



CT DEPT. PUBLIC HEALTH IMMUNIZATION PROGRAM
IMMUNIZATION ACTION PLAN

Governor: M. Jodi Rell

Commissioner: J. Robert Galvin, M.D.



ON TIME

Managing
Vaccine Supply

NEW VACCINE ORDERING

For the first time, the Centers for Disease Control and Prevention (CDC) is implementing a national, centralized approach for vaccine distribution. Using a national, centralized distribution system will save time, ensure that vaccines arrive safely, enable the direct delivery of vaccines to providers and allow CDC to respond more quickly to public health crises. On September 11, 2006, CDC selected McKesson Specialty as the national vaccine distribution vendor. Specific information about McKesson can be found at www.mckessonsspecialty.com

What this means for Connecticut

Beginning on June 11, 2007, the Connecticut Immunization Program is scheduled to switch to McKesson. In May, you will be given some additional vaccines, above the usual 2.5 months limits. This will cushion supplies to get you through the start up with McKesson. In addition to the switch in distributors, CDC is also requiring that states move to a Tiered Ordering Frequency Schedule (TOF). Tiered Ordering frequency is a provider ordering schedule that establishes the lowest total cost of distribution, by identifying the number of orders providers should place each year. The goal of TOF is to balance shipping costs with inventory & spoilage costs. Under TOF, providers will only be able to order at certain times of the year: high volume users will continue to order every month, medium volume users will move to every other month and low volume users will order on a quarterly schedule.

If you order vaccine through the state Immunization Program, you should already have been notified about the change. Contact the Immunization Program at 860-509-7929, if you have any questions.

ACIP

Minutes from the February 2007 ACIP meeting were not available at publication time. However, slide presentations from the meeting are available at:

<http://www.cdc.gov/nip/ACIP/slides/mtg-slides-feb07.htm>



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TIP OF THE ISSUE:

UPDATED GUIDELINES FOR CHICKENPOX
OUTBREAK PREVENTION AND CONTROL
FOR SCHOOL AND CHILDCARE SETTINGS

NOW AVAILABLE AT:

Department of Public Health (DPH) website at:
<http://www.dph.state.ct.us/BCH/infectiousdise/immuniza.htm>

Do you have a vaccine tip you want to share??? Contact Debbye Rosen at 860-509-7729



April 21-28, 2007

National Infant Immunization Week (NIIW)
At A Glance

National Infant Immunization Week (NIIW) is an annual observance to promote the benefits of immunizations and to focus on the importance of immunizing infants against vaccine-preventable diseases by age two.

For a list of events planned in CT, see insert of this edition of IAP on Time.



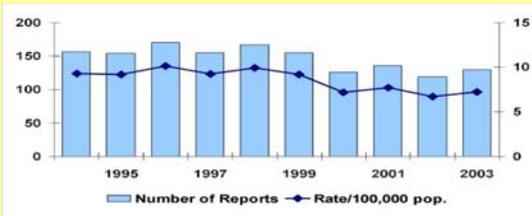
HPV Vaccine Target Groups and Benefits: Cervical Cancer Epidemiology in Connecticut, 1994–2003 (adapted from CT Epidemiologist Vol. 27 No. 2 Feb 2007)
Reported by: L Sosa MD, J Hadler MD, MPH, Epidemiology and Emerging Infections Program, Connecticut Department of Public Health.

In June 2006, a vaccine was approved for protection against four types of Human Papillomavirus (HPV). The vaccine approval was reported in the Fall 2006 (Vol.10 No.1) IAP on Time.

To determine the potential benefits of HPV vaccine and identify target groups for vaccination, the CT Department of Public Health conducted a descriptive epidemiological analysis of the most recent 10 years of cervical cancer data from the Connecticut Tumor Registry. Only data on cervical cancer, not carcinoma in situ, was included in the analysis. For overall and late-stage disease, incidence rates and relative rates were analyzed by age, race, ethnicity and urban residence (residence in one of the five towns with >100,000 people). Incidence rates were calculated using census data and intercensus estimates.

A total of 1467 cases of malignant cervical cancer were diagnosed during 1994-2003 in Connecticut residents. Median age was 50 years (range: 18-104 years). Late-stage diagnoses accounted for 16% of all cases. At the time of this analysis, just over 1/3 of the patients in the database had died and at least 44% had a cause of death attributable to their cervical cancer diagnosis. An average of 147 cases were reported each year with an overall incidence rate of 8.4 cases per 100,000 population (Figure 1.)

