

IAP



ON TIME

DELIVERING THE VACCINE MESSAGE

It seems news stories about vaccine safety appear one after another these days. According to the National Network for Immunization Information (NNII), 20-30% of families have important misconceptions that can undermine their confidence in immunizations. The truth is, of course, that immunizations are one of the most important ways parents can protect their children against serious infectious diseases. Here are some tips developed by the NNII on how to communicate with patients about immunization.

1. Establish Rapport

- Pay close attention to your body language, tone of voice and word choices.
- Use active listening. Make eye contact, nod your head to show you understand what the parent is saying, take notes and clarify terms they do not understand
- Avoid distractions. Do not take telephone calls or allow non-emergency interruptions. Have a plan to handle the siblings of the child to be vaccinated.

2. Use the Four C's of Effective Communication

Use the cornerstones of effective communication: chemistry, clarity, consistency, and credibility.

3. Break Down Emotional Barriers

- Break through the emotional barriers of communication. Check to see if the parent is distracted, depressed, anxious or self-conscious. Refocus the parent by:
- Addressing her feelings
- Demonstrating empathy
- Refocusing to the matter at hand, but acknowledging other issues after the discussion
- Shifting energy and attention from feelings to facts
- Validating parents' concerns

4. Engage in a Two-way Conversation

Keep the conversation two-way. A one-sided conversation without any verification of understanding leads to poor retention and decision-making. Find out how the parent feels about what you have told her.

5. Encourage Questions

Build a communication bridge to the parent by encouraging her to ask questions. If the parent does not ask questions, prompt her by offering typical questions that parents ask.

6. Determine Understanding

When telling the parent about the vaccination schedule, options and risks and benefits, probe and listen for concern. Do not assume she understands-ask. For example, "Just to make sure I didn't leave anything out, what is your understanding of the risks and benefits of the vaccine? Or, What should you expect in terms of side effects and reactions?"

7. Provide Supporting Information

-Tell the parent stories and case histories to help demonstrate a point and create higher retention of the information.

-Be prepared with resources you can recommend or give to the parent.

8. Give Perspective

If possible, explain the benefits and risks of the vaccine in comparison to the disease. For example, "Every year about 5,000 to 6,000 people die from hepatitis B virus infection in the US, but no one has ever died as a result of hepatitis B vaccination."

9. Give Real Life Examples

Demonstrating that vaccine-preventable diseases still exist is best done by describing outbreaks in your community or by describing real-life examples. For example, you may say, "About 100 people die each year from chickenpox in the US."

10. Keep It Simple

Although information about vaccine-preventable diseases and vaccines can be complicated, it is important to keep the bottom-line message simple: "Vaccines are safe-disease is bad."

April 22-28 is
National Infant
Immunization Week

INSIDE:

VACCINE UPDATE.....	2
REGISTRY UPDATE.....	2
GET HELP FOR YOUR OFFICE.....	3
NEW VACCINE SHIPPING.....	4
MORBIDITY REPORT.....	4



VACCINE UPDATE

DTaP, Td, and DT

The vaccine supply for the DTaP, Td, and DT vaccines is extremely vulnerable due to the recent market departure of vaccine manufacturer Wyeth-Lederle. The company (Wyeth) has formally announced that they will no longer produce the DTaP, DT, or Td vaccines. Since this departure was not anticipated by the other vaccine manufacturers, it has exacerbated the DTaP situation. Currently there are only two manufacturers, GlaxoSmithKline (recently merged) and Aventis Pasteur, producing this vaccine. In the U.S. market, 100 percent of the tetanus and diphtheria will come from Aventis Pasteur's production lines. Approximately 50-60 percent of the DTaP product will come from GlaxoSmithKline and the remainder will come from Aventis.

Currently, both GlaxoSmithKline and Aventis Pasteur have back orders to fill for the DTaP vaccine; however, the companies are experiencing delays in filling those orders. Vaccine is being prorated/apportioned out by GlaxoSmithKline and Aventis. Both companies believe they will be able to meet national demand for 2001. Since Aventis Pasteur has one production line for DT, DTaP, and other tetanus containing products, they must be selective in what they produce. In order to alleviate some of the production capacity issues, the company hopes to get their DTaP vaccine in Canada licensed for use in the United States.

