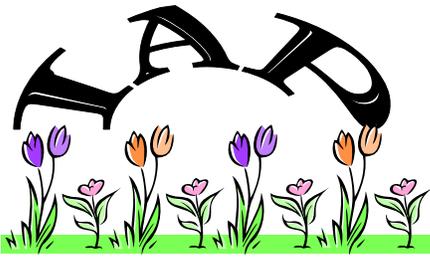




CT DEPT. PUBLIC HEALTH IMMUNIZATION PROGRAM

Commissioner: J. Robert Galvin, M.D.



# NOT TIME

**Advisory Committee on Immunization Practices (ACIP) Update  
February 2008 Meeting**

**Expansion of Influenza Vaccine Recommendations:**  
ACIP voted to expand the recommended age for annual influenza vaccination of children to include all children from 6 months through 18 years of age. (The previous recommendation was for vaccination of children from 6 months to 59 months of age.) The expanded recommendation is to take effect as soon as feasible, but no later than the 2009–2010 influenza season. This will increase the number of children recommended for vaccination by approximately 30 million. Studies have shown that healthy children bear a significant burden from influenza disease and are at increased risk of needing influenza-related medical care. In addition, there is evidence showing that reducing influenza transmission among children has the potential to reduce influenza among their household contacts and within the community.

**Updated Recommendations for MMRV:**  
After new information was presented on the risk of febrile seizures following administration of ProQuad® measles, mumps, rubella, and varicella (MMRV) vaccine, the ACIP updated recommendations to remove its preference for administering combination MMRV vaccine over separate measles, mumps, and rubella (MMR) vaccine and varicella vaccine.

**Maintain Current Recommendation for MCV4:**  
ACIP voted *against* recommending universal vaccination of children 2 years through 10 years of age with meningococcal conjugate vaccine (MCV4). This vote maintains the current recommendation to vaccinate with MCV4 children at high risk 2 through 10 years old, all children 11 through 18 years old, and adults at high risk who are 19 years through 55 years old. For persons 2 through 55 years old, MCV4 is preferred; the meningococcal polysaccharide vaccination (MPSV) is an acceptable alternative if MCV4 is not available. Adults 56 years old and older at high risk should receive MPSV.

**HPV and Rotavirus Working Groups:**  
The human papillomavirus (HPV) working group is developing recommendation options for women aged 27–45 years old, recommendations for the bivalent vaccine in anticipation of it being licensed, and recommendations for males. The Rotavirus working group is drafting recommendations for the newly licensed Rotarix.

For more information on the February 2008 ACIP meeting visit: [www.cdc.gov/vaccines/recs/acip](http://www.cdc.gov/vaccines/recs/acip)  
**The next ACIP meeting will be held June 25-26, 2008.**

**FDA Approves Second Rotavirus Vaccine**

The U.S. Food and Drug Administration (FDA) announced the approval of Rotarix®, the second oral U.S. licensed vaccine for the prevention of rotavirus, an infection that causes gastroenteritis (vomiting and diarrhea) in infants and children. Rotarix® is a liquid and is given in a two-dose series to infants 6 to 24 weeks year-old.

Prior to vaccine availability, rotavirus caused about 2.7 million cases of gastroenteritis in U.S. children each year. Although the disease is usually self-limiting, between 55,000 to 70,000 children needed hospitalization annually and between 20 and 60 deaths occurred. Without vaccination, nearly every child in the United States would likely be infected at least once with rotavirus by age 5.

There are many different strains of rotavirus. Both vaccines protect against rotavirus gastroenteritis caused by the G1, G2, G3, G4, and G9 strains. During studies involving more than 24,000 infants, Rotarix® was effective in preventing both severe and mild cases of rotavirus-caused gastroenteritis during the first two years of life.



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**NATIONAL INFANT IMMUNIZATION WEEK INSERT**



# The EpicENTER

## Measles on the Increase

From January 1--April 25, 2008, a total of 64 confirmed measles cases were reported to CDC, the most reported by this date for any year since 2001. Of the 64 cases, 54 were associated with importation of measles from other countries into the United States, and 63 of the 64 patients were unvaccinated or had unknown or undocumented vaccination status.

The cases were reported from: New York City (22 cases), Arizona (15), California (12), Michigan and Wisconsin (four each), Hawaii (three), and Illinois, New York state, Pennsylvania, and Virginia (one each). Patients ranged in age from 5 months to 71 years; 14 patients were aged <12 months, 18 were aged 1--4 years, 11 were aged 5--19 years, 18 were aged 20--49 years, and three were aged  $\geq$ 50 years, including one U.S. resident born before 1957.

