



To achieve its goal of preventing disease, disability and death from vaccine-preventable diseases the, Connecticut Department of Public Health's Immunization Program:

- ◆ Provides vaccine to immunization providers throughout the State;
- ◆ Provides education for medical personnel and the general public;
- ◆ Works with providers using the immunization registry to assure that all children in their practices are fully immunized;
- ◆ Assures that children who are in day care, Head Start, and school are adequately immunized;
- ◆ Conducts surveillance to evaluate the impact of vaccination efforts and to identify groups that are at risk of vaccine-preventable diseases.

Every Child Deserves a Shot: Expanded Childhood Vaccination Program Makes Additional Lifesaving Immunizations Available

Only 76% of children 19-35 months immunized in CT

Earlier this month, the Connecticut Department of Public Health (DPH) announced the expansion of its childhood vaccination program, which will add three lifesaving immunizations to those available to Connecticut children across the state.

The new program, called the Connecticut Vaccine Program (CVP), expands the state's current childhood vaccination program by providing required vaccines to all children in Connecticut. With the addition of these three vaccines - pneumococcal conjugate, influenza, and hepatitis A - the state will cover fourteen of the sixteen vaccines currently recommended by the Centers for Disease Control and Prevention (CDC).

The program uses a combination of federal and state funds to purchase vaccines obtained through a contract the CDC manages with vaccine manufacturers. The state buys vaccine at the lowest possible price off the federal contract and provides the vaccines at no cost to clinics, private doctors and other health care providers.

While Connecticut has high immunization rates at school entry (99%), only approximately 76% of Connecticut children receive the CDC recommended vaccines they should have received by 3 years of age. That leaves many children at risk for serious vaccine-preventable infection. Rates for the hepatitis A and flu vaccines are much lower for those same children. In fact, Connecticut ranks 30th in the nation for vaccinating children ages 19

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months to 35 months, according to the Kaiser Family Foundation's 2010 State Health Facts report.

"The expansion of the state vaccine program will improve access to important immunizations so that children across the state can be vaccinated on time," said DPH Commissioner Dr. Jewel Mullen. "Every child has the right to be fully immunized, and we can do better. This expanded program moves us closer to that goal."

Public Act 12-1 established the CVP. It requires all health care providers who administer vaccines to children under the age of 19 years to obtain the required vaccines through the program. The new state law goes into

Vaccine Update

Flu: Flu vaccine is in plentiful supply and providers should continue to order flu vaccine as long as flu season lasts. All state supplied flu formulations are thimerosal-free. From August through October approximately 138,000 doses of flu vaccine have been shipped to providers statewide.

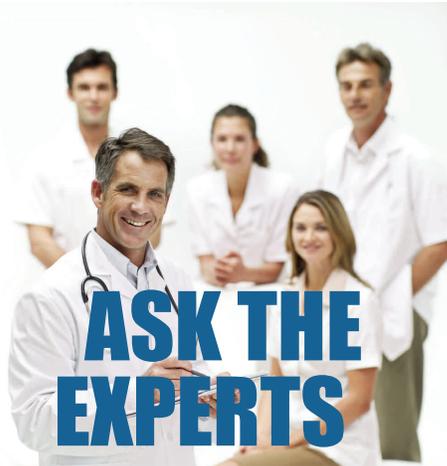
VTrckS: The new Vaccine Management Ordering System VTrckS will be going on-line in November. In the short term there will be no changes for providers as they will continue to fax, mail or e-mail in their vaccine orders. Sometime next spring the Immunization Program will begin to roll out VTrckS to providers on a voluntary basis for those practices who want to order their vaccines on-line. Practices will first need to receive training and verify their identification before having access to VTrckS.



Provider Choice: Effective October 1, 2012 providers now have choice of what brand of vaccine they wish to use. All vaccines listed on the federal Centers For Disease Control and Prevention contract are now available to order. The Vaccine Order Form (VOF) has been revised and sent out to providers. Order forms can also be downloaded from our website: www.ct.gov/dph/cvp

Universal Coverage: Effective October 1, 2012, Hepatitis A vaccine is being universally provided for all patients 12 through 23 months old. On March 1, 2013, Pneumococcal Conjugate Vaccine (PCV13) will be universally provided for children 2 months through 5 years of age. Providers should use up their private stock of PCV13 by the end of February 2013.

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Q: If a healthcare worker does not have a history of varicella vaccination or disease but has had a clinically diagnosed case of shingles, does she or he still need varicella vaccination?

A: No. A healthcare provider's diagnosis or verification of a history of shingles is acceptable evidence of immunity to varicella. According to ACIP, acceptable evidence of varicella immunity in healthcare personnel includes (1) documentation of 2 doses of varicella vaccine given at least 28 days apart, (2) history of varicella or herpes zoster based on physician diagnosis, (3) laboratory evidence of immunity, or (4) laboratory confirmation of disease.

Looking for a Shingles Shot?

Zoster vaccination Clinic Locator: <http://www.zostavax.com/index.html>
Walgreens is now administering Tdap! Pharmacists can only vaccinate individuals 18 years of age and older.

Tdap: Through funding from the CDC, CT has successfully provided free Tdap vaccine to 21 hospitals and many statewide referral sites as part of the Cocoon program, a program that protects newborns against contracting pertussis by immunizing parents and close contacts. However due to new guidelines from CDC the State Immunization Program will no longer be able to support funding to immunize any privately insured patients. There will be enough vaccine to support the program until mid 2013. After that hospitals will have to purchase Tdap on their own. While the program continues, hospitals will receive Adacel and referral sites will receive Boostrix.