On March 8, 2001, the Food and Drug Administration (FDA) approved the newly formulated version of Tripedia, a diphtheria and tetanus toxoid and acellular pertussis (DTaP) vaccine without preservative and with only a trace amount of thimerosal. The company plans to transition to the new product within the next month or so which means they will still have some thimerosal-containing vaccine in their supply. Although it is not guaranteed, Aventis expects to provide only the thimerosal-free product as early as May or June 2001



Varicella

As of January 1, 2001, varicella has been added as a reportable disease and will be included on the Preventative Diseases (PD 23) report form. The state Immunization Program will be conducting surveillance based on all cases reported. A letter has been mailed to all local health departments, schools and day cares about the new disease reporting requirement. Those reporting cases must report demographic data as well as vaccination status on every case. The state epidemiology newsletter "Connecticut Epidemiologist" will include the new reporting requirements. Surveillance for chickenpox will allow the Immunization Program to determine incidence by age and to monitor trends over time; recognize and respond to outbreaks; and determine risk factors for infection in children and adults in the vaccine era.

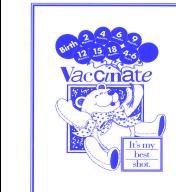
Hepatitis A

The state Immunization Program will be working with local health departments and colleges around the state in the next few months to begin offering hepatitis A vaccine to high risk individuals (men who have sex with men, & students traveling to areas endemic with hepatitis A disease). Hepatitis A vaccine is administered in a 2 dose series with the second dose being given 6-12 months after dose number one.

PCV7

Due in part to spending cap considerations, the Governor's proposed budget for the next two years has NO provision for the purchase of the childhood pneumococcal conjugate vaccine, Prevnar. Thus, for the time being the Immunization Program will continue to distribute vaccine only for use with VFC-eligible children under 2 years of age.

REGISTRY UPDATE



The major focus of the Connecticut Immunization Registry and Tracking System (CIRTS) for the first quarter of 2001 will be to collect and input "cleanup" immunization data on children born in 1998. From this cleanup, CIRTS will generate immunization status reports for every practice in the state. Immunization reports based on children in the registry can also be generated by town or city. Children born in this birth cohort (1998) should now be series complete with their immunizations. These reports will be exciting and interesting as they will represent most of the children born in the state in 1998. Prior to this birth cohort, only children who were on Medicaid Managed Care were

USEFUL IMMUNIZATION WEBSITES

Immunization Action Coalition and Hepatitis B Coalition
www.immunize.org

CDC Home Page
www.cdc.gov

National Immunization Program
www.cdc.gov/nip

Morbidity and Mortality weekly Report (MMWR)
www.cdc.gov/epo/mmwr.html

Medscape
www.medscape.com

National Foundation For Infectious Diseases
www.nfid.org

www.hepnet.com

Medline
www.medportal.com

National Vaccine Program Office
www.cdc.gov/od/nvpo

The Institute For Vaccine Safety
www.vaccinesafety.edu

American Public Health Assoc.
www.apha.org

American Academy of Pediatrics
www.aap.org

Vaccine Education Center at The Children's Hospital of Philadelphia
www.vaccine.chop.edu

Attention all hospitals, and immunization providers.....

If you haven't been acquainted with these folks in the past, then say hello to your new immunization consultants otherwise known as **IAP Coordinators**. These specialists are skilled in helping YOU increase immunization rates and increase awareness of immunization among parents. There can be great difficulty in reaching populations at risk for under-immunization. These folks are here to help. (*See side bar*)

For hospitals they will:

- ◊ Provide state-developed packets of child health information for new moms
- ◊ Help educate staff regarding the statewide immunization registry (CIRTS), and provide enrollment forms
- ◊ Give in-services to new moms about the immunization schedule
- ◊ Update staff on recent developments in immunization and vaccine supply

For providers they will help raise immunization rates in your practice/clinic by:

- ◊ Identifying and conducting outreach on children who appear to be late with immunizations
- ◊ Helping to develop a reminder/recall system to ensure a child shows up for their next appointment
- ◊ Educating staff by providing in-services on immunization and/or CIRTS
- ◊ Getting your office on-line with CIRTS and being available for troubleshooting and follow-up training
- ◊ Conducting an assessment of immunization rates of children in your practice with feedback*
- ◊ Providing your practice/clinic with immunization educational materials for your patients

