



N T I M E

HIPAA PRIVACY RULE ENACTED

On April 14, 2003 new national health information privacy standards were issued by the U.S. Department of Health and Human Services (DHHS), pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The new regulations provide protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI). Balancing the protection of individual health information with the need to protect public health, the Privacy Rule expressly permits disclosures without individual authorization to public health authorities authorized by law to collect or receive the information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to public health surveillance, investigation, and intervention.

HIPAA FACTS CONCERNING CIRTS

- ⊕ Effective April 14, 2003
- ⊕ Physicians **MAY** disclose immunization histories to the CIRTS program, a Department of Public Health Program, **AND** it's authorized agents.
 - (1) It is required by state law
 - (2) It is part of public health activities
- ⊕ Contractors of the state health department such as Immunization Action Plan Coordinators **MAY RECEIVE** the same information as an authorized agent of the State Health Department.
- ⊕ Immunization History Requests **ARE** minimally necessary to achieve the purpose of the disclosure
- ⊕ Accounting for disclosures may include keeping a copy of all CIRTS monthly compliancy lists

Public health practice often requires the acquisition, use, and exchange of PHI to perform public health activities (e.g., public health surveillance, program evaluation, terrorism preparedness, outbreak investigations, direct health services, and public health research). Such information enables public health authorities to implement mandated activities (e.g., identifying, monitoring, and responding to death, disease, and disability among populations) and accomplish public health objectives. Public health authorities have a long history of respecting the confidentiality of PHI, and the majority of states as well as the federal government have laws that govern the use of, and serve to protect, identifiable information collected by public health authorities.

In the wake of the new regulations, a letter dated April 4, 2003 has been sent to all pediatricians and family practitioners in the state addressing the impact of the new HIPAA regulations on the state immunization registry-CIRTS. Connecticut Law requires that each month, providers pull immunization histories on children who have recently turned 7 and 19 months old and send this information to CIRTS. If they are late, CIRTS has served as a valuable reminder/recall and outreach tool for you to ensure that the children are brought back to compliance with the recommended immunization schedule.

Connecticut General Statute 52-146 (b) (1) authorizes the release of these records to the Department of Public Health without the patient's consent. Additionally, the Federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), also authorizes covered entities (providers) to release this information without authorization, consent, release, or opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation 42 CFR~ 164.512 (a)], and (ii) as part of the Department's public health activities [HIPAA Privacy regulation 42 CFR sec. 164.512 (b)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and providers may rely upon this representation in releasing the requested information, pursuant to 42 CFR ~ 164.514 (d) (3) (iii) (A) of the HIPAA Privacy regulations. Comprehensive DHHS guidance is located at the HIPAA website of the Office for Civil Rights (<http://www.hhs.gov/ocr/hipaa/>).

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Meningococcal

MENOMUNE (Meningococcal Polysaccharide Vaccine, Groups A, C, Y and W-135 Combined) 10-dose Vials Can Now Be Used For 35 Days After Reconstitution. Aventis Pasteur has received U.S. Food and Drug Administration (FDA) approval to extend the shelf life of Menomune vaccine for 35 days after reconstitution. Previously, the vaccine needed to be used within 10 days after opening. This positive change will benefit providers by allowing them more time to schedule meningitis immunizations. Also, until further notice, Aventis Pasteur will continue to offer the 5-dose return policy.

In order to provide parents, students and travelers a place to be immunized, Aventis is rolling out the Meningococcal Vaccination Provider (MVP) Network. The MVP Network is an on-line, searchable database of Menomune 10-dose vial customers who have agreed to participate in the Network. Anyone will be able to go on-line at www.meningitisvaccine.com, type in his or her zip code, and receive a listing of Menomune 10-dose vial providers in the area. If a patient's primary care provider is not stocking the vaccine, this will offer an alternative location where Menomune will be available.

Most CT schools are responding to the current market conditions by offering the vaccine at registration or upon arrival to campus for students unable to obtain it from their primary care provider. Please see insert, "MENINGOCOCCAL CLINICS IN CONNECTICUT"

DTaP/IPV/HepB

In December 2002, the Food and Drug Administration (FDA) approved the licensure of a new 5-valent (DTaP/IPV/HepB) childhood combination vaccine, brand name Pediarix (Glaxo SmithKline). In late February, the Advisory Committee on Immunization Practices (ACIP) recommended this vaccine for inclusion as part of the Vaccine For Children (VFC) Program. The 5-valent combination is approved for use in infants and children from the ages of 6 weeks to 7 years of age and is administered as a primary series at 2, 4, & 6 months of age. This vaccine **can** be used for catch up doses in a primary series, but it is not approved for booster doses after the 3 dose primary series. The minimum recommended spacing between doses is 8 weeks.

Pediarix **cannot** be used for the birth dose of hepatitis B. It can be used, however, for the continuation of primary vaccination doses for children beginning their hepatitis B vaccine series at birth, with one exception. Pediarix should not be used for continuation doses given to an infant

born to a hepatitis B surface antigen positive mother. Rather, infants born to known HbsAg positive mothers, usually those given HBIG (hepatitis B immune globulin) after birth, should receive their hepatitis B series in uncombined (monovalent) form, with the second dose given at 1 month of age. Immunization providers can now order the new 5-valent vaccine for **all** patients in their practice, regardless of VFC status. Pediarix comes packaged in a box of ten single-dose vials.

