

IMMUNIZATION ACTION PLAN

IAP



N T I M E

### Flu Blues

**Governor Rell Directs Health Department To Serve As Clearinghouse For Flu Vaccine From Private Sector, Announces Hot Line For Flu Shot Questions From Public**

Governor M. Jodi Rell has directed the state Department of Public Health (DPH) to serve as a clearinghouse for any supplies of flu vaccine available from physicians and other health care providers in the private sector to increase the number of doses available for residents most at risk. The Governor directed Health Commissioner Dr. Robert Galvin to quickly develop a plan that will encourage doctors and other health care providers to contribute to the state any supplies they have after vaccinating high risk patients. DPH is now working with local health departments to make

these doses available to people who need them most. Under the Governor's proposal the state will reimburse private providers for the cost of any vaccine they contribute. The Governor also asked Commis-

to cancel their clinics this year and to donate their supply of vaccine to the state.

#### HOT LINE

Governor Rell also announced the DPH has established a hot line to address questions from the general public about the shortage of flu vaccine in Connecticut. Governor Rell said people with questions or concerns about flu vaccines can now call DPH 24 hours a day, Monday-Friday at **1-800-830-9426**. Callers will hear a pre-recorded message from Commissioner Dr. Robert Galvin and also be able to talk with a DPH staff member between the hours of 8 a.m. and 6 p.m. A DPH staff member will take information on the



sioner Galvin to make it clear to private health care providers that the vaccine should only be administered to high-risk individuals. The Governor has previously asked companies that provide flu shots to employees

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### Aventis Looks to Introduce Pertussis Booster in U.S.

Aventis Pasteur has submitted a Biologics Licensing Application (BLA) to the U.S. Food and Drug Administration (FDA) for marketing approval of ADACEL™ (Tetanus Toxoid and Re-

duced Diphtheria Toxoid and Acellular Pertussis Vaccine Adsorbed) for prevention of tetanus, diphtheria and pertussis in adolescents and adults aged 11 through 64 years

Reported cases of pertussis, commonly known as whooping cough, clearly are on the rise in the U.S. In 2002, 9771 cases were reported to the U.S. Centers

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**CT DEPT. PUBLIC HEALTH IMMUNIZATION PROGRAM**  
*Governor: M. Jodi Rell    Commissioner: J. Robert Galvin, M.D.*

#### Key points on Flu

- *Providers will be reimbursed for any vaccine they sell to the state*
- *DPH will work with local health departments to reallocate vaccine*
- *Patients should call the DPH Hotline to facilitate getting a flu shot*
- *Anyone conducting clinics should screen vaccinees for high risk status*

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## Return of the 4-Dose Schedule

In July 2004, the Centers for Disease Control and Prevention (CDC) recommended a return to the third dose of pneumococcal conjugate vaccine (PCV) due to an increase in production capacity by the manufacturer of the vaccine. Supply of PCV is now sufficient to meet the national demand for vaccine and a return to the routine four dose schedule.



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

- Ⓜ **Return to a full 4 dose schedule**
- Ⓜ **Recall all children who were deferred from receiving any previous doses**

*Recall postcards are available at no cost from the State Immunization Program. Call (860) 509-7929*

## Vaccine Available to CHC's for Adults & Students

A new initiative by DPH is being offered to Community Health Centers to vaccinate some students living in on campus housing needing meningococcal vaccine and any adult at risk for contracting Hep B. The vaccines are being offered free of charge. Currently, DPH does not provide publicly purchased meningococcal vaccine to support college entry requirements for students living in on-campus housing. However, as the vaccine is expensive, out-of-pocket costs for students without health insurance may be prohibitive. As CHC's see a significant proportion of patients without health insurance, the free vaccine would allow those who need it to receive it. Additionally the hepatitis B vaccine is for use in any adult at risk for Hepatitis B seen for routine care at a CHC facility. As a side note, for the school year commencing in 2005 and each year thereafter, all schools of higher education must provide information including the risks of hep B, to all matriculated students, and must provide notice of the availability of the vaccine.

**Meningococcal vaccine is required for all CT college students living in on-campus housing**

## Reporting Diseases to the State

The Immunization Program would like to remind providers that cases of pertussis and varicella, as well as all other reportable diseases, must be reported at the time of recognition or suspicion of disease. Please **DO NOT** wait for laboratory confirmation to report. With pertussis, a culture is essential for confirmation. A positive pertussis-specific PCR test is also considered to be confirmatory. If you are unsure of what diseases need to be reported, you may call the Immunization Program at 860-509-7929 or the Epidemiology Program at

860-509-7994 and request a supply of the "Reportable Disease Confidential Case Report Form" (PD-23). For those reporting cases of varicella disease, please use the "Varicella Case Report Form", available from the Immunization Program. If you already have this form but it does not include space for reporting MMR vaccine history, please request the updated form. As a reminder, varicella vaccine is required for all children born in 1997 or later who attend day care, pre-school, and school.

