

IMMUNIZATION ACTION PLAN

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



N T I M E

TIME TO GEAR UP FOR FLU SEASON *Things you need to know*

FLU NEWS

NEW FLU VACCINE LICENSED

On August 31, 2005, the FDA approved a license application from GlaxoSmithKline (GSK), Inc. to manufacture influenza virus vaccine. With this action, GlaxoSmithKline joins Sanofi Pasteur, Chiron and MedImmune as the fourth manufacturer approved to provide influenza vaccine. The GSK vaccine, which is inactivated, is only approved for use in adults (18 years of age and older) This vaccine however will not be offered by the State Immunization Program.

PHARMACISTS MAY NOW ADMINISTER FLU VACCINE

Effective October 1, 2005 state licensed pharmacists may administer influenza vaccine to an adult (18 years of age and older), with a physician's order. Pharmacists must successfully complete a training program accredited by the CDC, the Accreditation Council for Pharmacy Education or another appropriate national accrediting body. The law will not go into effect until state regulations are finalized.

FLU FACTS

Supply

Because of the uncertainties regarding production of influenza vaccine, the exact number of available doses and the timing of vaccine distribution for



the 2005-06 influenza season remain unknown. Four manufacturers expect to provide influenza vaccine to the U.S. market during the 2005-06 influenza season. Sanofi Pasteur, Inc., projects production of up to 60 million doses of inactivated influenza vaccine ("flu shots"). Chiron Corporation projects production of 18-26 million doses of inactivated influenza vaccine. GlaxoSmithKline, Inc. (GSK), projects production of 8 million doses of inactivated influenza vaccine for U.S. distribution. MedImmune Vaccines, Inc., producer of the nasal-spray influenza vaccine (also called live attenuated influenza vaccine, or LAIV), projects having approximately 3 million doses available for distribution.

Recommendations

To ensure that people who are highest risk of complications from flu have access to vaccine, CDC recommends that certain priority groups receive inactivated vaccine (the flu shot) until October 24, 2005. After that time, all persons will be eligible for vaccination. Vaccination with live, nasal-spray flu vaccine (FluMist) is not subject to prioritization. FluMist may be given to healthy 5-49 year-olds at any time. The following are the priority groups for the 05-06 flu season:

- ⊕ persons aged 65 years and older, with and without chronic health conditions
- ⊕ residents of long-term care facilities
- ⊕ persons aged 2-64 years with chronic health conditions
- ⊕ children aged 6-23 months
- ⊕ pregnant women
- ⊕ health-care personnel who provide direct patient care
- ⊕ household contacts and out-of-home caregivers of children aged <6 months

Availability

The state Immunization Program is making available pediatric influenza vaccine to immunize all VFC-eligible children 6-23 months of age and their household contacts 2-18 years of age, as well as any VFC-eligible child 2-18 years of age who has risk factors for influenza disease. State vaccine may NOT be used for children with private health insurance. The State Health Department does not purchase adult influenza vaccine. The Department works with the Department of Adminis-

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Hepatitis A

The FDA has lowered the patient age for Hepatitis A vaccine. Children as young as **12 months old** are now eligible for Merck's hepatitis A vaccine known as Vaqta. Previously, the vaccine was limited to children who were at least 2 years old. According to Merck, in 2002 there were an estimated 8,800 reported cases of hepatitis A in the U.S.

TDaP

Tetanus, Diphtheria and Pertussis (TDaP) vaccine is now available as a booster vaccine for adolescents and adults. CDC recommends routine vaccination of 11-12 year-

olds as well as catch up vaccination of 13-18 year-olds in place of the old Td vaccine. Formal recommendations will be published in an upcoming edition of MMWR. The State Immunization Program will then send out an official policy letter on which vaccine we will provide along with specific ordering indications.

HiB

The state is now supplying providers with Pedvax Hib in place of Act Hib. A full series of Pedvax HIB consists of 3 doses given at 2, 4 and 12-15 months of age. Providers can still order ActHib for their patients who started on that vaccine, but all new patients should be started with Pedvax HIB. Keep in mind that a total of 4 doses are needed to constitute a complete series for any child who received one or more doses of ActHIB.

NEW VACCINE COMBINES MMR AND VARICELLA

On September 6, the Federal Drug Administration (FDA) approved Merck's ProQuad (MMRV), a live vaccine indicated for vaccination against measles, mumps, rubella, and varicella in children ages 12 months to 12 years. Specific recommendations on the vaccine will be forthcoming.



STATE OFFERS GUIDANCE FOR SCHOOLS & PROVIDERS ACCOMODATING KATRINA REFUGEES

An estimated 800 to 1,000 people are expected to relocate to Connecticut from areas devastated by Hurricane Katrina. Most of the children who arrive in CT will arrive without immunization records. In accordance with state law, refugees will be treated as homeless under the McKinney-Vento Act and will be allowed to enter school without immunization and health records. Once enrolled, school nurses should work with the families and health care providers to obtain the necessary information. In the meantime, The CT Departments of Education and Public Health offer the following guidance on health assessments and immunization:

Health Assessments: Students should be referred to CT primary care doctors to complete an assessment once the family has health insurance. OR, they may complete an assessment through a school-based health clinic or local health clinic.