In January and February 2008, San Diego experienced an outbreak of 11 measles cases, with an additional case who was exposed in San Diego but became ill in Hawaii. The index case was an unvaccinated child who had recently traveled to Switzerland, where a measles outbreak is ongoing (see <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5708a3.htm>). Transmission in this outbreak occurred in a doctor's office as well as in community settings. Measles genotype D5 was identified from more than one case in the San Diego and Arizona outbreaks; this genotype is currently circulating in Switzerland (see [http://www.eurosurveillance.org/edition/v13n08/080221\\_1.asp](http://www.eurosurveillance.org/edition/v13n08/080221_1.asp)). Confirmed measles cases reported from New York City involve genotype D4, which is identical to the genotype responsible for a large ongoing measles outbreak in Israel (see [http://www.eurosurveillance.org/edition/v13n08/080221\\_3.asp](http://www.eurosurveillance.org/edition/v13n08/080221_3.asp)). In addition, two measles cases recently confirmed in unvaccinated siblings from Michigan may have resulted from exposure during a long stop-over in the Atlanta airport.

Measles is a highly contagious acute viral disease that is transmitted by respiratory droplets and airborne spread. Measles can result in severe complications, including pneumonia, encephalitis and death. The incubation period for measles ranges from 7-18 days. The diagnosis of measles should be considered in any per-

son with a generalized maculopapular rash lasting  $\geq$  3 days, a temperature  $\geq$  101°F, and cough, coryza, or conjunctivitis. Immunocompromised patients may not exhibit rash or may exhibit atypical rash.

As a result of a successful U.S. vaccination program, measles elimination (i.e., interruption of endemic measles transmission) was declared in the United States in 2000. The number of reported measles cases has declined from 763,094 in 1958 to fewer than 150 cases reported per year since 1997. From 2000--2007, yearly measles totals ranged from 29--116 (mean: 62, median: 56).

Rapid and aggressive public health action is needed in response to measles cases. Case investigation, vaccination of household or other close contacts without evidence of immunity, and control activities should not be delayed pending the return of laboratory results. Control activities include isolation of known and suspected case-patients and administration of vaccine (at any interval following exposure) or immune globulin (within 6 days of exposure, particularly contacts  $\leq$  6 months of age, pregnant women, and immunocompromised people, for whom the risk of complications is highest) to susceptible contacts. For contacts who remain unvaccinated, control activities include exclusion from day care, school, or work and voluntary home quarantine from 7 to 21 days following exposure.

Persons who are known contacts of measles patients and who develop fever and/or rash should be considered suspected measles case-patients and be appropriately evaluated by a healthcare provider. If healthcare providers are aware of the need to assess a suspected measles case, they should schedule the patient at the end of the day after other patients have left the office. They should inform clinics or emergency rooms when referring a suspected measles patient for evaluation so that airborne infection control precautions can be implemented prior to their arrival.

Healthcare providers should maintain vigilance for measles importations and have a high index of suspicion for measles in persons with a clinically compatible illness, who have traveled abroad or who have been in contact with travelers. They should assess measles immunity in U.S. residents who travel abroad and vaccinate if necessary. Suspected measles cases should be reported immediately to the CT Dept. of Public Health and the local health department. Serologic and virologic specimens (serum and throat or nasopharyngeal swabs) should be obtained for measles virus detection and genotyping. Laboratory testing should be conducted in the most expeditious manner possible.

Further information on measles and measles vaccine is available at <http://www.ct.gov/dph> and at <http://www.cdc.gov/vaccines/vpd-vac/measles/default.htm>.

## Immunization Program Epidemiologists:

- ◆ *Region 1 (Fairfield County area)*  
Paul Sookram 860-509-7835
- ◆ *Region 2 (New Haven area)*  
Stephanie Poulin 860-509-7811
- ◆ *Region 3 (Eastern CT)*  
Sharon Dunning 860-509-7757
- ◆ *Region 4 (Hartford area)*  
Linda Greengas 860-509-8153
- ◆ *Region 5 (Northwestern CT)*  
Jennifer Vargas 860-509-7901

### TIP OF THE ISSUE:

SnapShots, an electronic publication of USAID's IMMUNIZATIONbasics Project, is intended to provide busy public health professionals with references and periodic updates from the immunization world. To access the current and back issues of SnapShots, go to:

<http://www.immunizationbasics.jsi.com/Newsletter/SnapShotsArchive.htm>

To subscribe, go to:

