



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.

DPH Honors State Childhood Immunization Champion



CDC award presented during National Infant Immunization Week to recognize outstanding efforts to promote childhood vaccination



At a ceremony in Hartford, the Connecticut Department of Public Health (DPH) named Ms. Joan Christison-Lagay, MPH, MAT, a Childhood Immunization Champion in recognition of her outstanding efforts to promote childhood immunization in Connecticut.

Each year, in connection with National Infant Immunization Week, the CDC Foundation and the Centers for Disease Control and Prevention (CDC) honor health professionals and community leaders from around the country with the *CDC Childhood Immunization Champion* awards. These awards acknowledge exemplary individuals who go above and beyond to promote or foster immunizations among children 0–2 years old in their communities.

“For over 20 years, Joan has been an innovator and leader in the promotion of childhood immunizations in our state,” said DPH Commissioner Dr. Jewel Mullen. “Every child has the right to be fully immunized, and Joan exemplifies the many dedicated health professionals across Connecticut who work hard to ensure that all children receive life-saving vaccinations when they need them.”

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VaxFacts

Editor: Carolann Kapur, MPA
Designer: Claudia Soprano



Immunization Program

Epidemiologists:

Region 1 (western CT)

Paul Sookram
860-509-7835

Region 2 (New Haven area)

Dan Wurm
860-509-7811

Region 3 (eastern CT)

Sharon Dunning
860-509-7757

Region 4 (Hartford area)

Kristin Gerard
860-509-8187

Local IAP

Coordinators:

Bridgeport

Joan Lane
203-372-5503

Danbury

Irene Litwak
203-730-5240

Hartford

Tish Ricks Lopez
860-547-1426 x7048

Naugatuck Valley

Elizabeth Green
203-881-3255

New Britain

Ramona Anderson
860-612-2777

New Haven

Jennifer Hall
203-946-7097

Norwalk

Pam Bates
203-854-7728

Stamford

Cynthia Vera
203-977-5098

Torrington

Sue Sawula
860-489-0436 X314

Waterbury

Randy York
203-346-3907

West Haven

Christine DePierro
203-937-3660 X 2045

Other areas

Debora Jones
860-509-7241

“Immunization plays a key role in protecting the health of America’s children,” said Dr. Melinda Wharton, Acting Director of CDC’s National Center for Immunization and Respiratory Diseases. “Ensuring that all children are immunized requires a cadre of dedicated health professionals and community leaders nationwide. The Champion awards give us the opportunity to salute these individuals for their service to our children.”

Ms. Christison-Lagay serves as a consultant through the American Academy of Pediatrics to the DPH Immunization Program. One of her most significant accomplishments was designing and implementing the Connecticut Immunization Registry and Tracking System (CIRTS), the first immunization registry in New England. She also works with Community Health Center, Inc., where she reviews the records of every child under age two, alerting nurses of missing or invalid doses and following up to ensure children are notified and vaccinated. She is a former resident of Mansfield Center and currently resides in Massachusetts.

CDC Childhood Immunization Champions were selected from a pool of health care professionals, coalition members, community advocates, and other immunization leaders. State and Territorial Immunization Programs coordinated the nomination process and notified CDC of their recommendations. No more than one winner was selected in each state or territory.

For more information about other *CDC Childhood Immunization Champion* award winners, please visit <http://www.cdc.gov/vaccines/champions>

Congratulations Joan!

from your Immunization Partners



About National Infant Immunization Week

National Infant Immunization Week (NIIW) is an annual observance to highlight the importance of protecting infants from vaccine-preventable diseases and to celebrate the achievements of immunization programs in promoting healthy communities throughout the United States. Each year, during NIIW, communities across the U.S. celebrate the *CDC Childhood Immunization Champions*. These award recipients are being recognized for the important contributions they have made to public health through their work in childhood immunization.



National Infant Immunization Week Highlights



Norwalk IAP staff presented immunization and CIRTIS information at a "Celebration for Families and New Babies" hosted by Family and Children's Agency and the Weston Women's League. The event was for families enrolled in FCA's family support programs. It was held at Norwalk City Hall on Wednesday, April 24th from 11-1.



