D.

# L A I V     N T I M E

**WHAT'S NEW?** This edition of IAP  n Time brings you updates on what's new in the world of Immunizations



## Things you need to know about the Flu season



**TO FIND A FLU CLINIC IN YOUR AREA CALL:**  
**888-NO-TO-FLU**  
 (888-668-6358)  
**OR VISIT:**  
**www.alact.org**

### VACCINE SUPPLY

Four manufacturers expect to provide influenza vaccine to the U.S. market during the 2006–07 influenza season. Sanofi Pasteur, Inc., projects production of up to 50 million doses of inactivated influenza vaccine (“flu shots”). Novartis (Chiron) Corporation projects production of 40 million doses of inactivated influenza vaccine. GlaxoSmithKline, Inc. (GSK), projects production of 9-39 million doses of inactivated influenza vaccine for U.S. distribution. MedImmune Vaccines, Inc., producer of the nasal-spray influenza vaccine (also called live attenuated influenza vaccine, or LAIV), projects having approximately 3 million doses available for distribution.

### PRIMARY CHANGES AND UPDATES TO INFLUENZA VACCINE RECOMMENDATIONS

1. The main changes in recommendations this year involve healthy children. In 2003, it was recommended for the first time that healthy children 6-23 months of age, their household contacts and out-of-home caregivers be annually vaccinated against influenza. In February 2006, the Advisory Committee on Immunization Practices (ACIP) voted to extend routine annual influenza vaccination recommendations to include all healthy children aged 6-59 months, including their household contacts and caregivers. However, although there is not anticipated to be an overall influenza vaccine shortage this year, there may not be enough pediatric formulation vaccine for < 4 year olds to fully support these new recommendations. Because Sanofi Pasteur is the only supplier of vaccine that can be administered to children 36 months and younger and all of Sanofi Pasteur’s vaccine for use in these age groups was pre-booked in January 2006 (prior to the ACIP recommendation to expand annual vaccination to children 24 to 59 months of age), providers are unable to make additional purchases of this vaccine. If a provider has insufficient vaccine for this age group for the 2006-2007 season, CDC recommends that healthy children aged 6-23 months should be prioritized for receiving vaccine because they are at increased risk for hospitalization, compared with children over 24 months of age.
2. If a child aged 6 mos-<9 years received influenza vaccine for the first time during a previous season but did not receive a second dose of vaccine within the same season, only 1 dose of vaccine should be administered this season
3. To ensure optimal use of available doses of vaccine, health care providers, those planning organized campaigns, and state and local public agencies should: develop plans for expanding outreach and infrastructure to vaccinate more persons than previously; and develop contingency plans for the timing and prioritization of administering influenza vaccine, if the supply of vaccines is

delayed or reduced due to production difficulties.

4. Influenza vaccine should continue to be offered throughout the influenza season, even after influenza activity has been documented in a community and into January. To help expand the number of routine vaccinations, all community vaccinators and public health agencies should offer at least one clinic in December for target populations.
5. Neither amantadine nor rimantadine should be used for the treatment or chemoprophylaxis of Influenza A in the U.S. until susceptibility studies have been done. This is due to recent data indicating widespread resistance of influenza virus to these medications.
6. The 2006-07 trivalent vaccine virus strains are A/ New Caledonia/20/1999 (H1N1)-like, A/ Wisconsin/67/2005 (H3N2)-like, and B/ Malaysia/2506/2004-like antigens.

For the complete ACIP recommendations, go to: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm>

For the past several seasons, the FDA has provided a waiver for redistribution of influenza vaccine. If that waiver is issued again, Debbye Rosen, Adult Immunization Coordinator for the State Immunization Program, will assist agencies that have extra privately purchased vaccine to redistribute it to agencies that need it. Agencies selling the vaccine may not sell it for more than they paid for the vaccine. Since many agencies do not finish their vaccinations until November or December, it is unusual to have “excess” vaccine for sale prior to the end of November. Shipping and handling of the vaccine as it moves between agencies must be according to manufacturer’s han-

### INSIDE:

<b>ACIP JUNE 2006 RECOMMENDATIONS.....</b>	<b>2</b>
<b>2006 NEW VACCINES.....</b>	<b>2</b>
<b>REAPPEARANCE OF VPD-MEASLES, MUMPS.....</b>	<b>2</b>
<b>REGISTRY/ CIRTS UPDATE .....</b>	<b>3</b>
<b>THE EPICENTER.....</b>	<b>3</b>
<b>TIPS FOR THIS ISSUE.....</b>	<b>4</b>

(Continued from page 1)

ding and storage recommendations. Contact Debbye at 860-509-7729 for more information.