<http://www.immunizationbasics.jsi.com/Newsletter/Subscribe.htm>





**2008 CME Teleconference Schedule**

*co-sponsored by*

*Dept. of Public Health & CT Chapter of American Academy of Pediatrics*

- ◆ **June 24 Vaccine Safety: Dispelling Vaccine Myths**  
Dr. Melinda Wharton, CDC
- ◆ **July 1 Breastfeeding 101**  
Dr. Kathleen Marinelli, CCMC
- ◆ **Sept (date TBD) Adolescence and Youth Development: The Role of Health Care Providers**  
Dr. Sheryl Ryan, Yale School of Medicine
- ◆ **October 2 Adult Immunization: Vaccines for Life**  
Dr. Gina Mootrey, CDC
- ◆ **November 6 Breastfeeding: Slow to Grow Babies**  
Dr. Kathleen Marinelli, CCMC
- ◆ **December TBD**

*For more information visit the DPH website at [www.ct.gov/dph](http://www.ct.gov/dph) and click on "Teleconferences" under the "Featured Links" in the box on the right.*

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Danielle DaSilva  
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Betty Murphy  
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**Other areas**  
Johanna Castaneda  
860-509-7241



**Pink Book, New Printing:** The second printing of the 10th Edition of CDC's immunization textbook, *Epidemiology and Prevention of Vaccine-Preventable Diseases*, "The Pink Book", has been completed and is now available online. "The Pink Book" provides comprehensive information about routinely recommended vaccines, vaccine-preventable diseases and much more. A hard copy of the "Pink Book" can be purchased for \$35. For more information visit: [www.cdc.gov/vaccines/pubs/pinkbook/](http://www.cdc.gov/vaccines/pubs/pinkbook/)

**Immunization Information Systems Increase Enrollments**

Immunization Information Systems (IIS) have made progress enrolling children and healthcare providers in their systems. A new report highlights selected data from CDC's 2006 Immunization Information System Annual Report (IISAR). The data indicated that 65 percent of all U.S. children less than 6 years-old, approximately 15 million children, participated in an Immunization Information System (IIS), an increase from 56 percent in 2005. IISs can provide accurate data on which to make informed immunization decisions and when used for performance feedback to providers, result in increased immunization rates. Most grantees (70 percent) reported that their IISs have the capacity to track vaccinations for persons of all ages. Data concerning vaccinations were entered within 30 days of vaccine administration for 69 percent of children less than 6 years-old. However, results for several data completeness measures are low. These findings underscore the need to continue efforts to address challenges to full participation and ensure high quality information. For more information, see the full article in CDC's March 21, 2008 Morbidity and Mortality Weekly Report (MMWR) at [www.cdc.gov/mmwr/preview/mmwrhtml/](http://www.cdc.gov/mmwr/preview/mmwrhtml/)



From the desks of Maria Heinz (epi region 4), Carol Natitus (epi regions 1 & 5) and Claudia Soprano (epi region 3)  
Your Vaccine Order Support Team!



Phone #: 860 509-7929

Fax #: 860 509-8371

We would like to extend **CONGRATULATIONS** to all the providers and IAP staff who make the Immunization Program a success. According to results from the CDC 2006 National Immunization Survey, Connecticut achieved an 82 percent coverage rate for the basic immunization series among children 19 to 35 months of age. Connecticut's immunization rate was third only to Massachusetts and North Carolina, and well above the national average of 77 percent. Connecticut has been among the top five states for childhood immunization coverage levels for the past 10 years.

#### **V A C A T I O N . . . . in the summertime**

As summertime approaches and offices close for some well-deserved rest, even for just a couple of days, please contact the Immunization Program with the dates you will be closed. We don't want vaccines delivered to an empty office!

#### **Reach out to your VFC Community**

Don't feel stuck with more vaccine than you can use or expiring vaccine. Work within your community of VFC providers to help each other out. Get to know who the VFC providers are in your community including your local community health center, health department, school-based health centers and affiliate offices. If you are unsuccessful in your search or you don't know who to contact, please call us and we can help you.

**As a reminder: even if you are not ordering vaccine, you still must send in your vaccine report on your scheduled month.** The vaccine order report includes a complete inventory of your VFC vaccines and the doses administered page for your order cycle. A complete inventory includes the quantity and expiration date of each vaccine. So if you have multiple lot numbers of the same vaccine you must report the quantity in inventory and expiration of each lot number of that vaccine. You don't need to include the lot number. Vaccine order reports are due by the 1st business day of the month -- no exceptions. Call us if you don't know your order schedule.