Immunization records:

The CT Immunization Registry and Tracking System (CIRTS) and the Louisiana Immunization Network for Kids State-wide (LINKS) have developed a partnership to provide pertinent information to CT pediatricians, family physicians, and local health directors seeking immunization histories. Those requesting immunization information on children who were placed in their care are asked to contact the CIRTS Program at the CT Department of Public Health - (860) 509-7935.

According to recommendations from the Centers for Disease Control and Prevention (CDC), if a record can not be located, students 10 years of age or younger should be treated as if they were up-to-date and given any doses recommended for their current age.



CIRTS Rates are out!

Update

The immunization rates for the state and individual pediatric and family practices are available for kids born in 2002. Rates were determined from children in the state immunization registry (CIRTS) which accounts for 85% of all children born in the state of CT in 2002.

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CIRTS VS NATIONAL IMMUNIZATION SURVEY (NIS)

CIRTS Data (children born Jan.–Dec. 2002)	 83%	CIRTS – statewide-computerized registry that maintains immunization records on children up to six years of age
NIS Data for CT (children born Feb 2001–May 2003)	 85%	NIS – a large on-going telephone sample survey of immunization coverage among pre-school age children

IMMUNIZATION STATUS ON 2ND BIRTHDAY OF CHILDREN ENROLLED IN CIRTS

Birth Cohorts: 1998 - 2002

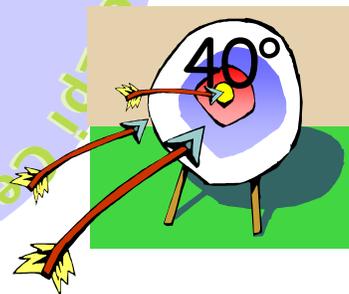
*Schedule Used 4,3,1,3,3	Not up-to-date in CIRTS	Up-to-date in CIRTS # %	Total # in CIRTS
1998 Birth Cohort	9007	21,541 71%	30,548
1999 Birth Cohort	10,073	24,490 71%	34,563
*2000 Birth Cohort	6006	28,105 82%	34,111
2001 Birth Cohort	6310	28,509 82%	34,819
2002 Birth Cohort	6152	29,507 83%	35,659

* Due to the DTaP shortage, there was a 6 mo. grace period on DTaP #4
All data based on 4 DTaP, 3 polio, 1 MMR, 3 HiB, 3 Hep B at 24 months of age

Shoot for 40!

The temperature in the refrigerator used for vaccine storage must stay within 35°-46° F. Temperatures that are too hot or too cold can damage the vaccines without any visible sign of damage rendering them ineffective.

So remember, **shoot for 40° F** in your vaccine refrigerator!



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Dr. William A. Bauman was recognized by the Department of Public Health for his unwavering support and dedication to the CT Immunization Registry & Tracking System. Dr. Bauman volunteers his time tracking children at risk for being under-immunized.



Michael Tommasi (CIRTS Program Supervisor), Dr. William A. Bauman, Dr. James Hadler (Director of Infectious Diseases at the CT DPH), Nancy Caruk (CIRTS Provider Liaison), Irene Litwak (Danbury IAP Coordinator)

DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM
MORBIDITY REPORT

Disease	1 / 1 / 05 - 9 / 15 / 2005	Total 2004	Total 2003
Measles	0	0	0
Mumps	1	0	1
Rubella	0	0	0
Congenital Rubella Syndrome	0	0	0
Diphtheria	0	0	0
Tetanus	0	0	0
Pertussis	38	59	77
Hib	0	0	0
Varicella	1,057	1,902	1,583

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trative Services and the Capitol Region Council of Governments to secure vaccine for municipalities and nonprofit agencies.

For the past several seasons, including the current flu season, the FDA has provided a waiver for resale of influenza vaccine. Debbye Rosen, Adult Immunization Coordinator for the Immunization Program, will assist agencies who have extra vaccine in selling it to agencies that need it. Agencies selling the vaccine may not sell it for more than it paid for the vaccine. Since many agencies do not finish their vaccinations until November or December, it is unusual to have "excess" vaccine for sale prior to the end of November. Shipping and handling of the vaccine, as it moves between agencies, must be according to manufacturer's handling and storage recommendations. The FDA waiver can be accessed at www.cdc.gov/flu/professionals/vaccination/reallocation0506season.htm Contact Debbye at 860-509-7729 for more information.

TO FIND A FLU CLINIC
IN YOUR AREA CALL:

888-NO-TO-FLU
(888-668-6358)

OR VISIT:

www.alact.org

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