A mom asks Kathie Rocco about CIRTIS at the Danbury Kids Expo

"Vaccine Models" at the Fashion For Shots event at the Hartford Health Department



VaxFacts

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Avian Influenza A (H7N9) Outbreak in China

As of April 29, 2013, the number of human infections with avian influenza A (H7N9) in China has risen to 126; with 24 deaths*. There are no reports of H7N9 in the United States and no evidence of sustained human-to-human spread of this virus. While some mild illness has been reported in H7N9 patients, most have had severe illness. China is reportedly treating H7N9 cases and recommending treatment of their symptomatic contacts with oseltamivir.

Since this H7N9 virus is a novel influenza virus with pandemic potential, the source of the human infections and how this virus spreads is being carefully investigated. H7N9 has been detected in Chinese poultry. While the investigation is ongoing, the current working assumption is that most people have been infected with the virus after having contact with infected poultry or contaminated environments. A [New England Journal of Medicine](#) (NEJM) article authored by Chinese public health officials released on Wednesday, April 24, 2013 reports that 77% of the first H7N9 patients had some animal exposure**.

Although no decision has been made to initiate an H7N9 vaccination program in the United States, CDC recommends that local authorities and preparedness programs take time to review and update their pandemic influenza vaccine preparedness plans because it could take several months to ready a vaccination program, if one becomes necessary. CDC also recommends that public health agencies review their overall pandemic influenza plans to identify operational gaps and to ensure administrative readiness for an influenza pandemic

* [MMWR 2013; 62 \(early release\); 1-6. Emergence of Avian Influenza A\(H7N9\) Virus Causing Severe Human Illness — China, February–April 2013.](#)

** NEJM. Apr 24, 2013. [Preliminary Report: Epidemiology of the Avian Influenza A \(H7N9\) Outbreak in China](#)

More information on the H7N9 Outbreak in China can be found here:

Human infections with the emerging avian influenza A H7N9 virus from wet market poultry: clinical analysis and characterisation of viral genome
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60903-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60903-4/fulltext)

H7N9 Update; CDC Pandemic Preparedness Activities Progress

<http://www.cdc.gov/flu/spotlights/h7n9-cases-update.htm>

Interim Guidance on the Use of Antiviral Agents for Treatment of Human Infections with Avian Influenza A (H7N9)

http://www.cdc.gov/flu/avianflu/h7n9-antiviral-treatment.htm?s_cid=seasonalflu-govd-00

Q I have a patient who will be going to college in the fall. He received one MCV4 at 15. Does he need a second dose?

A Connecticut state law requires only one meningococcal dose for students living on campus. However, immunity begins to wane after 3–5 years; therefore the CDC now recommends one dose at 11–12 years of age and a booster dose at age 16. If the first dose is received at age 13–15 years, a booster dose should be given at age 16–18 years, which are the years before the peak incidence of meningococcal disease occurs. An additional consideration in timing the booster dose is that children are no longer eligible for Connecticut Vaccine Program supplied vaccine once they reach age 19. Teens who receive their first dose of meningococcal conjugate vaccine at or after age 16 years do not need a booster dose, as long as they have no risk factors for meningococcal disease. These are CDC's recommendations regardless of whether the patient is going to college.

Q I need to know how to catch -up a child who is 12 years old and received 1 dose of DTaP vaccine at age 2 years and a one-time Tdap dose at age 11 years.

A This child needs to complete the primary series with 1 dose of Td, administered no earlier than 6 months after the Tdap dose. After that, the child needs a booster dose of Td every 10 years.

Q Instead of giving a Tdap vaccine to a father-to-be that needed protection against pertussis, we mistakenly gave him tetanus/diphtheria (Td) toxoid. How soon after the Td dose can we give him the dose of Tdap he needs?