Figure 1. Cervical Cancer Reports and Annual Incidence Rates, CT, 1994-2003



Overall, persons of white race accounted for 84.5% of all cases, while persons of black race accounted for 12.5% of all cases. Cases described as being of Hispanic ethnicity increased from 7.1% in 1994 to 18.6% in 2003 (p<0.01). Overall incidence rates were higher for persons of Hispanic ethnicity, of black race, and for urban residents compared to the overall rate (10.0, 11.3 and 12.1/100,000 respectively).

Incidence rates for these three groups were analyzed for the latter five years of data (1999– 2003) and cases were divided by those younger than 40 years and those 40

(Continued on page 4)

CME TELECONFERENCES IMMUNIZATIONS

The State of CT, Department of Public Health and the American Academy of Pediatrics, CT Chapter announced their collaboration in sponsoring Continuing Medical Education teleconferences.

The first teleconference, Pertussis: Why all the Whoopla about Whooping Cough was held March 1, 2007. Over 90 registrations were received. Listeners heard Dr Katrina Kretsinger from CDC and Dr Robert Baltimore from Yale University School of Medicine. The session is archived at the DPH and AAP websites for reference:



DPH website: www.dph.state.ct.us/BCH/infectiousdise/immuniza.htm
 or

AAP website: www.ct-aap.org

Two additional teleconferences are scheduled for this year. Below is the scheduled topic, date, time and presenters. Also listed are details for tuning in and obtaining CME credits.

⇒ **HPV: A New Era in Prevention of Cervical Cancer**

Date and time: Thursday, May 31, 2007 12:10–1:00 pm

Presenter: Dr. Bill Atkinson, Medical Epidemiologist, CDC, Atlanta

⇒ **Immunizations Across the Life Span: Adolescent Vaccines and Update on Daycare & School Regulations**

Date and time: Tuesday, September 25, 2007 12:10–1:00 pm

Presenter: TBD, CDC, Atlanta

Dr. Jim Hadler, CT State Epidemiologist, DPH

Audience:

Pediatricians, family physicians, physician assistants, nurses, office staff

Obtaining CME Credits:

- Norwalk Hospital is accredited by the CT Medical Society to sponsor continuing medical education for physicians. Norwalk Hospital designates this continuing medical education activity for 1 credit hour in Category 1 of the Physicians Recognition award of the AMA.
- CEs for nurses are not available at this time.
- To earn CME credits: 1) register for the teleconference, 2) after listening to the teleconference submit the Evaluation Form to AAP, 3) a certificate for your CMEs will be mailed to the address on your Registration Form.

To Register:

Obtain a registration form by calling 860-509-7929

Fax the Registration Form to Melinda Mailhot at (860) 509-7945 or email to:

melinda.mailhot@po.state.ct.us by May 25th for the HPV session, and by September 20th for the Adolescent session. Receipt of your Registration Form will be confirmed by fax or email and you will receive instructions for connecting to the teleconference. Register early as there are a limited number of phone lines.

*** FOR MORE INFORMATION CALL:

MELINDA MAILHOT – DPH IMMUNIZATION PROGRAM AT (860) 509-7929

OR

JILL WOOD – AAP AT (860) 525-9738.



The EpiCENTER

VACCINE SAFETY

Can you imagine having to say "I'm sorry Mrs. Johnson, you'll have to come back so I can give little Danny another shot. The one I gave today was expired."

Protect your patients, your practice, and your resources. **Don't let your vaccines expire.**

Organization is the best way to prevent vaccines from meeting their expiration dates.

- ⇒ Order only what you'll use. Stockpiling vaccines leads to waste.
- ⇒ Store vaccines in an orderly fashion, separated by their antigen type(s).
- ⇒ Place short-dated vaccines in front of longer-dated vaccines, to be used first.
- ⇒ Physically inventory and inspect expiration dates for each vaccine, every month.
- ⇒ Remove expired vaccines from cold storage to avoid inadvertent use.

Notes:

- ◆ Expired vaccine should be returned to the Immunization Program with a completed vaccine return form.
- ◆ If you notice during your monthly inventory that vaccines will be expiring in 2-3 months, move them to another VFC practice that will be able to use the vaccines before they spoil. *(Copy CT DPH on the transfer form.)*
- ◆ If you need to order vaccines but know that you will not use a whole box, call a neighboring VFC practice and share a box. *(Copy CT DPH on the transfer form)*

If you need assistance finding a home for your expiring vaccines, call the CT Immunization Program and ask your Field Epidemiologist for assistance.



