



**CT DEPT. PUBLIC HEALTH IMMUNIZATION PROGRAM  
IMMUNIZATION ACTION PLAN  
Commissioner: J. Robert Galvin, M.D. , MPH, M.B.A.**



**PROPOSED NEW IMMUNIZATION REQUIREMENTS FOR DAY CARE, SCHOOL AND COLLEGE**

In 2005 and 2006, CDC dramatically expanded routine immunization recommendations for children, adolescents and adults. These new recommendations included both newly licensed vaccines and expanded recommendations for use of the existing varicella, mumps, hepatitis A and influenza vaccines. Connecticut state law requires that day care and school immunization requirements reflect the current recommendations of the AAP/ACIP.

We are currently in the process of updating our day care, school and college immunization regulations to incorporate these new vaccine recommendations. Please see information below regarding new vaccine requirements and proposed dates of implementation.

All of these proposed changes are still in the discussion phase. We expect to have drafted relevant regulatory changes for public comment sometime this summer or early next fall. In the meantime, you should be considering making the necessary adjustments in your practice to meet these anticipated new requirements. **Of note, we do not yet have any potential timetable for requiring rotavirus for infants, or meningococcal or human papillomavirus (HPV) vaccines for 11-12 year olds.**

As always if you have any questions, please contact the Immunization Program at (860) 509-7929.

**1. Influenza Vaccine**

The Advisory Committee on Immunization Practices (ACIP) recommended in 2003 that all healthy infants 6-23 months of age be vaccinated annually against influenza, beginning with a 2 dose primary series. In 2006, that recommendation was extended to include healthy infants 24-59 months of age. The Committee based the new recommendation on recent research that indicates flu causes much of the use of health care and lost work time by parents of children ages two to five years, despite the small number of serious illnesses and deaths caused by the disease amongst those children. According to the Committee, about 85 of every 1,000 four-year-old children (8.5%) receive physician care for flu annually. In addition, recent research indicates that flu vaccinations among children could help protect individuals at the highest risk for complications from the disease. *We are considering implementing an influenza vaccine requirement for all children 6-23 months of age beginning in August of 2008 and expanding the age requirement in August of 2009 to include all children 6 months to 4 years (59 months) of age enrolled in day care, family day care and group day care homes.*

**2. Hepatitis A Vaccine**

In early 2006, the ACIP recommended universal vaccination against hepatitis A for all children beginning at 12 months of age. The vaccine is administered as a 2-dose series with doses given 6 months apart. Hepatitis A virus is transmitted by the fecal oral route, often from young children with mild or asymptomatic infection. Exposure to infected children in daycare is a risk factor for adult and pediatric infection. Based on the success of universal vaccination of children in the western US and the fact that hepatitis A is now more common in the eastern than western US, recommendations were expanded to include the whole country and to begin with vaccination

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**CHANGE TO DAY CARE IMMUNIZATION REQUIREMENTS**



Effective August 1,2007, in accordance with Connecticut General Statutes( CGS) 19a-7f (Standard of Care for Immunization of Children in Connecticut), each child under 5 years of age who attends a licensed family day care home, a licensed child day care center, a licensed group day care home or a licensed youth camp is required to show proof of immunity to pneumococcal disease. Unvaccinated children 7 months of age or older do not require a full series of 4 doses. The number of doses a child needs to complete the series depends on the child's current age.

- \* The primary series, beginning in infancy is 3 doses at 2,4,6 months of age with a fourth booster dose at 12-15 months.
- \* Unvaccinated children aged 7-11 months should receive 2 doses of vaccine at least 4 weeks apart followed by a booster dose at age 12-15 months.
- \* Unvaccinated children aged 12-23 months should receive two doses of vaccine at least 8 weeks apart.
- \* Previously unvaccinated healthy children 24-59 months of age should receive a single dose of PCV7.
- \* Unvaccinated children 24-59 months of age with sickle cell disease, asplenia, HIV infection, chronic illness, cochlear implant, or immunocompromising conditions should receive 2 doses of PCV7 separated by 8 weeks.
- \* PCV7 is not routinely recommended for persons older than 59 months of age.

**TIP OF THE ISSUE:****Vaccine Policy Memos**

The immunization program sends out updates on vaccine policy issues to all enrolled VFC health care providers. If you think you have missed one, they are all posted on the Immunization section of the DPH website at: <http://www.dph.state.ct.us/BCH/infectiousdise/PolicyMemos/policy.htm>

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

## ANNUAL IMMUNIZATION SATELLITE UPDATE Immunization Update 2007

August 9, 2007  
9:00-11:30 AM ET &  
12:00 Noon-2:30 PM ET - Rebroadcast

Information is available at:  
<http://www2a.cdc.gov/phtnonline/>

## CURRENT ISSUES IN IMMUNIZATIONS Net Conference

Coming July 12, 2007

Information is available at:  
<http://www.cdc.gov/vaccines/ed/ciinc/>

## Managing Vaccine Supply

**TRANSITION TO McKESSON**

On June 11, 2007, the Immunization Program transitioned to a new vaccine McKesson. Providers should see no difference in the process for ordering and receiving their vaccines. The only provider change is the way vaccines are returned due to expiration dates or faulty vaccine storage. Vaccines that need to be returned should now be sent back to McKesson.