The state Immunization Program will continue to carry individually packaged DTaP, IPV and Hepatitis B for those providers who need or prefer to tailor primary vaccination with these vaccines to meet individual needs, for the birth dose of Hep. B and for booster doses of each.

Pediatric Influenza

ACIP recommendations for the use of Pediatric Influenza were expanded to include all VFC-eligible children ages 6 to 23 months and their household contacts aged 2-18 years of age. The resolution became effective March 2003 for vaccine to be administered during the 2003-2004 influenza season and subsequent seasons. Providers will be notified when they are able to order influenza vaccine which should be in the late summer or early fall. The recommendation came after studies showed a substantially increased risk for influenza-related hospitalization among children <23 months of age.

Prevnar

On April 30, 2003 the Connecticut Immunization Program received notification from CDC that vaccine production and deliveries for Pneumococcal Conjugate Vaccine (PCV) are sufficient to return to the routine schedule. The interim vaccination recommendations established during the supply shortage are suspended. The highest priorities for catch-up vaccination are children <24 months of age at high risk for invasive pneumococcal disease because of medical conditions who have not completed the four dose series. Second priorities include vaccination of healthy children <24 months of age who have not received any doses of PCV and healthy children <12 months of age who have not yet received three doses.

RETIREMENT ANNOUNCEMENT

Peter Lamb, epidemiologist for region III will be retiring as of June 1st. His replacement is not yet known. All correspondence should be directed to the main Immunization Program line (860) 509-7929. Peter served as a regional epidemiologist for almost 30 years and his knowledge, wit, and attention to detail will be sorely missed.



REGISTRY UPDATE

A vendor has been chosen for the new registry software. Altarum, a private systems development company has experience developing the Michigan registry system. The state will be taking what works in that system and modifying it to fit Connecticut's needs. Registry staff and consultants are currently working on a "Statement of Work" for the company. The new system will include everything that ICES (current CIRTS system) can do plus much more. For example:

- Web-based screens
- Accommodating automatic downloads from the state vital records database (EVRS) and the Medicaid Managed Care plans
- Adding new screens for outreach
- Flagging invalid doses
- Generating practice-based lists that identify children in an age range who are late with immunizations
- Vaccine inventory
- Electronic vaccine order submission to the state

Staff are also working with the State Department of Information Technology (DoIT) on the web VPN (virtual private network). Network problems between the East Hartford DoIT location and DPH are restricting new installations of CIRTS in physician offices until the web VPN is up and running. If any users are having trouble logging on to CIRTS or have any technical difficulties, please call Diane Fraiter at (860) 509-7938.

Local IAP Coordinators

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Vacant
???

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CDC'S UPCOMING LIVE SATELLITE COURSES/WEBCASTS

Adult Immunization Update

June 26th, 2003

12:00-2:30 p.m.

Immunization Update 2003 (2 broadcasts!)

August 21, 2003

9:00-11:30 a.m. And 1:00-3:30 p.m.

Log on to www.phppo.cdc.gov/phtnonline to register
All courses are free, and continuing education is offered

SUMMARY OF SCHOOL ENTRY IMMUNIZATION REQUIREMENTS FOR CT SCHOOL YEAR 2003-04

KINDERGARTEN OR ANY NEW ENTERER:

DTaP/DTP

- Minimum of 4 doses, but most children will have 5 doses
- Last dose must be given on or after the 4th birthday
- Minimum interval between dose 1 and 2 is 4 weeks
- Minimum interval between dose 2 and 3 is 4 weeks
- Minimum interval between dose 3 and 4 is 6 months
- If child is >7, Pertussis is not needed Td should be given

Polio

- Minimum of 3 doses, but most children will have 4 doses
- Last dose must be given on or after the 4th birthday
- Minimum interval between dose 1 and 2 is 4 weeks
- Minimum interval between dose 2 and 3 is 4 weeks

Hib

Children < 5

- One dose given on or after the first birthday

Children >5

- No Hib is required

MMR

- 2 doses of measles-containing vaccine, 1 dose of mumps, 1 dose of rubella
- 1st given on or after 1st birthday
- Minimum interval between dose 1 and 2 is 4 weeks

Hepatitis B

- 3 doses
- 2nd dose must be at least 4 weeks after the 1st dose
- Third dose must be given at least 4 months after the 1st dose and at least 2 months after the second dose
- Third dose must not have been given before 6 mo. of age

Chicken Pox

Proof of immunity to chicken pox by either:

- Documentation from a physician P.A., or A.P.R.N. of having had the disease, OR,
- a blood test showing immunity, OR,
- 1 dose Varicella vaccine

ALL 7TH GRADERS

Chicken Pox

Proof of immunity to chicken pox by either:

- Documentation from a physician P.A., or A.P.R.N. of having had the disease, OR,
- a blood test showing immunity, OR,
- If under 13 years of age, 1 dose Varicella vaccine
If 13 or older, 2 doses separated by a minimum of 4 weeks

Hepatitis B

At least 1 dose given prior to entry

ALL 8TH GRADERS

Hepatitis B

- Completion of 3 dose series
- 2nd dose must be at least 4 weeks after the 1st dose
- Third dose must be given at least 4 months after the 1st dose and at least 2 months after the second dose

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM MORBIDITY REPORT		
Disease	1/1/03- 4/30/03	Total 2002
Measles	0	0
Mumps	0	1
Rubella	0	0
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	11	30
Hib	0	0
Varicella	No data yet	1,795



Keeping Connecticut Healthy

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