



## FDA APPROVES NEW 5-VALENT COMBINATION VACCINE

**Pediarix**

- ⊕ Protects infants with up to 6 fewer injections
- ⊕ Saves time, effort and storage space
- ⊕ May reduce infant pain and discomfort associated with multiple injections

On December 16, 2002 GlaxoSmithKline announced the FDA approval of its pentavalent vaccine, Pediarix. This new combination vaccine combines Diphtheria, Tetanus Toxoids, Acellular Pertussis Absorbed, Hepatitis B (Recombinant) and Inactivated Poliovirus vaccines. Pediarix is approved for administration at 2, 4, and 6 months of age, and its use is expected to result in up to six fewer injections for infants.

Pediarix was tested in studies of over 7,000 infants in both the United States and Europe (where a version of it has been in use since 2000). Side effects of the new vaccine were the same as the side-effects to the three separate vaccines, except that Pediarix produced slightly higher rates of fever in some of the children. The new vaccine is contraindicated in infants with known hypersensitivity to any component of the vaccine including yeast, neomycin, and polymixin-B.

In May of 1999 the ACIP published the following statement in the Morbidity & Mortality Weekly Report (48(RR05);1-115) as

part of their discussion on combination vaccines: "To minimize the number of injections children receive, parenteral combination vaccines should be used, if licensed and indicated for the patient's age, instead of their equivalent component vaccines." At the time of that statement there were two combination vaccines on the schedule, DTaP and MMR.

Adding Pediarix to the list of available vaccines offers patients the option of fewer shots for their child with the same level of protection. There will be some initial confusion as to how the new vaccine combination will fit onto the schedule as currently published for children who have already received vaccines as well as confusion and uncertainty when children are treated by multiple vaccine providers who use different products. These issues arise any time a multivalent vaccine is approved for use. Pediarix is not yet available through the VFC program but is expected to become available in early Spring 2003.⊕



## DANISH STUDY FINDS NO CONNECTION BETWEEN MMR AND AUTISM

On November 7th, the New England Journal of Medicine published an article titled "A population-based Study of Measles, Mumps, and Rubella Vaccination and Autism", which refutes the hypothesis that the vaccination caused autism. The article is part of an established body of evidence that disproves a connection between vaccines and autism.

It has been suggested that vaccination against measles, mumps, and rubella (MMR) is a cause of autism. Researchers conducted a retrospective cohort study of all children born in Denmark from January 1991 through December 1998. The cohort was selected on the basis of data from the Danish Civil Registration System, which assigns a unique identification number to every live-born infant and new resident in Denmark. MMR-vaccination status was obtained from the Danish National Board of Health. Information on the children's autism status was obtained from the Danish Psychiatric Central Register, which contains information on all diagnoses received by patients in psychiatric hospitals and outpatient clinics in Denmark. They then obtained information on potential confounders from the Danish Medical Birth Registry, the National Hospital Registry, and Statistics Denmark.

Of the 537,303 children in the cohort (representing 2,129,864 person-years), 440,655 (82.0 percent) had received the MMR vaccine. 316 children were identified with a diagnosis of autistic disorder and 422 with a diagnosis of other autistic-spectrum disorders. After adjust-

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ment for potential confounders, the relative risk of autistic disorder in the group of vaccinated children, as compared with the unvaccinated group, was 0.92 (95 percent confidence interval, 0.68 to 1.24), and the relative risk of another autistic-spectrum disorder was 0.83 (95 percent confidence interval, 0.65 to 1.07). There was no association between the age at the time of vaccination, the time since vaccination, or the date of vaccination and the development of autistic disorder.

Researchers concluded that this study provides strong evidence against the hypothesis that MMR vaccination causes autism. To access the abstract, go to: <http://content.nejm.org/cgi/content/abstract/347/19/1477> 

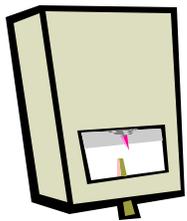
### ATTENTION: ALL USERS OF STATE VACCINE AND ALL VACCINE DISTRIBUTORS

Effective February 10th, 2003, the Immunization Program will no longer be shipping vaccines from our central facility in Hartford. The Connecticut Department of Public Health has established a contract with a private vendor (Bellco Corp.) who will be responsible for shipping vaccines directly to each provider. Providers will no longer need to pick up vaccines at their designated vaccine distribution site.

The process for ordering vaccines will not change. Vaccine orders should still be faxed by the first of each month to (860) 509-8371.

Also, providers will now be allotted a two and a half month supply for their inventory.

\*\*If you have any questions regarding the new service, please contact either Tim Egan or Mick Bolduc at (860) 509-7929.



### NEW THERMOMETERS ARE ON THEIR WAY TO YOU

Through the *Vaccines for Children Program*, the State Immunization Program has purchased new thermometers for every pediatric provider in CT who uses state vaccine. These graphic thermometers use a sophisticated technology that tracks temperatures round the clock with acute precision, so when you're not in the office you'll know if there was a fluctuation in temperature. Thermometers will be delivered throughout the year by state and local immunization staff.

### AAP DEVELOPS NEW "REFUSAL TO VACCINATE" FORM

Despite persistence of pediatric providers in communicating the benefits of childhood vaccination to their patients parents, some parents still refuse to have their children vaccinated. Many times the provider against his/her own medical judgment will not give the vaccine and up until now there was no formal way to document this. The AAP has developed a form to insert in the child's chart when a parent refuses to vaccinate their child. By using this form it may: (1) induce a wavering parent to accept the providers recommendations (2) help to reduce any potential liability should a vaccine-preventable disease occur in the unimmunized patient (3) help explain why vaccinations are missing when an assessment is being conducted. The form is NOT a legal document, and will not exempt parents from their child's state school or day care requirements. The form can be found at [www.aap.org](http://www.aap.org) and may be reproduced and/or tailored to suit the providers needs.