A All parents, grandparents, healthcare workers, and all others of any age who have not already received Tdap, and especially those who are close contacts of infants younger than age 12 months, should receive a single dose of this vaccine as soon as possible to protect infants from pertussis. There is no need to observe a "minimum interval" between giving Td and Tdap. For example, if you had immediately realized that you had mistakenly given the father-to-be Td instead of Tdap, you could have given him the needed Tdap dose at the same visit at which you gave him the erroneous Td dose.

A Dose of Tdap During Each Pregnancy

The Advisory Committee on Immunization Practices (ACIP) now recommends a dose of Tdap vaccine during every pregnancy. To maximize the maternal antibody response and passive antibody transfer to the infant, optimal timing for Tdap administration is between 27–36 weeks gestation although Tdap may be given at any time during pregnancy. For women not previously vaccinated with Tdap, if it is not administered during pregnancy, Tdap should be administered immediately postpartum. **At this time, additional Tdap doses are only recommended for women who are pregnant.** Currently the recommendation concerning additional Tdap doses among non-pregnant individuals is under discussion by the ACIP. Note that the indications on the Tdap package insert remain for single dose use only.

Call to Action: Don't Let Teens Fall Off Your Radar Screen

Teens need immunizations too. The CDC recommends routinely giving a tetanus-diphtheria-acellular pertussis (Tdap), 3 shot human papillomavirus (HPV) series and meningococcal conjugate vaccine (MCV) at 11-12 years of age.



Routinely get into the habit of checking and administering immunizations at "each and every visit" (well, acne, asthma check, uncomplicated sick, etc...). Data

shows that the majority of teens (83%) are at the doctor's office every year, but only 16% of them are getting a needed shot.^{1,2} Also, if a teen is in the office for a required shot for school, be sure to give them ALL of the vaccines recommended by the American Academy of Pediatrics and Advisory Committee on Immunization Practices.

Use "Reminder or Recall" to target adolescents. When a patient turns 11 years old, send them a reminder that a check-up is due. Recommendations change and new vaccines are being introduced every year. Being proactive ensures that your whole population is receiving optimal medical care. Be sure to send reminders when the next vaccine is due to help ensure completion of the HPV series.

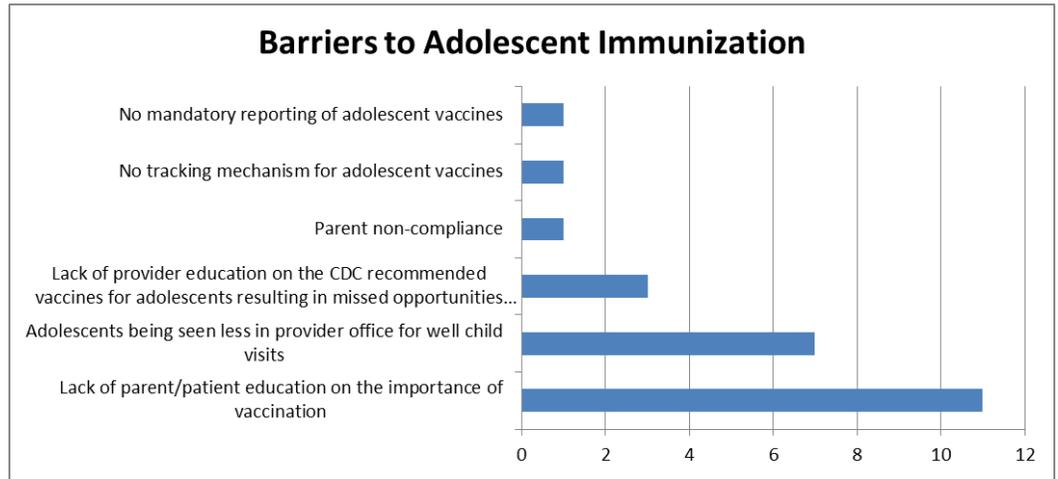
Make adolescents a priority- if you see one, immunize one!