### Local IAP Coordinators

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## REGISTRY UPDATE



Starting in January, pediatric practices may call CIRTS (Nancy Caruk @ 860-509-7912) for their Blue Forms with immunization histories printed of their CIRTS enrolled children entering kindergarten (2000 birth cohort.) When calling, leave your

name, phone #, facility name and town.

# The EpiCenter

**Q:** How much money is saved in the U.S. by vaccinating children against chickenpox?

**A:** Nearly \$100 million a year, according to a study published in September '04 issue of *Pediatrics*

### Immunization Status on 2<sup>nd</sup> Birthday of Children Enrolled in CIRTS Birth Cohorts: 1998 – 2001

Schedule Used 4,3,1,3,3	Up-to-date in CIRTS		Total Number in CIRTS Registry	Refused Participa- tion in CIRTS
	#	%		
¢ 1998 Birth Cohort (43,741 births)	21,541	71%	30,548	3%
1999 Birth Cohort (43,300 births)	24,490	71%	34,563	5%
*2000 Birth Cohort (42,659 births)	28,105	82%	34,111	7%
2001 Birth Cohort (40,584 births)	28,509	82%	34,819	10%

**Schedule 4,3,1,3,3:** 4 DTP/DTaP, 3 polio, 1 MMR on/after first birthday, 3 Hepatitis, 3 HIB

\*Due to the DTaP shortage in 2001, the 4<sup>th</sup> dose of DTaP was given a grace period of up to 6 months after age 2

¢ 1998 was the first year that all children born in CT were offered an opportunity to enroll in CIRTS

## Flu, Ctd.

(Continued from page 1)

patient. DPH will then feed the daily information back to the local health departments to help them ascertain the demand for flu shots. The intention is that with this information, flu clinics may be allocated more effectively across the state.

### SUPPLY EMERGENCY

On Oct. 15 Governor Rell declared a "supply emergency" for the influenza vaccine to combat evidence of price gouging and to better manage the distribution of scarce supplies. Under this declaration, the Governor directed the Office of the Chief State's Attorney, the Attorney General, and the Departments of Consumer Protection, Public Health and Insurance to take all appropriate actions to investigate and enforce violations of Chapter 743h of the Connecticut General Statutes

(profiteering statute). Such enforcement could include criminal and civil prosecution, steep fines and imprisonment. The Governor also authorized a special telephone number and e-mail address for the public to use to report information about suspected price gouging of the flu vaccine. This type of information can be reported to:

- **Telephone: (860) 509-8000**
- **E-mail: [price.gouging.dph@po.state.ct.us](mailto:price.gouging.dph@po.state.ct.us)**





## Tips for Finding Old Immunization Records



- 1** If the person whose vaccine record you're looking for was born on or after **January 1, 1998**, call **CIRTS** at **860-509-7935**
- 2** Check with all previous health care providers. Don't forget visits to local neighborhood or health department clinics
- 3** Check with any schools the person has gone to. CT schools are required to keep immunization records for **50 years**. The Board of Education may destroy records only after receiving a signed approval from the office of the Public Records Administrator.
- 4** Sometimes when a physician retires or a medical practice changes hands, old patient records are sent to a medical record storage company. If so, ask for the name and number of the company to contact them directly.
- 5** As a preventative measure, always keep a personal record of any shots given. Moms may keep a baby book. The state Immunization Program can provide you with a free personal immunization record booklet with a vinyl protective sleeve.

## Pertussis Booster, Ctd.

(Continued from page 1)  
for Disease Control and Prevention (CDC), the highest number of such reports in more than 30 years. Preliminary counts of pertussis reports for 2003 exceed 10,000, while reporting thus far in 2004 is at an even faster pace. However, it is estimated that only 12 percent of pertussis cases are actually reported and that under-reporting may be greatest among adolescents and

**“Pertussis immunity wanes by adolescence”**

adults.  
The current DTaP (diphtheria, tetanus and acellular pertussis) vaccine protects children against pertussis up to 7 years of age. DTaP vaccine is generally administered in five doses between the ages of 2 months and 6 years of age. However, the vaccine does not offer life-long protection against pertussis, and it is believed that immunity wanes by

adolescence. While a tetanus and diphtheria booster immunization is available starting at age 11, a pertussis booster is not. The ADACEL tetanus, diphtheria and pertussis vaccine will be referred to as a “Tdap” vaccine; the children’s vaccine to prevent these same diseases is known as “DTaP.” ADACEL vaccine is currently approved and marketed in Canada and Germany. More information can be found at: [www.aventis.com](http://www.aventis.com) ☺



### Keeping Connecticut Healthy

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