Starting on June 11<sup>th</sup> providers will:

1. Fill out and fax the vaccine return form to the immunization program.
2. Return all expired/spoiled vaccines directly to McKesson using one of their shipping containers.
3. Include a copy of the completed vaccine return form with the expired/spoiled vaccines.

## 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 100 registrations were received. Listeners heard Dr. Katrina Kretsinger from CDC and Dr. Robert Baltimore from Yale University School of Medicine.



The second teleconference featured Dr. William Atkinson and Dr. Shelia Ryan on the topic of HPV vaccine. Over 80 registrations were received for this teleconference.

The sessions are archived at the DPH and AAP websites for reference.

DPH website: [www.dph.state.ct.us/BCH/infectiousdise/immuniza.htm](http://www.dph.state.ct.us/BCH/infectiousdise/immuniza.htm)  
or

AAP website: [www.ct-aap.org](http://www.ct-aap.org)

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

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

*Date and time:* Wednesday, September 26, 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, however, nurses may request a certificate of completion.
- 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 participate in the session all you need is a phone.**

**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@ct.gov](mailto:melinda.mailhot@ct.gov) 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

### CONNECTICUT NATIVE KEY TO POLIO VACCINE

During the first half of the 20<sup>th</sup> century, no illness inspired more dread and panic in the United States than did polio. In the 1950's, polio was a crippling disease, that had fearful parents keeping their children out of public places. Also referred to as infantile paralysis, polio struck in the U.S. every summer and fall with virulent epidemics.

In 1916, a polio epidemic began in the United States that killed 6,000 Americans and paralyzed 27,000 others. In 1952, 57,000 cases of polio were reported with 3,000 deaths. Today, polio survivors are one of the largest disabilities groups in the United States.

Early attempts at creating a vaccine against polio had proven ineffective. Researchers could not grow the virus outside the body.

A Hartford native, John Enders was instrumental in determining how to grow polio virus in the laboratory allowing the vaccine to be produced in mass quantities

Enders was born on February 10<sup>th</sup>, 1897, in West Hartford, Connecticut. He was educated at the Noah Webster School in Hartford and St. Paul's School in Concord, New Hampshire. In 1915, he went to Yale University, but in 1917 left his studies to become a pilot in the U.S. Air Force. After the First World War, he returned to Yale and in 1919 received his B.A. He went into the real estate business in Hartford, but was not satisfied and enrolled in Harvard University with the plan to become a teacher of English Literature and/or the Germanic and Celtic languages. Always interested in biology and because of his friendship with Harvard medical students, he decided to enter as a candidate for a Ph.D degree in bacteriology and immunology, receiving his degree in 1930. John, in collaboration with others at Harvard, performed many interesting research studies on viral/infectious diseases.

In 1946, Enders was asked to establish a laboratory for research in infectious diseases at Children's Medical Center at Boston. It was at this laboratory that the work was done on the cultivation of the poliomyelitis viruses.

John Enders won the 1954 Nobel Prize in Medicine for his work. However, Jonas Salk and Albert Sabin, whose vaccines were built on Enders' research, became household names.

John Enders died on September 8, 1985. Without his outstanding work on the viral diseases of man, especially polio, the crippling disease could very well have claimed many more lives and left even more paralyzed for life.

### ACIP

#### February meeting of ACIP

- ◆ Revision of the post exposure recommendations for exposure to Hepatitis A virus were discussed and will be voted on at the June 2007 meeting.
- ◆ Report on intussusception following vaccination with RotaTeq showed that the observed reporting rates did not appear to be greater than rates expected to occur by chance alone.
- ◆ Review of the issue of thimerosal and autism. Scientific evidence does not support an association between thimerosal and autism.
- ◆ 130 million doses of influenza vaccine are projected for the 2007-2008 influenza vaccination season. There will be no change in age or risk groups for 2007-2008.
- ◆ FluMist CP111 study demonstrated superior efficacy against both matched and mismatched influenza strains, in comparison to TIV (Trivalent Inactivated Influenza Vaccine). Safety on children <12 months and children < 59 months with history of wheezing and asthma needs further study. Data to support the proposed indication in children 12 to 59 months without a history of wheeze or asthma are currently under regulatory review.

The next ACIP meeting was scheduled for June 27 and 28, 2007 (after this edition was sent to print).