Rising Number of Connecticut Kids Exempted From Vaccines

Based on the 2011-12 school immunization survey, an increasing number of Connecticut students are being exempted from vaccinations. 1,056 children entering kindergarten and seventh grade last year received exemptions, which is a 127 percent increase from 2003. In Connecticut only medical and religious exemptions are allowed under state statute. Medical exemptions excuse a child due to a valid medical contraindication that must be consistent with national standards and be submitted in writing by a licensed physician. Religious exemptions must be signed by a parent or legal guardian and state that immunizations are against his or her religious beliefs. There are no philosophical exemptions allowed under state statute. Vaccination coverage in Connecticut still remains high with more than 97% of kindergarten and seventh graders receiving required vaccinations.

Whooping Cough will reach a 10-year High

Pertussis (or whooping cough) outbreaks occurring nationally are closing in on Connecticut. So far the state has already seen 140 cases of pertussis. That puts Connecticut on track to break a 10-year record on the number of cases of the disease.

"It is important that people who are expecting a child make sure that they've had the Tdap booster", says Kathy Kudish, Epidemiologist with the Department of Public Health. "We want to protect the most vulnerable, and that's infants up to 12 months of age." So far this year there have been 32,000 cases of pertussis reported in the U.S. with 16 deaths, mostly among infants. There were 18,719 cases reported to the CDC in ALL of last year. The U.S. hasn't

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Millie Seguinot, Senior Community Outreach Worker for the Bridgeport Immunization Program speaks with a mom at a health fair at Southwest Community Health Center on August 8th in Bridgeport. The child was not born in the State of Connecticut and mom wanted to enroll him into the CIRT Program.

seen that many cases of whooping cough since 1959. In Connecticut, the number of reported cases of whooping cough has more than doubled since this point last year.

PCV13 Recommended for High Risk Adults

On June 20, 2012, the Advisory Committee on Immunization Practices (ACIP) recommended routine use of 13-valent pneumococcal conjugate vaccine (PCV13; Prevnar 13, Pfizer) for adults 19 years and older with immunocompromising conditions, functional or anatomic asplenia, cerebrospinal fluid (CSF) leaks, or cochlear implants. PCV13 should be administered to eligible adults in addition to the 23-valent pneumococcal polysaccharide vaccine (PPSV23; Pneumovax, Merck & Co. Inc.), the vaccine recommended for the previously mentioned groups of adults since 1997. Additional information regarding the use of PPSV23 and PCV13 can be found in the following documents: Updated Recommendations for Prevention of Invasive Pneumococcal Disease Among Adults Using the 23-Valent Pneumococcal Polysaccharide Vaccine (PPSV23). Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5934a3.htm>. On December 30, 2011, the Food and Drug Administration granted accelerated approval for Prevnar 13 for ALL adults over 50 years of age. For more detailed information, see: <http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm285431.htm?source=govdelivery>

Change in Financial Restitution Policy

The Financial Restitution Policy was developed in accordance with the Connecticut Vaccine Program (CVP) for the purpose of replacing vaccine wasted or spoiled due to negligence and/or failure to properly store, handle, or rotate vaccine inventory. The policy has been updated to address the increased costs of replacing wasted, expired or spoiled vaccines provided through the CVP. The policy also includes a provision that providers who notify the CVP of vaccine they will not be administering four months or more prior to expiration will not be financially liable for replacing any doses that ultimately expire. To review the revised document go to www.ct.gov/dph/cvp.

CIRTS Turns 20!

Looking at 20 years of the Connecticut Immunization Registry and Tracking System (CIRTS)- more than half a million children later, check out the 1993-2013 timeline:



- 1993: Started as a pilot project in the city of Hartford as a computerized childhood immunization registry. The Hartford registry was successful in raising immunization rates from 52% to 78%
- 1993: CT Immunization Action Plan (IAP) was initiated to raise immunization rates of pre-school aged children.
- 1994: Legislation enabled the CT DPH to establish an opt-out childhood immunization registry with mandated reporting by providers.
- 1996: CIRTS began enrolling children born after January 1, 1995 who were enrolled in Medicaid.
- 1998: CIRTS became a statewide childhood immunization registry for ALL children born in CT from birth certificate information (enrolling about 35,000 newborns annually).
- 2012: CIRTS moved its data (for over 525,000 children) into the web-based immunization registry! In April, CIRTS staff and IAP Coordinators came online with this NEW web-based registry. DPH began deploying enhancements to the registry in preparation for roll out.
- 2013: CIRTS will begin rolling out to pediatric providers, starting with sites previously online and moving to the waiting list. CIRTS will begin with pilot sites for Electronic Health Records (EHR) to report electronically to the immunization registry.

Over the past 20 years: According to National Immunization Survey (NIS) data from the Centers for Disease Control and Prevention (CDC), for thirteen out of the past twenty years, Connecticut's childhood immunization rates have been **ranked among the top ten in the nation**, and two of those years **Connecticut reached # 1 in the nation!** As the world of vaccines is ever-changing, CIRTS encourages providers to look to the State Immunization Program and your local IAP Coordinators as a resource to help you ensure children in Connecticut are up-to-date with their immunizations. To learn more about CIRTS, visit our website: www.ct.gov/dph/immunizations

Getting On-line with CIRTS

- To put your name on the waiting list - contact Nancy.Sharova@ct.gov or 860-509-7912 and leave your name, facility name and town, phone and email. Providers will need to sign a Statement of Confidentiality, we will assign a username and password, and we will schedule training.
- Please note CIRTS does not provide exemptions or proof of attestation for Meaningful Use.
- To learn more about the attestation process and to find the "**Exceptions Letter from DPH for Public Reporting - Meaningful Use**", please visit the DPH Health Information Technology and Exchange of CT: www.ct.gov/hitect
- eHealthConnecticut - working with providers to select, implement and achieve MU of EHR: www.ehealthconnecticut.org

