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.

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 an 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.
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:

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Completion Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>Massachusetts</td>
<td>86.2%</td>
</tr>
<tr>
<td>#2</td>
<td>Rhode Island</td>
<td>84.5%</td>
</tr>
<tr>
<td>#3</td>
<td>New Hampshire</td>
<td>83.5%</td>
</tr>
<tr>
<td>#4</td>
<td>North Carolina</td>
<td>82.4%</td>
</tr>
<tr>
<td>#5</td>
<td>Connecticut</td>
<td>81.9%</td>
</tr>
</tbody>
</table>

* 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
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.

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
DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM
MORBIDITY REPORT

<table>
<thead>
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<th>Disease</th>
<th>1/1/03-7/31/03</th>
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<tbody>
<tr>
<td>Measles</td>
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</tr>
<tr>
<td>Mumps</td>
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</tr>
<tr>
<td>Rubella</td>
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<tr>
<td>Congenital Rubella Syndrome</td>
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</tr>
<tr>
<td>Diphtheria</td>
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</tr>
<tr>
<td>Tetanus</td>
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<td>0</td>
</tr>
<tr>
<td>Pertussis</td>
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<td>30</td>
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<tr>
<td>Hib</td>
<td>0</td>
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<tr>
<td>Varicella</td>
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</table>


<table>
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<tr>
<th>Race/Ethnicity</th>
<th>Av. Rate 96-99</th>
<th>Rate 2000</th>
<th>% Change 96-99 to 2000</th>
<th>Rate 2001</th>
<th>% Change 96-99 to 2001</th>
<th>Rate 2002</th>
<th>% Change 96-99 to 2002</th>
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<tbody>
<tr>
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<td>▼20</td>
<td>38</td>
<td>▼50</td>
<td>19</td>
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<tr>
<td>Black</td>
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<td>Hispanic</td>
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<td>▼30</td>
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<td>58</td>
<td>▼57</td>
</tr>
</tbody>
</table>

Average Rates of IPD by Age and Race/ethnicity
Connecticut, 1996-2002

Trends in the Annual Incidence Rate of IPD by Age
Connecticut, 1996-2002

Graph 1

Graph 2

Graph 3

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TO:
Place Address Label Here