**LEGISLATIVE SESSION
2007**

The current Connecticut state legislative session has a number of proposed bills with implications for immunizations. Below are bill numbers that have the potential to effect immunizations statewide.

To follow the progress of each bill, go to <http://www.cga.ct>.

Insert the bill number in the box <number>, at the top of the page.

HPV VACCINE

SB 86 ; AN ACT ESTABLISHING STANDARDS FOR EARLY IMMUNIZATION AGAINST HUMAN PAPILOMA VIRUS.

HB 5485; AN ACT CONCERNING HUSKY PLAN, PART A AND PART B COVERAGE FOR THE HUMAN PAPILOMA VIRUS VACCINE.

HB 6085; AN ACT CONCERNING AN APPROPRIATION FOR INCREASING AWARENESS ABOUT HUMAN PAPILOMA VIRUS AND CERVICAL CANCER.

HB 6977; AN ACT CONCERNING PREVENTION STRATEGIES FOR DISEASES CAUSED BY HUMAN PAPILOMA VIRUS.

INFLUENZA VACCINE

SB00189; AN ACT ALLOWING MEDICAL ASSISTANTS TO ADMINISTER INFLUENZA VACCINE.

SB01124; AN ACT PROVIDING ESSENTIAL PLANNING FOR CATASTROPHIC EVENTS IMPACTING THE STATE.

SB01195; AN ACT CONCERNING ADMINISTRATION OF INFLUENZA AND PNEUMOCOCCAL POLYSACCHARIDE VACCINES BY LICENSED HOME HEALTH CARE AGENCY STAFF.

HB 05512; AN ACT ESTABLISHING A BULK PURCHASING INFLUENZA VACCINE PILOT PROGRAM.

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WHO'S YOUR FIELD EPIDEMIOLOGIST???

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(Continued from page 2 HPV target groups)

years and older. For women younger than 40 years, those most likely to have been infected at a young age, Hispanic, black or urban residents were 2.9, 1.6 and 1.8 times more likely than white women to be diagnosed with cervical cancer (Table 1).

Table 1. Cervical Cancer Incidence Rates by Age-Group and Race-ethnicity, CT 1994-2003

	<u>Age <40 yrs</u>		<u>Age >40 years</u>	
	Incidence*	RR**	Incidence	RR
Overall	1.6		5.9	
White Race	1.4		6.1	
Black Race	2.3	1.6	8.4	1.4
Hispanic Ethnicity	4.0	2.9	7.2	1.2
Urban Residence	2.5	1.8	8.5	1.4

*Per 100,000 women in specified age and race ethnic group

**Rate ratio

Editorial Note:

In 2007, it is estimated that 11,150 new cases of invasive cervical cancer will be diagnosed in the United States. Approximately 3670 women will die that same year as a result of this disease (1). Given that 25% of girls report being sexually active by age 15 years (2) and the rapid rate at which exposure to HPV occurs after sexual debut, it is essential to vaccinate girls aged 11-12 years to get full benefit of the vaccine. However, given the spectrum of onset of sexual debut and the fact that exposure to HPV types 16 and 18 may not occur immediately, it is also important to make vaccine available to all females aged 13-26 years, particularly teenagers in recognized risk groups.

In Connecticut, the data on cervical cancer, as well as other sexually transmitted diseases such as gonorrhea and chlamydia, show that Hispanic and black teenage females are at particular risk. Thus, efforts should be made to target them with HPV vaccine.

References

1. American Cancer Society. Overview: Cervical Cancer. Available from http://www.cancer.org/docroot/CRI/CRI_2_1x.asp?dt=8. Accessed February 7, 2007.
2. Mosher WD et al., Sexual behavior and selected health measures: men and women 15-44 years of age, United States, 2002, *Advance Data from Vital and Health Statistics*, 2005, No. 362.

MMWR publishes HPV recommendations for HPV vaccination. These can be read at: <http://www.cdc.gov/mmwr/pdf/rr/rr56e312.pdf>



The New England Journal of Medicine published "Loss of Vaccine-Induced Immunity to Varicella over Time"

Sandra S. Chaves, M.D., M.Sc., Paul Gargiullo, Ph.D., John X. Zhang, Ph.D., Rachel Civen, M.D., Dalya Guris, M.D., M.P.H., Laurene Mascola, M.D., M.P.H., and Jane F. Seward, M.B.B.S., M.P.H.
N Engl J Med 2007;356:1121-9.

The article concludes that a second dose of varicella vaccine could improve any waning immunity and improve primary vaccine failure.



Keeping Connecticut Healthy

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