**JCAHO Announces Infection Control Standard to Include Influenza Vaccinations to Staff**

On June 13, 2006, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) announced the approval of an infection control standard requiring accredited organizations to offer influenza vaccinations to staff, volunteers and licensed independent practitioners with close patient contact. This standard will become an accreditation requirement beginning January 1, 2007, for the Critical Access Hospital, Hospital and Long Term Care accreditation programs.



**ACIP UPDATE  
JUNE 2006**

The Advisory Committee on Immunization Practices (ACIP) met June 28 and 29, 2006. In addition to the influenza vaccination recommendations included on page 1 of this edition, ACIP recommended:

- ⇒ The newly licensed Human Papillomavirus (HPV) vaccine routinely be given to girls aged 11-12 years old. The ACIP recommendation also allows for vaccination of girls beginning at nine years old, as well as vaccination of girls and women 13-26 years.
- ⇒ A second dose of varicella (chickenpox) vaccine is recommended for children four to six years old. The first dose of vaccine is recommended at 12 to 15 months. Any child, adolescent or adult who previously received one dose of varicella should receive a second dose.

**NEXT SCHEDULED ACIP MEETING**

**OCTOBER 25- 26, 2006**

Agenda was not available at press time.



**NEW VACCINES**



**Rotavirus– Brand name: Rotateq**– In the U.S., approximately 2.7 million children  $\leq$  5 years of age will have an episode of rotavirus gastroenteritis annually. The illness results in over 200,000 ED visits, over 400,000 outpatient visits, 55,000-70,000 hospitalizations and 20-60 deaths. Rotateq is an oral, live virus vaccine, licensed in Feb, 2006. ACIP recommended a 3 dose series. Universal vaccination should begin between 6-12 weeks of age. Intervals between doses 1&2 and 2& 3 is 4-10 weeks. All vaccinations should be complete by 32 weeks. Precautions exist for infants with moderate to severe acute gastroenteritis at the time of vaccination and infants with moderate to severe febrile illnesses. In both instances, delay vaccination until the child recovers. Premature infants can be immunized if they are at least six weeks of age, clinically stable, and are discharged from the hospital nursery.

(Continued on page 4)

**Influenza Vaccine Manufacturers for the 2006-07 Influenza Season**

Below is a table with influenza preparations, formulation, age indications and, thimerosal content.

Manufacturer	Vaccine	Formulation	Thimerosal preservative	Age indication
Sanofi Pasteur, Inc.	Fluzone®, Inactivated TIV	Multi-dose vial	Yes	> 6 months
Sanofi Pasteur, Inc	Fluzone® Inactivated TIV	Single-dose pre-filled 0.5 mL syringe or vial	None	> 36 months
Sanofi Pasteur, Inc.	Fluzone®, Inactivated TIV	Single-dose pre-filled 0.25 mL syringe	None	6-35 months
MedImmune Vaccines, Inc	FluMist™ LAIV	Single-dose sprayer	None	Healthy persons 5-49 years
Novartis Vaccine (formerly Chiron Corporation)	Fluvirin™ Inactivated TIV	Multi-dose vial	Yes	> 4 years
Novartis Vaccine (formerly Chiron Corporation)	Fluvirin™ Inactivated TIV	Single-dose 0.5 mL syringe	<1µg Hg/0.5mL dose), preservative free	> 4 years
GlaxoSmith-Kline, Inc.	Fluarix™ Inactivated TIV	Single-dose pre-filled syringe 0.5 mL	<1µg Hg/0.5mL dose, preservative free	> 18 years

**REAPPEARANCE OF VACCINE PREVENTABLE DISEASES**

With the increasing percentages of persons who receive vaccinations in the U.S., it is unusual to experience outbreaks of vaccine preventable disease (VPD). However, vaccination rates in other parts of the world are somewhat more variable. World travel, both Americans visiting other countries and foreign born visitors to the U.S., expose persons to many of the illnesses we are no longer accustomed to managing. Two recent VPD outbreaks have reminded us of the real value of preventing diseases through vaccination.