#### For meeting agendas and minutes:

<http://www.cdc.gov/vaccines/recs/acip/meetings.htm>



### SUPPLY OF VACCINES CONTAINING VARICELLA-ZOSTER VIRUS

A notice to readers in the MMWR on May 11, 2007 reports that Merck & Co., Inc is projecting that their MMRV vaccine, ProQuad will be unavailable beginning in July 2007. Merck is saying that the vaccine will not be available for the remainder of 2007.

Merck expects to continue to meet demands for Varivax (varicella) and M-M-R II to fully implement the recommended immunization schedule. Questions regarding the supply of these Merck Products should be addressed to Merck's National Service Center at 800-637-2590.

Updates on vaccine shortages and delays are available from CDC at <http://www.cdc.gov/vaccines/vac-gen/shortages/default.htm>

### Local

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(Continued from page 1 proposed changes)

of 1 year olds. We are considering implementing a hepatitis A vaccine requirement for all children born on January 1, 2008 or later, who enroll in day care, family day care and group day care homes. This requirement would go into effect in August 2009. This requirement would also be extended to children born January 1, 2008 or later who attend pre-kindergarten, Head Start, or other school-based early childhood programs.

**3. 2<sup>nd</sup> Dose Varicella Requirement for Kindergarten and 7<sup>th</sup> Grade School Entry**

In late June 2006, ACIP voted to recommend a second dose of varicella-containing vaccine for children 4 to 6 years of age to improve primary and long-term protection against chickenpox. The ACIP also recommended that children, adolescents, and young adults who previously received a single dose of vaccine be given a second dose of varicella-containing vaccine to assure full and lasting protection and to minimize the potential for sustained transmission in school settings. We are considering implementing a two-dose requirement for varicella containing vaccine for kindergarten and 7<sup>th</sup> grade entry beginning in August of 2009.

**4. 2<sup>nd</sup> Dose Mumps Requirement for Kindergarten and 7<sup>th</sup> Grade School Entry**

Following the resurgence of mumps outbreaks nationally in 2006, the ACIP recommended that children, adolescents, and young adults who previously received a single dose of mumps vaccine be given a second dose of mumps-containing vaccine to assure full and lasting protection and to minimize the potential for sustained transmission in school and college settings. We will add the two-dose requirement for mumps containing vaccine for kindergarten and 7<sup>th</sup> grade entry beginning in August of 2009. In Connecticut, this will largely be a formality, as we have a long-standing 2-dose measles requirement and almost all children have been given MMR.

**5. Adolescent Tdap Vaccine Requirement for 7<sup>th</sup> Graders**

In 2006, the ACIP recommended adolescents aged 11-18 years receive a single dose of Tdap instead of tetanus and diphtheria toxoids vaccine (Td) for booster immunization against tetanus, diphtheria, and pertussis. The preferred age for receiving the vaccine is 11-12 years. Despite substantial success in vaccinating infants against these diseases, coverage is not complete, and protection against pertussis appears to wane after 5 – 10 years. Consequently, a large proportion of reported cases of pertussis in the United States are now found in the adolescent age group, and many outbreaks occur in school settings where adolescents congregate. Further,

adolescents are now a reservoir of disease, which can infect infants. We are considering implementing a Tdap booster requirement for 7<sup>th</sup> grade entry beginning in August of 2009.

**6. 2<sup>nd</sup> Dose Mumps Requirement for College Entry**

The national mumps outbreak in 2006 in predominately college-age population resulted in the revision of the current ACIP recommendation for mumps prevention to include a second dose of mumps-containing vaccine for young adults who previously received a single dose of mumps vaccine to minimize the potential for sustained transmission in college settings. We will add the two-dose requirement for mumps containing vaccine for all entering freshman students beginning in August of 2009. As for 11-12 year olds, this requirement should largely be a formality.

**7. 2<sup>nd</sup> Dose Varicella Requirement for College Entry**

In late June 2006, the ACIP voted to recommend a second dose of varicella-containing vaccine for adults who previously received a single dose of vaccine to assure full and lasting protection and to minimize the potential for sustained transmission in college settings. We are considering implementing a two-dose requirement for varicella containing vaccine for all entering freshman students beginning in August of 2009.

**CDC CHANGES WEBSITE**

As of June 11, 2007 the web address for the National Immunization program is :

<http://www.cdc.gov/vaccines/>



**ADULT INFLUENZA VACCINATION WEEK  
MARK YOUR CALENDARS....**

**NOVEMBER 26, 2007– DECEMBER 2, 2007 IS DESIGNATED AS ADULT IMMUNIZATION WEEK.**  
The Fall issue of IAP on Time will list events scheduled around the state for that week. If you are interested in listing an event or would like to plan an event for that week, contact Debbye Rosen, Adult Immunization Coordinator at Department of Public Health at 860-509-7729.

CONNECTICUT DEPARTMENT OF  
**PUBLIC HEALTH**

Keeping Connecticut Healthy

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