* subject to availability of IAP Coordinator

Local IAP Coordinators

Bridgeport
Vacant
(203) 332-5556

Danbury
Irene Litwak
(203) 792-4120

Hartford
Susan Vater
(860) 547-1426 X7057

Meriden
Kate Baker
(203) 630-4251

Middletown
Barbara Ricketts
(860) 704-5785

Naugatuck Valley
Kim Blount
(203) 924-9548

New Britain
Ramona Anderson
(860) 612-2777

New Haven
Jennifer Rich
(203) 946-7485

New London
Susan Curcio
(860) 447-8322

Northeast Region
Janet Johnson
(860) 928-6541 X2013

Norwalk
Pam Bates
(203) 854-7728

Stamford
Marge Kappas
(203) 977-5098

Torrington
Sue Sawula
(860) 489-0436

Waterbury
Randy York
(203) 574-6880

West Haven
Betty Murphy
(203) 937-3665

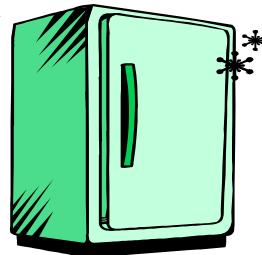
Windham
Karin Davis
(860) 423-4534

SAFEGUARD YOUR VACCINE

Please take special precautions to safeguard your vaccine.

- ✓ Check your temperatures twice a day. Document the temperatures on your log.
- ✓ Maintain refrigerated vaccines at 35°-46° F (2°-8° C), with an optimal temperature of 40° F (5° C). *
- ✓ Maintain Varicella at 5° F (-15° C) or cooler at all times, with an optimal temperature of 0° F (-20° C). *
- ✓ Line your freezer with ice packs and fill empty space in your refrigerator with jugs of water.
- ✓ Keep refrigerated vaccines in the middle shelf with a thermometer. Never store vaccines on the door.
- ✓ Rotate your vaccine, using the shortest expiration date first.

* Vaccine stored outside these limits may be considered non-viable.



State Immunization Staff To Conduct Site Visits

The State Immunization Program staff will begin to visit providers who participate in the Vaccines For Children Program (VFC). Altogether, 150 private and public providers of immunization will be visited. Sites were chosen from the Connecticut Immunization Registry and Tracking System (CIRTS) based on the number of children seen in each practice.

The purpose of these visits are to meet federal requirements of assurance roles, primarily concerning vaccine accountability issues. During these site visits practices will be assessed on:

- Adherence to the Standards of Pediatric Immunization Practice
- Vaccine Storage and Handling
- State-supplied Vaccine eligibility
- Random Review of immunization records of children in the practice/clinic

We appreciate your staff's time and cooperation during these site visits. Adherence to VFC guidelines by all participating providers will improve immunization practices and increase the likelihood that funding for new vaccines will be made available over the next few years.

WIC/IMMUNIZATION UPDATE

In response to the December 11, 2000 Executive Memorandum requiring immunization assessment and referral at all WIC certification and re-certification visits, the U.S. Department of Agriculture (USDA) has drafted a memorandum to all state WIC agencies outlining the implementation of this requirement. The memorandum is under development at USDA, and several drafts have been shared with states and partner organizations for comment. A final version is expected in the near future. The Association of State and Territorial Health Officials (ASTHO) continues to work with its partners on a WIC/Immunization coordination strategic plan and to advocate for increased immunization funding to support WIC/Immunization coordination activities. Other organizations involved in these efforts include the American Academy of Pediatrics (AAP), USDA, CDC National Immunization Program, the National Association of WIC Directors (NAWD), and Every Child By Two.

CDC's
EPIDEMIOLOGY & PREVENTION OF
VACCINE-PREVENTABLE DISEASES
WILL BE ON
MARCH 15, 22, 29, APRIL 5 2001
FROM 12:00-3:30 PM

*Call the State Immunization Program
for the location nearest you*

Connecticut Is #1....Again!

Results from the latest Nation Immunization Survey show Connecticut first in the country in vaccinating children 19-35 months of age in 3 different categories. When measuring vaccination status for 4:3:1 (4 Diphtheria/Tetanus/Pertussis, 3 Polio, and 1 Measles containing vaccine) Connecticut leads the nation at 89.6%, over 10% higher than the national average of 78.9%. When adding in 3 doses of Haemophilus influenza type b (Hib) vaccine (4:3:1:3), Connecticut is first in the country at 88.4% (national 77.3%). Finally, with 3 doses of Hepatitis B vaccine added in (4:3:1:3:3) Connecticut is over 12% higher than the national average, 86% vs. 73.7%

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM MORBIDITY REPORT

Disease	1/1/01-3/31/01	Total 2000
Measles	0	0
Mumps	0	3
Rubella	0	1
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	5	50
Hib	0	0

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.state.ct.us/dph

Co-Editors: Carolann M. Kapur, MPA
Vincent Sacco, MS, Program Manager

TO:

Place Address Label Here