**MUMPS OUTBREAK**

The CDC and state and local officials continue to investigate an outbreak of mumps that began in Iowa in December 2005. Mumps cases associated with this outbreak have effected 11 states (**NOT** Connecticut). As of June 30, 2006, a total of 4,908 cases were associated with this outbreak, resulting in 72 hospitalizations.

Although the source of the outbreak is unknown at this time, the virus has been identified as the type that is prevented by the mumps vaccine.

(Continued on page 4)

**REGISTRY/CIRTS UPDATE**

**BLUE FORMS**

Hate filling out blue forms? This year, CIRTS sent out **18,476** blue School Health Assessment records to 227 practices who requested them for their 2001 birth cohort entering kindergarten and enrolled in CIRTS. The "blue" forms have all the immunizations pre-printed for you. Please call Johanna at (860)-509-7241, to request your pre-printed blue forms for children born in 2002, going to kindergarten next year. To print a BLANK Blue School Health Assessment Record, visit the CT Dept of Education: <http://www.state.ct.us/sde/deps/Student/Health/HAR.pdf>

**CALL CIRTS FIRST**

If a child is new to your practice, chances are that CIRTS has the previous immunization history, including the birth dose of Hep B.

CIRTS can provide you with the immunization rate for your practice.

CIRTS can identify children who appear late with their immunizations.

CIRTS staff can help pull immunization records for submission to the state registry. Please contact your nearest IAP Coordinator (*see side bar*).

Visit the CIRTS' website for more information: <http://www.dph.state.ct.us/BCH/infectiousdise/cirts.html>

**The EpicENTER**



**WHAT TO DO WHEN THE POWER IS LOST**

If you don't like the weather in New England... wait a minute...it will change. And change it does! Whether severe and sporadic thunderstorms bringing relief from the hot, humid dog days of August, ice storms in October or April that topple over the strongest trees, or, the refrigerator/freezer gets accidentally unplugged, a loss in electrical power can be a serious and expensive occurrence.

**Don't Forget Your Vaccines**

Every facility that administers vaccines should have a plan in place to protect the vaccines when there is a loss of power to the refrigerator and/or freezer unit(s) that house the vaccines. This back-up plan should be posted where everybody can find it in the event of an emergency.

1. Water bottles and ice packs should be kept in the unit with your vaccines at all times to help stabilize temperatures during short losses of power.
2. Each practice should have an insulated box or cooler available in the event of a power outage that is large enough to properly transport vaccines to a new location.
3. Having a pre-existing arrangement with an area hospital, police station, school or other source of back-up power will help in the event of a wide-spread, long-term outage that requires the implementation of emergency generators.
4. Transport your vaccines using the handling and storage requirements identified by each vaccine manufacturer.
5. Record pertinent information about the power out-

age and vaccine storage unit temperatures to help identify the viability of compromised vaccines, i.e., how warm did the vaccines get and for how long.

6. Call the Department of Public Health's Immunization Program at 860-509-7929 for guidance.

**VACCINE INFORMATION STATEMENTS (VIS)**

Did you know that under the National Childhood Vaccine Injury Act (42U.S.C.300aa-26), all health care providers in the U.S. who administer covered vaccines shall, prior to administration of EACH dose of vaccine, provide a copy to keep of the relevant current edition vaccine information statement to:

- ⇒ parent or legal representative of any child receiving the vaccine
- ⇒ to any adult to whom the provider intends to administer such vaccine

Record the following information:

1. The edition date of the VIS distributed
2. The date the VIS was provided
3. Name, address and title of the person administering the vaccine
4. Date administered
5. Vaccine Manufacturer and lot number of the vaccine used



**Local IAP Coordinators**  
**Bridgeport**  
 Maritza Rosado  
 203-372-5503

**Danbury**  
 Irene Litwak  
 (203) 730-5240

**East Hartford**  
 Sandra Ribeiro  
 (860) 291-7390

**Hartford**  
 Leticia Marulanda  
 (860) 547-1426 X7033

**Ledgelight**  
 Janice Loomis  
 860-447-2060 x110

**Meriden**  
 Kate Baker  
 (203) 630-4251

**Naugatuck Valley**  
 Elizabeth Green  
 (203) 881-3255

**New Britain**  
 Ramona Anderson  
 (860) 612-2777

**New Haven**  
 Jennifer Hall  
 (203) 946-7097

**Northeast District**  
 Danielle DaSilva  
 (860) 928-6541 X2013

**Norwalk**  
 Pam Bates  
 (203) 854-7728

**Stamford**  
 Cinthia Vera  
 (203) 977-5098

**Torrington**  
 Sue Sawula  
 (860) 489-0436

**Waterbury**  
 Randy York  
 (203) 346-3907

**West Haven**  
 Betty Murphy  
 (203) 937-3665

**Windham**  
 Karin Davis  
 (860) 423-4534

**Other areas**  
 Johanna Castaneda  
 860-509-8370



(Continued from page 2) (new vaccines)