## NOTABLE ACHIEVEMENT

### DANBURY TAKES PRIDE IN AN 84% IMMUNIZATION RATE

**How do you raise immunization rates in an area with a high-risk population?**

Having one of the best immunization rates in the state takes a blend of the right ingredients. While every town is unique, Danbury makes the most of what is available in their community to raise immunization rates. The size of the population is manageable for tracking and outreach. They are a one hospital town with a medical director who is very pro-active when it comes to children's health care needs. They have resources for the uninsured that include the Hanahoe Memorial Clinic and the Wellness On Wheels van, both of which see children for free. According to Irene Litwak, IAP Coordinator for the Danbury area, pediatricians work well together and are very committed to immunizing children on time.

**What works in YOUR community?**



## REGISTRY UPDATE

Registry staff will begin looking at the Michigan web-based registry system to determine if it would meet Connecticut's needs. After evaluation of the software, a decision will be made by the end of February which system CT will use to replace the old dos-based registry software.

Goldenrod reports, which are a clean-up report of two year-olds will be run shortly. The report has been improved. The top sheet of the report will now have the child's name, D.O.B and the immunizations that are missing on that child. This should help our pediatric providers to focus on specific children with specific vaccines missing without having to check every child's chart. When providers receive this report it is important to find any children who may appear late with immunizations and catch them up as soon as possible as it will affect the immunization rate for the practice. The next immunization rate report will be run on children born in 2000. This report will be available to all pediatric providers in the summer.

If you would like school "blue forms" run for your practice, call Nancy Caruk at (860) 509-7929.

**CDC'S UPCOMING LIVE  
SATELLITE COURSE/WEBCAST**

**Epidemiology & Prevention**

**of Vaccine-Preventable Diseases (Four-Part Series)**

**Thursday's, February 13, 20, 27 & March 6**

**Log on to [www.phppo.cdc.gov/phtnline](http://www.phppo.cdc.gov/phtnline) to register**

*All courses are free, and continuing education is offered*

### DO YOU WANT TO INCREASE YOUR PRACTICE'S IMMUNIZATION RATES, BUT ARE TOO SHORT-STAFFED TO GET ORGANIZED?

#### CALL YOUR LOCAL IAP COORDINATOR TO HELP:

(see side bar)

- ◇ Identify and conduct outreach on children who appear to be late with immunizations
- ◇ Find children from your office's monthly CIRTS reports\*
- ◇ Develop a reminder/recall system to ensure a child shows up for their next appointment
- ◇ Educate staff by providing in-services and current information on immunization and CIRTS
- ◇ Get your office **on-line** with CIRTS and be available for troubleshooting and follow-up training
- ◇ Provide immunization rates of children in your practice with feedback
- ◇ Conduct a site review to determine how well your office meets the CDC's standards of Pediatric Immunization Practice
- ◇ Provide your office with immunization educational materials for your patients

\* subject to availability of IAP Coordinator



### Local IAP Coordinators

**Bridgeport**  
Vacant  
(860) xxx-xxx-xxxx

**Bristol-Burlington**  
Beth Mertz  
(860) 584-7682

**Danbury**  
Irene Litwak  
(203) 792-4120

**East Hartford**  
Rory Angulo  
(860) 291-7447

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

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

**Middletown**  
Vacant  
(860) 344-3537

**Naugatuck Valley**  
Kim Blount  
(203) 924-9548

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

**New Haven**  
Jennifer Rich  
(203) 946-7485

**New London**  
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Janet Johnson  
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Randy York  
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**West Haven**  
Betty Murphy  
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**Windham**  
Karin Davis  
(860) 423-4534

**PRESIDENT BUSH PREPARES U.S. FOR BIO-TERROR**

*-Prepared by Debbye Rosen, Adult Immunization Coordinator*

In late November, President Bush announced plans to begin immunizing certain individuals against Smallpox. This plan, often called Stage 1 or Phase 1, has set in motion, in Connecticut, a process whereby approximately 4,000 people will be vaccinated.

The last "case" of smallpox in the United States occurred in 1949. The last "case" of smallpox in the world occurred in 1977. At that time, the only remaining smallpox virus existed in two places. Specimens remained at the Centers for Disease Control, and in the former Soviet Republic. With the break up of the former Soviet Republic in the 1990s, many scientists were out of work. In an effort to obtain money, it has been speculated that some of those scientists may have sold some of the virus to other countries. A number of countries have been mentioned as possible purchasing agents for this virus. Any "case" of smallpox that occurred today, would be classified as a bioterrorist event, since "wild" smallpox has not occurred since 1977.

The smallpox vaccine was last routinely used in the U.S. in 1972. The program to vaccinate infants was discontinued because the U.S. had not seen a case since 1949 and, the vaccine caused a number of "unpleasant" adverse reactions. Among the more serious was 1-2 deaths per million people vaccinated. It is a "live" vaccine. It was a single dose administered to infants over the age of 1. Routine "revaccination" or "boosting" was not done. It is not known how long this single dose provides protection. It is, however, speculated that anyone who received a vaccination, in the U.S. as a child, would need revaccination to assure protection.

DEPARTMENT OF PUBLIC HEALTH  
IMMUNIZATION PROGRAM  
MORBIDITY REPORT

Disease	1/1/02-12/31/02	Total 2001
Measles	0	1
Mumps	1	0
Rubella	0	0
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	29	24
Hib	0	0
Varicella	1,760	1,704

*"There are many ways of going forward, but only one way of standing still."*

*-Franklin D. Roosevelt*



**Keeping Connecticut Healthy**

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**TO:**

*Place Address Label Here*