¹ Sanofi Pasteur Inc., Data on file (Adolescent Missed Vaccination Opportunities Overview), January 30, 2008. MKT15175

² CDC's National Center for Health Statistics, 2004 National Health Interview Survey

Barriers to Adolescent Immunizations

A brief survey was conducted during a quarterly Immunization Action Plan Meeting. A total of 24 responses were received from Immunization Action Plan Coordinators, vaccine manufacturer representatives, and state Immunization Program staff. The question asked was, “What is the biggest barrier in your area or statewide to *adolescents* being up to date with their recommended vaccinations? The responses are in the graph above.



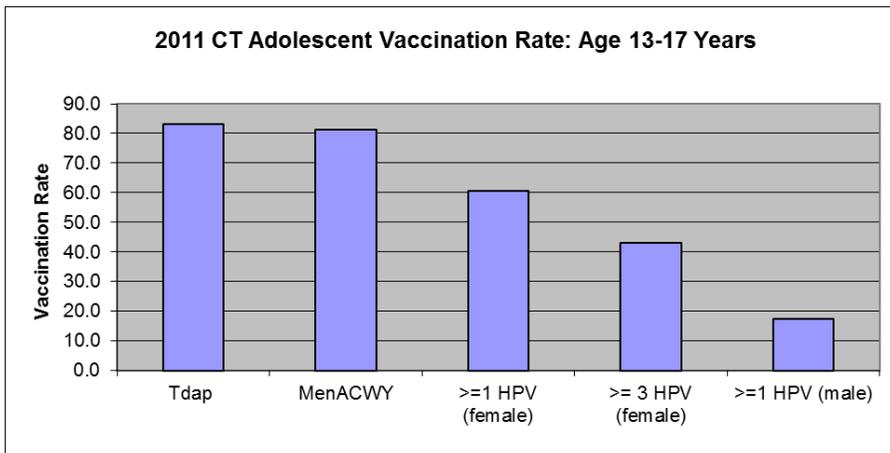
HPV Vaccination Lagging Behind

HPV vaccination rates are lagging behind other vaccines recommended at the same time (see “2011 CT Adolescent Vaccination Rate: Age 13–17 Years” graph). There are several reasons that can explain this. There is a drop off in completion of the 3-dose HPV series¹. It is estimated that ~30–45% of individuals who initiate the series do not complete all three doses^{2,3}. Using recall strategies in provider office will help to get teens back in for their second and third doses. Second, education and efforts to increase provider acceptance of the HPV recommendations could be improved. The National Immunization Survey provides evidence that there has been more difficulty in obtaining acceptance of the HPV vaccine compared to Tdap and MCV4 vaccine. According to Anne Schuchat, Director of the National Center for Immunization and Respiratory Diseases at the CDC, “When preteens come to their pediatricians office for a back-to-school visit or sports physical, the pediatrician has the chance to begin or continue the HPV vaccination series.

Parents rely heavily on their pediatrician’s judgment when making decisions to vaccinate. Research shows that if vaccines are recommended by their physician, adolescents are

“If a dose of HPV vaccine were administered each time a clinician gave Tdap or MCV4, coverage could jump to more than 80%”¹.

more likely to receive them.¹



¹ AAP News Vol 33, No. 9, Sept 2012. Accessible at www.aapnews.org.

² Centers for Disease Control and Prevention. MMWR 2011;60(33):1117-1123 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a1.htm>

³ Tan W et al. Vaccine. 2011; 29:2548-2554.



Pneumococcal Conjugate Vaccine

As of March 1, 2013 the Connecticut Vaccine Program (CVP) is now universally providing PCV13 to all children regardless of insurance status.

Insurance Denials

Several providers have informed the Connecticut Vaccine Program that some insurance companies are not paying claims for vaccines not provided through the CVP such as Rotavirus and HPV. The insurance companies are aware of this issue and are working on fixing the problem. Providers are asked to contact the CVP if these issues continue to exist.

Vaccine Wastage Low

Thanks to all our CVP Providers for keeping our vaccine wastage low. Of 1,031,420 doses distributed, only 4,384 (or less than 1%) were wasted in 2012.

