



N T I M E

FIRST NASAL VACCINE APPROVED FOR USE

On June 17, 2003 the Food and Drug Administration (FDA) approved the use of FluMist, an influenza vaccine that is the first nasally administered vaccine to be marketed in the United States. It is also the first live virus influenza vaccine approved in the U.S.

FluMist is approved to prevent influenza illness due to influenza A and B viruses in healthy children and adolescents, ages 5-17 years, and healthy adults, ages 18-49 years.

FluMist Facts:

- ⊕ First nasal vaccine (NO Needles!!)
- ⊕ Approved for health children and adults 5-49 years of age
- ⊕ 87% effective in children
- ⊕ Effective in reducing severe illness in adults
- ⊕ Recommended by the Advisory Committee on Immunization Practices
- ⊕ Must be shipped and stored frozen (5°F or colder)
- ⊕ Manufactured by MedImmune
- ⊕ Not yet under VFC contract

In clinical trials, FluMist was evaluated in 20,228 individuals, including over 10,000 healthy children 5-17 years old. The efficacy of the vaccine in preventing influenza was approximately 87% among children included in the trial. In healthy adults ages 18-49 years, FluMist was effective in reducing severe illnesses with fever, and upper respiratory problems which may be caused by influenza infection.

As with any live virus vaccine, FluMist should not be given for any reason to people with immune suppression, including those with immune deficiency diseases, such as AIDS or cancer, and people who are being treated with drugs that cause immunosuppression.

The safety of FluMist in people with asthma or other reactive airway diseases has not been established; FluMist should not be given to people with a history of these problems. In a large safety study, children under five years of age were found to have increased rate of asthma and wheezing within 42 days of vaccination compared to placebo recipients, and thus FluMist is not recommended for young children. For people age 50 years and over, the safe and effective use of FluMist has also not been established.

The vaccine should also not be administered to those with therapies including aspirin, a history of Guillain-Barre syndrome, chronic diseases, allergies to eggs or those who are pregnant. The most common adverse events associated with the vaccine were nasal congestion, runny nose, sore throat, and cough.

The State Immunization Program will not be providing FluMist at this time.

August is National Immunization Awareness Month

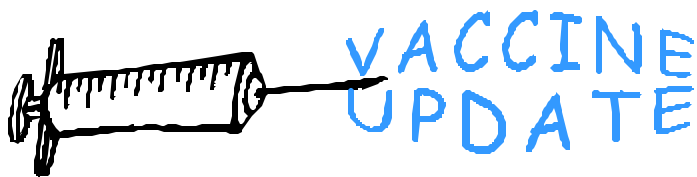
In August, parents are enrolling children in school, older students are entering college, and adults and the health care community are preparing for the upcoming flu season. This makes August a particularly good time to focus our attention on the value of immunization.

Take the time to stop by our display of colorful artwork highlighting the importance of immunization. The display was created by students from Memorial Elementary School in East Hampton, CT and can be seen at the Legislative Office Building cafeteria in Hartford the entire month of August.



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**DTaP**

GlaxoSmithKline's Infanrix product (Diphtheria and Tetanus Toxoids and Acellular Pertussis Vaccine Adsorbed) has received approval from the U.S. Food and Drug Administration (FDA) to be administered as a fifth consecutive dose for children between the ages of 4 to 6 years for the prevention of diphtheria, tetanus and Pertussis. Infanrix had previously been approved by the FDA for the DTaP three-dose primary series and the fourth dose given in the second year of life.

**MMR (College Immunization Requirements)**

Starting July 1, 2003 a change in the college immunization requirement for measles and rubella went into effect for certain students. The change in the legislation now allows for any student who graduated from a Connecticut public or nonpublic high school since 1999 to be exempt from the measles and rubella vaccination requirement except in the case of students who have medical or religious exemption. The new law eliminates requirements that higher educational institutions obtain proof of adequate measles and rubella immunizations before enrolling any full-time or matriculating student who meet the above criteria.

