

I A A



N T I M E



# CONNECTICUT

# Immunization Program

## HIGHLIGHTS 2003

- Based on the NIS Survey for 2003, CT ranks 1<sup>st</sup> in the nation with a 91% coverage rate for the 4:3:1:3:3 immunization series among children 19-35 months of age
- Established 3<sup>rd</sup> party vendor contract for shipping state supplied vaccines directly to each provider
- Added new combination vaccine DTaP/IPV/Hep B (Pediarix) to the list of state supplied vaccines
- Provided Pediatric Influenza vaccine to VFC-eligible population
- Participated in Bioterrorism seminar for Law Enforcement and Public Health
- Distributed Immunization Program newsletter "IAP ON TIME" to over 1500 providers and health care professionals
- Documented 95% meningococcal vaccine coverage rate for college students living in on-campus housing
- Developed informational brochure called "Parents Guide to CIRTS" (CT Immunization Registry and Tracking System)

## PROGRAM FACTS 2003/04

As of 5/21/2004, there were 289,816 children's immunization records contained in the state registry.

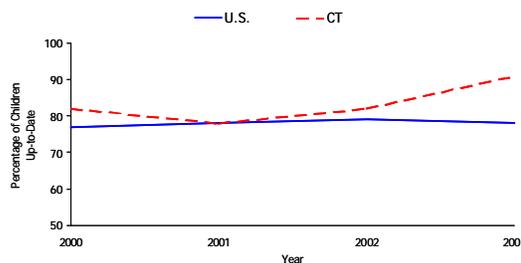
The coverage rate for 4:3:1:3:3\* series based on CIRTS data for children born in 2000 enrolled in the registry was 79% .

The HEDIS immunization coverage rate (4:3:1:2:2 series\*\*) based on CIRTS data for children born in 2000 who were continuously enrolled in Medicaid was 77%.

\* \*4 DTP/DTaP; 3 Polio; 1 MMR; 2HIB with one after 1<sup>st</sup> birthdate; 2 Hepatitis B with one ≥ 6 months of age.



National Vs CT Trends in Coverage With the 4:3:1:3:3\* Series, Among Children 19-35 Months of Age, 2000 – 2003



\* 4 doses Diphtheria/Tetanus/Acellular Pertussis; 3 Polio; 1 Measles/Mumps/Rubella; 3 Haemophilus influenzae type b; 3 Hepatitis B

## ADULT HIGHLIGHTS

- HEPATITIS A AND B PREVENTION ACTIVITIES
  - ❖ Provided Hep B vaccine to STD clinics, drug treatment facilities (Methadone Treatment Centers), juvenile correction facilities
  - ❖ Provided Hepatitis A & B vaccine for MSM population in non-traditional settings, I.e. gay bars, gay social events, STD clinics
  - ❖ Participated in statewide viral hepatitis task force
- ACTIVITIES TO REACH MEDICALLY UNDERSERVED POPULATIONS FOR INFLUENZA/PNEU VACCINATIONS
  - ❖ Coordinated influenza/pneumococcal vaccination clinic in a community grocery store with publicly-purchased vaccine
  - ❖ Provided 1,000 doses of influenza vaccine to community health centers
- ACTIVITIES TO REACH WORKPLACE SITES
  - ❖ Worked with business and industry associations – a total of 13 companies sponsored 26 worksite influenza/pneumococcal vaccination clinics
- INFLUENZA VACCINATION DOSES DISTRIBUTED
  - ❖ 2003- provided roughly 40,000 pediatric doses to VFC pop. and to non-VFC pop. -3,950 fluvirin; 3,260 preservative-free fluzone; 660 flumist
  - ❖ 2002-03 – Mass Immunizer Survey (78 sites surveyed)- a total of 179,958 doses of vaccine were given through the public sector
- ACTIVITIES TO INCREASE PUBLIC INFORMATION
  - ❖ Developed flu facts sound bites radio and TV
  - ❖ Distributed posters promoting adult Flu vaccination "Take Your Best Shot , Grandma and Grandpa"

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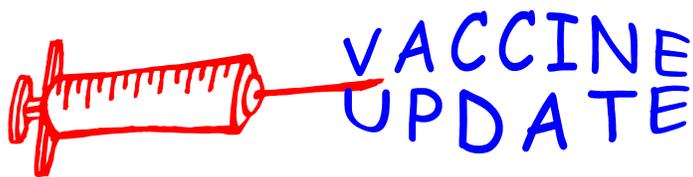
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## IMMI TRIVIA:

*What year was the first Pertussis vaccine available in the U.S?*

(Answer on p.3)





## PCV (PREVNAR)

### REVISED RECOMMENDATIONS FOR USE OF STATE-SUPPLIED PCV

CDC, in consultation with the American Academy of Pediatrics, the American Academy of Family Physicians, and the Advisory Committee on Immunization Practices is recommending that all health-care providers, regardless of their current inventory, temporarily discontinue routine use of both the third and fourth doses of pneumococcal conjugate vaccine for healthy children. Health-care providers should continue to administer a full four dose series to children at increased risk for severe pneumococcal disease. Records should be maintained for children whose third and fourth doses are deferred until such time that supplies are adequate.