Understanding Vaccines and Vaccine Safety Fact Sheets Available

If you are looking for concise and specific information for parents, the *Provider Resources for Vaccine Conversations with Parents* (www.cdc.gov/vaccines/conversations) are your best source. The information is updated annually to reflect the most current information available about vaccines, vaccine safety, and vaccine-preventable diseases.



Flu Supply

The CVP has pre-booked flu vaccine for the 2013/2014 influenza season. Supply is anticipated to be available sometime in July. Below is a list of the flu formulations we will be supplying this upcoming influenza season:

Vaccine	Package	Dose	Age	Preservative Free	NDC #	CPT Code
Fluzone (Sanofi)	Single dose Syringe (Trivalent)	0.25 mL	6–35 months	YES	49281-0113-25	90655
Fluzone (Sanofi)	Single dose Syringe (Trivalent)	0.5 mL	3 years and older	YES	49281-0013-50	90656
Fluzone (Sanofi)	Single dose Vial (Trivalent)	0.5 mL	3 years and older	YES	49281-0013-10	90656
Fluarix (GSK)	Single dose Syringe (Quadrivalent)	0.5 mL	3 years and older	YES	58160-0900-52	90686
Fluvirin (Novartis)	Single dose Syringe (Trivalent)	0.5 mL	4 years and older	YES	66521-0116-02	90656
FluMist (MedImmune)	Single dose Sprayer (Quadrivalent)	0.2 mL	2–49 years	YES	66019-0300-10	9067

Pentacel and Pediarix Shortage

Pentacel (DTaP/IPV/Hib) is still in short supply, but the manufacturer Sanofi Pasteur is hopeful that by September, Pentacel will again be in full supply. Because of the increased demand for Pediarix (DTaP/IPV/HepB) during the Pentacel shortage, the Centers for Disease Control & Prevention (CDC) and Glaxo SmithKline have informed the Connecticut Vaccine Program (CVP) of a temporary nationwide shortage of Pediarix. The shortage of Pediarix vaccine is anticipated to last 4–6 months and the CVP will only receive about half the amount of Pediarix normally distributed each month. Providers will still be able to order Pediarix from the CVP during the shortage, however, the CVP cannot guarantee that providers will receive all the doses requested. There is a sufficient supply of single antigen DTaP, IPV, Hepatitis B and Hib vaccines available to compensate for the current shortages of Pediarix and Pentacel combination vaccines. Providers should increase their orders for single DTaP, IPV, Hepatitis B and Hib vaccines accordingly to ensure they have enough vaccine to fully immunize children based on the recommended schedule.

CIRTS Update

Electronic Health Records Survey Results

CIRTS is currently working on a pilot project to build the capability to establish electronic data exchange between pediatric immunization provider electronic health record systems (EHR-S) and CIRTS through an Affordable Care Act grant. As part of this project, a survey was sent to gather information about whether providers were using an EHR-S and if they knew if their system could support immunization messaging. On March 7, 2013, the survey was blast faxed to 798 pediatric and family practices including 498 practices enrolled in CIRTS (the remainder are practices that do not serve 0–6 year olds). The survey is posted at: http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/cirts/dph-provider_ehr_survey_march_2013.pdf

Results

- **45%** of the CIRTS providers returned a survey
- **65%** reported using an EHR-S
 - The majority of sites reported using an Allscripts product (**21%**), followed by eClinicalworks (**12%**), Vitera-Sage (**11%**), Greenway (**5%**), McKesson (**4.8%**), Office Practicum (**4%**), and Glenwood Systems (**4%**); the remaining sites were split among 34 vendors.
- **13 sites** indicated they think their EHR-S has an Immunization Module, **3 sites** indicated their EHR-S does not, and the rest were not sure.

Conclusions

- Compared to a prior survey conducted in 2010, more providers reported using an EHR-S (**46%** vs. **65%**), with Allscripts being the most used EHR-S vendor (**35%** vs. **21%**).
- There is still a great variety of EHR-S vendor products used (~ **51** vendors in 2010 vs. **41** vendors in 2013).
- The CIRTS technical team will work with the vendors to further define the exact type of vendor product being used. They are also preparing an implementation guide that will be posted once it is finalized.