**NEW VACCINE ADMINISTRATION RECORD**

A new Vaccine Administration Record has been developed by the State Immunization Program. Improvements include

- ⊕ A place to indicate the patient's insurance
- ⊕ A place to document the combination vaccine, Pediarix
- ⊕ A place to document Influenza vaccine
- ⊕ A reminder to the vaccine administrator to give the VIS statement for each vaccine given

The new form is available on the state DPH Immunization Program website www.dph.state.ct.us

**NEW NIS DATA IN**

The most recent* national data for primary series completion (4 DTP, 3 polio, 1 MMR, 3 Hepatitis B, and 3 Hib) from the National Immunization Survey places CT fifth in the nation:

#1	Massachusetts	86.2%
#2	Rhode Island	84.5%
#3	New Hampshire	83.5%
#4	North Carolina	82.4%
#5	Connecticut	81.9%

* Data based on children born from 2/99 through 5/01

ERROR NOTICE!

An error was noted in the last (Spring '03) issue of IAP On Time. On p. 4 (Summary of School Entry Immunization Requirements...) the Varicella was accidentally omitted from the Kindergarten group. The Summary has been reprinted for your clarification.

**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 given on or after 1st birthday

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 < 13 years of age, 1 dose Varicella vaccine = 1st birthday
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

REGISTRY UPDATE



NEW REGISTRY SYSTEM A GO

A proposal has been accepted by registry software developer, Altarum to begin customization of the Connecticut Registry. A February 2004 roll-out is expected.

NO MORE HEP B LOGS

With the advent of the Electronic Vital Records System (EVRS), the first hepatitis B given in the hospital is entered into the system by hospital staff and then downloaded into CIRTS. Thus, there is no longer a need to send paper hepatitis B logs to the state. A letter will be sent out in the near future to all hospitals about this change.

CT SEES DECLINE IN PNEUMOCOCCAL DISEASE WITH INTRODUCTION OF PCV

In an active surveillance project conducted by Nancy Barrett, MS, MPH, Susan Petit, MPH, Zach Fraser, and James Hadler, MD, MPH, State Epidemiologists for CT, the incidence of invasive pneumococcal disease (IPD) and in particular, the effects of the introduction of the pneumococcal conjugate vaccine (PCV) on rates of IPD was studied over a 7-year period.

Case data obtained by medical record review revealed that from 1996-2002, rates of IPD remained highest among those <2 years of age and among blacks (see graph 1, p.4). However, rates of IPD declined significantly among those in all age groups except 5-17 year olds (74% in <2 years of age; 54% in 2-4 years of age; 25% in those 18-64 years, and 31% in those >64 years) (see graph 2 p.4). By race/ethnicity among those <2 years of age, IPD rates declined 75% among whites, 92% among blacks, and 57% among Hispanics. (see graph 3 p.4) By race / ethnicity among those > 64 years of age, IPD rates declined 30% among whites and 54% among Hispanics but only 5% among blacks. The declines in all age groups were almost exclusively in cases with isolate serotypes contained in the 7-valent PCV. Among this group, significant declines occurred between 1998-99 and 2002 among all except those 5-17 years old.

The surveillance data collected from this study concludes that the effect of the introduction of the 7-valent pneumococcal conjugate vaccine among children <2 years of age has resulted in dramatic declines in rates of IPD not only in the target age group, but in all age groups. These reductions are primary due to serotypes contained in the 7-valent vaccine. This suggests that young children are a source of exposure to the pneumococci for older age groups, and that a herd immunity effect is beginning to be seen.

For more information on pneumococcal disease surveillance contact the State Epidemiology Program, Connecticut Department of Public Health at (860) 509-7994.

CDC'S LIVE SATELLITE COURSE/WEBCAST

IMMUNIZATION UPDATE 2003

August 21, 2003

9:00-11:30 a.m. AND 12:00-2:30 p.m.

Offered at **13 SITES** statewide!!