Wyeth Vaccines, the manufacturer of Prevnar, has produced materials to keep track of children whose shots have been deferred. To order materials, contact John McMillian at (888) 685-5962 ext. 73454 or e-mail at [mcmillij@wyeth.com](mailto:mcmillij@wyeth.com).

**As of March 2, 2004, the use of state-supplied PCV is restricted to only those VFC-eligible children 2-12 months of age for doses 1 and 2 of the series. The only exception is for children at increased risk for severe disease who can continue to be administered a routine 4 dose series.**

As a reminder, VFC-eligible children include children who are: 1) enrolled in Medicaid; 2) uninsured; 3) American Indian or Alaskan Native; or 4) underinsured (children whose health insurance does not include vaccinations).

It is critical that all physicians follow this recommendation, regardless of their current vaccine supply. CDC published an article in the March 5, 2004 edition of the *Morbidity and Mortality Weekly Review (MMWR)* describing the new recommendation. Updated information about the national PCV supply can be accessed at: [www.cdc.gov/nip/news/shortages/default.htm](http://www.cdc.gov/nip/news/shortages/default.htm)

## INFLUENZA

### Influenza Vaccine Supply and Production

#### 2004-2005 Influenza Vaccines Strains

The Vaccines and Related Biological Products Advisory Committee (VRBPAC) of the Food and Drug Administration (FDA) met on February 18-19 and March 17, 2004 to determine the influenza vac-

cine formulation for the U.S. during the upcoming season. The formulation includes one virus from last year's vaccine (A/New Caledonia/20/99 (H1N1)-like) and two new viruses [A/Fujian/411/2002(H1N2-like) and B/Shanghai/361/2002-like].

#### Projection for 2004-2005 Influenza Vaccine Supply

The three manufacturers anticipate total influenza vaccine production of between 90-100 million doses. Total production for last year was 86.9 million doses.

#### Place Orders for influenza vaccine

Healthcare providers should place influenza vaccine orders now if they have not already done so. Distributors began taking orders in December of 2003. Additional information on sources of vaccine can be found at [www.hidanetwork.com/govtrelations/flulinks.asp](http://www.hidanetwork.com/govtrelations/flulinks.asp), a service provided by the Health Industry Distributors Association.

#### Selected Recommendations for 2004-05 Influenza Season

- ⊕ Vaccinate **all** infants and children ages 6-23 months and 3-4 years old with underlying conditions with inactivated influenza vaccine.
- ⊕ Influenza vaccine will be provided by the state through the VFC Program to immunize all VFC-eligible children 6-23 months of age, their household contacts and all VFC eligible high-risk individuals 2-18 years of age.
- ⊕ Vaccinate all women who will pregnant *at any time* during influenza season.
- ⊕ Live attenuated influenza vaccine can be used instead of inactivated vaccine for anyone aged 5-49 years except persons with a medical contraindication for vaccination (e.g. reactive airway disease, diabetes, immunosuppression), pregnant women, persons with a history of Guillain-Barre Syndrome and children of adolescents receiving aspirin therapy or other salicylates.

#### Update on Medicare Payment for Influenza Vaccine Purchase and Administration

- ⊕ Based on Medicare's 2004 Physician Fee Schedule, the average payment rate for administration of influenza vaccine to Medicare beneficiaries has increased from \$7.72 to \$8.21 per dose. Rates vary by locale and range from \$5.68 to \$13.72. Once these rates are posted on the Center for Medicaid Services (CMS) website, the Influenza Vaccine Bulletin will provide a link to the information so that people wishing to determine payment rates for their respective locales may do so.
- ⊕ The Medicare payment rate for influenza vaccine has not yet been determined but is expected to be similar to last year's \$9.95 per dose. (The payment for vaccine is in addition to payment for its administration.)

## UPDATE ON MEASLES OUTBREAK IN ADOPTEES FROM CHINA

On April 16<sup>th</sup> the CDC recommended a temporary suspension of adoption proceedings for children in the Zhuzhou Child Welfare Institute in the Hunan Province of China due to an ongoing outbreak of measles. To date 6 cases of measles have been laboratory confirmed with 3 more suspected among children recently adopted from the institute. CDC is working with the Chinese Ministry of Health and the Central China Adoption Agency to initiate control measures and prevent further spread of measles among adopted children. The last confirmed case of measles in Connecticut occurred in 2001 in a parent who adopted a child from China.



