



N T I M E

April 24-30 is National Infant Immunization Week

Key Immunization Awareness Messages



- ⊕ Vaccines are among the most successful and cost-effective public health tools available for preventing disease and death. Vaccines help protect vaccinated individuals from developing potentially serious diseases, and also help protect entire communities by reducing the spread of infectious agents.
- ⊕ Each year, ~43,000 babies are born in CT who will need to be immunized against twelve diseases before age two.
- ⊕ Parents should be aware that CT has an immunization registry that keeps track of a child's immunization history.
- ⊕ Infants and young children are particularly vulnerable to infectious diseases; that is why it is critical that they are protected through immunization.
- ⊕ Children in CT must be fully immunized before participating in any licensed child care program, and before school entry.
- ⊕ Immunizations are extremely safe thanks to advancements in medical research and ongoing review by doctors, researchers, and public health officials.
- ⊕ Parents and caregivers are encouraged to become informed consumers and keep a record of each immunization visit.

CT RANKS #1 IN NATION FOR IMMUNIZATION RATES

According to the most recent National Immunization Survey data, CT again has the highest immunization rates in the country. Data is based on 19-35 month-old children who were born August 2000 through November 2002, who were up-to-date with their primary series of vaccinations (4 DTaP, 3 polio, 1 MMR, 3 Hep B, and 3 HiB). When varicella is added to the primary series, CT also ranked #1 at 89%. The top 5 states for highest immunization rates are as follows:

Connecticut	92.4%
Massachusetts	88.1%
Rhode Island	88.0%
Mississippi	87.3%
North Carolina	86.2%

The national average is 80.5%



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VACCINE UPDATE

Meningococcal Vaccine

On February 10, 2005 the Advisory Committee on Immunization Practices (ACIP) added meningococcal polysaccharide and meningococcal conjugate vaccines to the Vaccines For Children (VFC) Program. The meningococcal conjugate vaccine is licensed under the name Menactra. Groups eligible to receive the newly licensed meningococcal conjugate vaccine include college freshman who live in dormitories, adolescents aged 11-12, and adolescents at high school entry (15 years old) who were not previously vaccinated. The vaccine is highly effective. However, it does not protect people against meningococcal disease caused by "type B" bacteria. This type of bacteria causes one-third of meningococcal cases in the U.S. The State Immunization Program has not yet determined when meningococcal conjugate vaccine will be made available to providers statewide.

Additional information is available at http://www.cdc.gov/nip/vaccine/meningitis/mcv4/mcv4_acip.

Influenza

The flu vaccination rate is up among high-risk children according to the CDC. The data is based on the Behavioral Risk Factor Surveillance System (BRFSS), a nation-wide telephone survey conducted in January. The CDC reports that **57.3%** of children between the ages of 6 months and 23 months were vaccinated between September 2004 and December 2004. A 2002 survey found only **7.7%** in the same group were immunized. Kudos to those of you who worked so hard to get children vaccinated against influenza. Unfortunately only **59%** of Americans 65 years and older had been vaccinated through December 2004, compared to **66%** in 2003.

The ACIP has adopted the World Health Organization (WHO) recommendations for the strains of influenza vaccine for the 05/06 flu season. The ACIP voted to add the new A/California /7/2004(H3N2) strain to next season's flu vaccine replacing the A/Fujian strain in the current vaccine. The other two strains recommended for next season are the same as in this year's vaccine: A/New Caledonia/20/99(H1N1) and B/Shanghai/361/2002.

The Epi Center

For Your Information...

The state of CT has only two valid exemptions to vaccinations:

Religious: A child may be exempt from vaccination if the family has stated in writing that vaccinations are against their religious beliefs. The documentation is not required to be on any official state form. Proof of religion is not required.

Medical: Medical exemptions are very rare. With few exceptions*, a true medical contraindication would include an anaphylactic reaction to a prior dose of the vaccine or any of its components. Pregnancy or immunodeficiency are added contraindications to the administration of live vaccines such as MMR and Varicella. Medical contraindications must be noted in writing by a licensed physician in order to be valid.

*Encephalopathy within 7 days of a previous dose of DTaP

There is NO **philosophical** exemption in the state of CT



CIRTS Update

This year, CIRTS has already sent out **17,989** pre-printed blue School Health Assessment Records to **196 practices** who requested them for their 2000 birth cohort entering kindergarten and enrolled in CIRTS. Please call Nancy at 860-509-7912 to request the blue forms for children in your practice going to Kindergarten.



Your local **Immunization Action Plan Coordinator (IAP)** (see sidebar), is available at your request to give your pediatric or family practice a one on one information session. During your regular lunch break your IAP will come to your office and brief your staff about the most relevant immunization topics that are of concern to you while providing a healthy lunch. If you are interested in taking advantage of this opportunity, please call your local IAP to schedule an appointment.

This opportunity is made possible through a partnership between the CT Department of Public Health and the CT Commission On Children.



The Connecticut Immunization Registry & Tracking System Staff:

From left to right: Khristie Walser, Michele Ramos, Nancy Caruk, Michael Tommasi, Lydia Medina, Loretta Rivera, Johanna Castaneda, Sherease Bester, Rachel Reynolds, Carolann Kapur

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Department of Health and Human Services

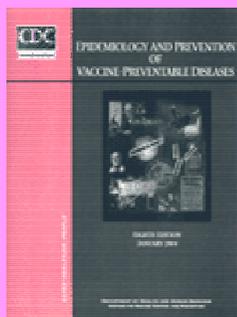
Centers for Disease Control and Prevention

“IMMUNIZATION UPDATE”

WILL BE OFFERED TWICE THIS YEAR:
JULY 28th & DECEMBER 8th 2005

*More information will be forthcoming
Call the State Immunization Program
for the location nearest you*

2nd Printing, 8th Edition Pink Book Available



The 8th Edition of *Epidemiology and Prevention of Vaccine-Preventable Diseases* can be purchased from the **Public Health Foundation**. The cost is \$29.00 (plus shipping and handling).

Order from the Public Health Foundation Website at <http://bookstore.phf.org/od154.htm>.

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM MORBIDITY REPORT

Disease	1/1/05 - 3/23/2005	Total 2004	Total 2003
Measles	0	0	0
Mumps	0	0	1
Rubella	0	0	0
Congenital Rubella Syndrome	0	0	0
Diphtheria	0	0	0
Tetanus	0	0	0
Pertussis	10	59	77
Hib	0	0	0
Varicella	355	1,902	1,583

CASE STUDY

8 year-old child

DTaP Immunization History:

DTaP #1: 6 mo. of age

DTaP #2: 4 yrs. of age

DTaP #3: 6 yrs. of age

When should the Td booster dose be given?

Since the child is >7 years of age and <11 years of age, and the first dose was given at less than 1 year of age, the booster dose is recommended at 6 months after dose #3. Since the third dose was given 2 years ago, the Td booster dose should be given today.

When to give a TD Booster dose...

Rule of thumb:

*For children aged 7-10 years, the interval between the third and booster dose is determined by the age that the **first** dose was given. For adolescents aged 11-18 years, the interval between the third and booster dose is determined by the age the **third** dose was given.*

DTaP/dT/Td Dose 3 Minimum Interval To Booster Dose

6 mo.: if first dose given at age <12 mo and current age <11 y

5 y: if first dose given at age ≥12 mo and third dose given at age <7 y and current age ≥11 y

10 y: if third dose given at age ≥7 y

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