Log on to www.phppo.cdc.gov/phtnonline
to find the location nearest you, OR

Tune into **Channel 21** if you live in:

Avon, Berlin, Bristol, Burlington, Canton, Farmington, New Britain, or Plainville

Tune into **Channel 19** if you live in: Middletown

All courses are free, and continuing education is offered

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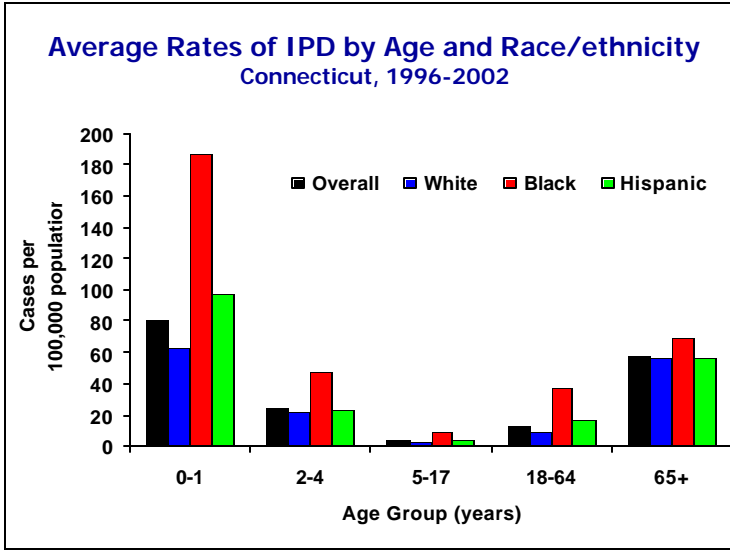
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Graph 1

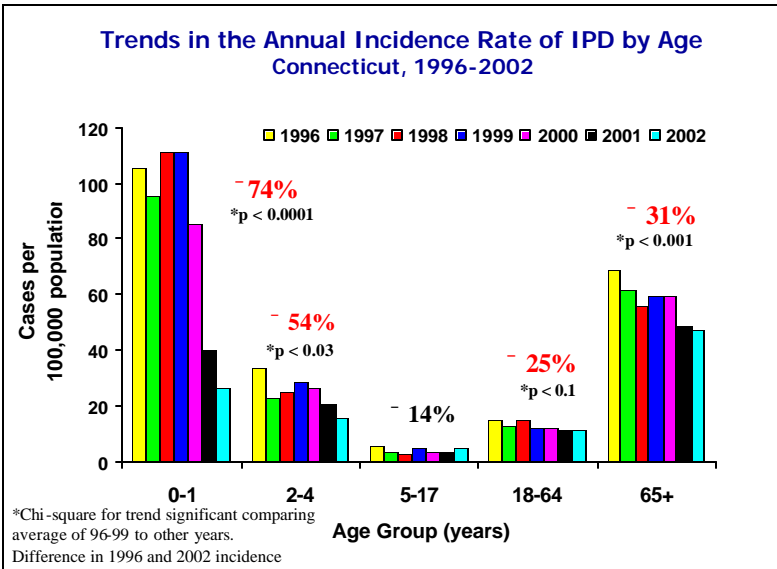


Graph 3

Annual Rates of IPD in Children <2 Years Old by Race/Ethnicity and Percent Change Associated with Introduction of PCV, Connecticut, 1996-2002

Race-Ethnicity	Av. Rate '96-'99	Rate 2000	% Change '96-'99 to 2000	Rate 2001	% Change '96-'99 to 2001	Rate 2002	% Change '96-'99 to 2002
White	76	61	↓20	38	↓50	19	↓75
Black	270	230	↓15	94	↓65	21	↓92
Hispanic	135	94	↓30	22	↓84	58	↓57

Graph 2



DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM
MORBIDITY REPORT

Disease	1/1/03-7/31/03	Total 2002
Measles	0	0
Mumps	1	1
Rubella	0	0
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	16	30
Hib	0	0
Varicella	873	1,834



Keeping Connecticut Healthy

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