**Human Papillomavirus-Gardasil** The vaccine is a quadrivalent vaccine composed of virus-like particles. The vaccine provides protection against 4 types of HPV, types 6, 11,16,18. These types cause 90% of genital warts and 70% of cervical cancers.

The vaccine was licensed June 8, 2006 for females aged 9-23 years in a three dose series. ACIP recommended routine vaccination with HPV for 11-12 year old females. The recommendation was made for 11-12 year olds because children that age routinely are getting two other vaccines at that time, Tdap and meningococcal vaccinations.

In prelicensing studies, the vaccine has shown to not be effective in persons who are already infected with one of the types (6,11,16,18) included in the vaccine.

Since there are other types of HPV that can lead to cervical cancer, the schedule for Pap Smear testing should continue to be followed.

**Herpes Zoster(shingles)-Zostavax-** The initial infection with varicella zoster virus (VZV) causes chickenpox. After the initial infection, the virus becomes latent within nerve ganglia. About 25% of people develop the reactivation which can lead to post-herpetic neuralgia (PHN). The risk of developing PHN increases with age, starting at age 60 . FDA approved the vaccine in May 2006 . This live virus vaccine is indicated for the prevention of shingles in individuals 60 years of age and older. A single dose will provide protection.

ACIP will schedule a vote on this vaccine for October 2006.



(Continued from page 2)(reappearance of vaccine preventable illnesses)

As a result of this outbreak, the ACIP has revised the mumps recommendation. The ACIP recommends 2-doses of MMR vaccine for all children with the first dose administered at 12-15 months and the second dose at 4-6 years. Two doses of MMR are recommended for school and college entry, unless the student has other evidence of immunity. In this current outbreak, preliminary analysis of vaccination data shows that two doses of mumps vaccine was ~90% effective in preventing the disease, compared to 80% protection with a single dose.

#### MEASLES OUTBREAK

A little closer to Connecticut, the city of Boston investigated an outbreak of measles. As of the end of June, the Massachusetts Department of Public Health was working with the city of Boston Health Department in the investigation of 15 confirmed cases of measles. The cases occurred in persons who worked in Boston (12) and persons who lived in Boston (3). This event was believed to have started in a person who came into the country from India to work. This person could not verify that he/she had received measles vaccination in their country of origin . Eight of the fifteen cases have an unknown immunization history, two have 1 measles dose given prior to 1968, three have 2 valid measles doses and two are unvaccinated for religious reasons. Eleven are U.S. born. The foreign-born are from: India (index case): Brazil; El Salvador and Great Britain.

REMEMBER: IF YOU OR YOUR PATIENTS ARE TRAVELLING OUTSIDE THE UNITED STATES, THE STATE IMMUNIZATION PROGRAM CAN PROVIDE YOU WITH A PROFILE OF THE RECOMMENDED VACCINES FOR TRAVEL TO THAT COUNTRY. WE CAN ALSO PROVIDE A LIST OF TRAVEL CLINICS AROUND THE STATE.



#### TIPS OF THE ISSUE:

- ⇒ To keep updated on the status of licensure and recommendations for new vaccines, go to : <http://aapredbook.aappublications.org/news/vaccstatus.shtml>
- ⇒ To keep up to date of the lots of Influenza vaccine released by the FDA weekly go to: <http://www.fda.gov/cber/flu/flulot2006.htm>

CONNECTICUT DEPARTMENT OF  
**PUBLIC HEALTH**

Keeping Connecticut Healthy

410 Capitol Avenue, MS # 11 MUN  
P.O. Box 340308  
Hartford, CT 06134-0308  
Phone: (860) 509-7929  
[www.dph.state.ct.us](http://www.dph.state.ct.us)

Co-Editors: Debbye Rosen, BSN, MS  
Vincent Sacco, MS, Program Manager  
Melinda Mailhot, BS, MSPH