# CIRTS Update

## NEW CIRTS ARRIVAL!

The new web-enabled registry is scheduled to be installed at the State Health Department in late May with testing to begin shortly thereafter. Testing will continue into the summer.

## REVIEW YOUR 2-YEAR-OLD CLEAN-UP REPORT

Goldenrod (2-year-old, clean-up) reports have gone out to all practices to make one last attempt to bring all 2 year olds (born in 2001) up-to-date with their primary series of vaccinations. Up-to-Date is defined as 4 DTaP, 3 polio, 1 MMR, Hib given age appropriately, and 3 hepatitis B. If your practice has not yet submitted this report, or needs any help with pulling charts, copying histories, entering data, or following up with families who have missed appointments or need outreach, please contact your local IAP Coordinator (*see side bar*) The immunization rate for your practice will be generated from these reports, so please take 5 minutes to review the report to determine which children are not up-to-date.

## Looking for a CPT Code?...

A list of CPT codes for all vaccines licensed in the U.S. can be found at:

[www.cdc.gov/nip/registry/cpt.htm](http://www.cdc.gov/nip/registry/cpt.htm)

## THERMOMETERS



To maintain optimal efficacy of your vaccine, pediatric practices are encouraged to use a state-supplied digital, continuous-read thermometer to monitor their refrigerator temperatures. Those practices currently using one should remember:

- ⊕ Temperatures still must be recorded twice per day (a.m. and p.m.)
- ⊕ The dial should be checked daily for spikes or dips

For replacement ink cartridges and graphs, please call Tim Egan at the State Immunization Program (860) 509-7929

## Having trouble interpreting foreign immunization records?

Try these resources:

**Embassy Chart** (J Tsozonis, 1998). A 30" x 40" immunization wallchart in 24 languages that helps you read foreign shot records; costs \$75 plus \$8.50 shipping and handling. Call 508-778-5646 or go to: [www.embassyproject.net](http://www.embassyproject.net)

**Translation of Vaccine-Related Terms into English** (Immunization Action Coalition). This document lists more than 180 immunization-related terms in multiple languages. To access a copy, go to: [www.immunize.org/izpractices/p5121.pdf](http://www.immunize.org/izpractices/p5121.pdf)

**Vaccines and Biologics Used in U.S. and Foreign Markets** (Immunization Action Coalition).

This document lists more than 300 vaccine products or trade names that are or have been used in the U.S. and international markets. The list includes products manufactured in more than 25 countries worldwide. To access a copy, go to: [www.immunize.org/izpractices/p5120.pdf](http://www.immunize.org/izpractices/p5120.pdf)



### Local IAP Coordinators

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**DO YOU KNOW THE RULES?***General Rules of Immunization*

- 1** The more similar the vaccine is to the natural disease, the better the immune response to the vaccine.
- 2** Inactivated vaccines generally are **NOT** affected by circulating antibody to the antigen. Live attenuated vaccines may be affected by circulating antibody to the antigen.
- 3** There are no contraindications to simultaneous administration of any routine childhood immunizations.
- 4** Increasing the interval between doses of a multi-dose vaccine does **NOT** diminish the effectiveness of the vaccine. Decreasing the interval between doses of a multi-dose vaccine may interfere with antibody response and protection.
- 5** Live attenuated vaccines generally produce long lasting immunity with a single dose. Inactivated vaccines require multiple doses and may require periodic boosting to maintain immunity.
- 6** Adverse events following live attenuated vaccines are similar to a mild form of natural illness. Adverse events following inactivated vaccines are mostly local with or without fever.
- 7** Live vaccines (MMR, varicella) should be administered simultaneously *or* separated by at least one month.
- 8** Tuberculin Testing (PPD) should be done simultaneously when live vaccines (MMR, Varicella) are administered, or delayed for 4-6 weeks.
- 9** There are only two permanent contraindications to vaccination: severe allergy to a vaccine component following a prior dose of a vaccine, and encephalopathy without a known cause occurring within seven days of a dose of pertussis vaccine.

DEPARTMENT OF PUBLIC HEALTH  
IMMUNIZATION PROGRAM  
MORBIDITY REPORT

Disease	1/1/04-4/30/04	Total 2003
Measles	0	0
Mumps	0	1
Rubella	0	0
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	12	77
Hib	0	0
Varicella	643	1,583

Save the Date!  
Live, CDC satellite broadcast:

# Immunization Update 2004

**August 19th, 2004**  
9:30 a.m.-11:30 a.m.  
And 12:00 p.m. -2:30 p.m.

More details and statewide locations to come!

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