**HELPFUL HINT!** *Mark up a calendar with your vaccine expiration dates; as you flip through the months you'll know what to watch for.*



Have a good idea on vaccine management that works in your office? Let us know so we can pass it on!

CONNECTICUT DEPARTMENT OF  
**PUBLIC HEALTH**

Keeping Connecticut Healthy

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# National Infant Immunization Week 2008 Highlights



Leslie Solkoske, accepts an "Immunization" Champion award on behalf of St. Francis Hospital



Torrington Area Immunization Action Plan staff, Karen Nugent and Sue Sawula with their Immunization Champion, Dr. Sophia Grant and Nurse, Karen Dettmer from Litchfield County Pediatrics.



Senate President Pro Tempore Donald Williams and House Speaker, James Amann accept a plaque from Dr. Melinda Wharton, Deputy Director of the CDC's National Center for Immunization and Respiratory Diseases



Eric Triffin, Director of Health for the West Haven Health Department promotes "World Peas" to local newspaper reporter



Walk For Shots, an "umbrella of protection"--Downtown Hartford



Danbury Immunization Action Plan staff, Irene Litwak and Kathie Rocco with their Immunization Champions from the Pediatric Health Center, Dr. Veronica Ron, Dr. Jack Fong, and long-time immunizations advocate and volunteer, Dr. William Bauman

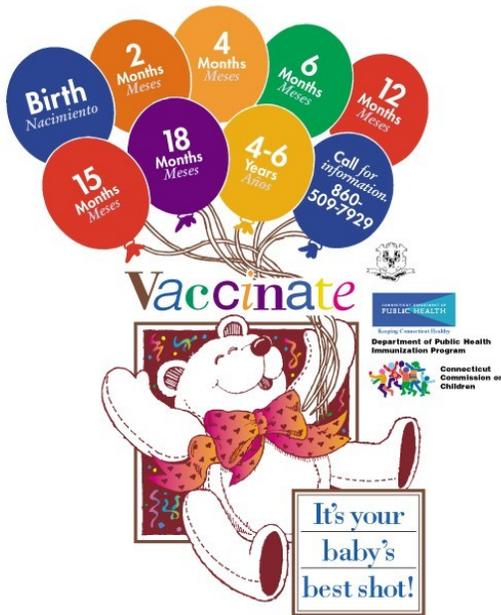


Martine Quick, Medical Assistant for the Willows Pediatric Group of Westport, has a corsage pinned in anticipation of receiving her Champion award



Dr. Ron Angoff, MD, Pediatrician and current President of the CT Chapter of the American Academy of Pediatrics encourages legislators to continue funding vaccines

# CONGRATULATIONS!!



The Connecticut Department of Public Health wishes to congratulate 16 **Immunization Champions** selected throughout the state for their extraordinary effort in helping to keep children up-to-date with their immunizations.

Our champions of immunization have gone above and beyond the call of duty when it comes to keeping kids healthy. From ensuring that every child is enrolled into the statewide immunization registry (CIRTS) to following up with every family that may miss a well-child appointment, these individuals and medical practices have been relentless in their efforts to ensure that no child seen by them will ever contract a vaccine-preventable disease.

The following individuals/practices were publicly recognized by top state and national officials at a ceremony at the Legislative Office Building during *National Infant Immunization Week (April 19<sup>th</sup>-26<sup>th</sup>)*.

## IMMUNIZATION CHAMPIONS

**Marina Rizio, Birth Registrar, St. Vincent's Hospital, Bridgeport**

**Pediatric Health Center, Danbury**

**East Hartford Pediatrics, East Hartford**

**St. Francis Hospital and Medical Center Pediatric Clinic, Hartford**

**Paige Woodruff, RN, Community Health Center of New London**

**Debbie Ward, RN, Community Health Center of Meriden**

**Pediatric & Adolescent Healthcare, PC, Ansonia**

**Community Health Center of New Britain, New Britain**

**Pediatric Primary Care, Hospital of St. Raphael's, New Haven**

**Brooklyn Family Medicine Drs. Joseph Alessandro, Paul Dalbec, Andrea Gutierrez, Brooklyn**

**Martine Quick, Medical Assistant, Willows Pediatric Group, Westport**

**Elaine Braccia, RN, Stamford Health Department, Stamford**

**Litchfield County Pediatrics, Drs. Karen Dettmer, Sophia Grant, Richard Tenczar, Torrington**

**Franklin Medical Children's Health Center, Waterbury**

**Milford Pediatrics, Milford**

**Mansfield Pediatrics, Mansfield Center**

For pictures of the event go to [www.cga.ct.gov/coc](http://www.cga.ct.gov/coc)