



# VaxFacts

## Immunization Review

Volume 4 Spring 2011

### New School Immunization Requirements for Fall 2011



New regulatory changes to school immunization entry requirements were passed by the Regulations Review Committee of the state legislature in December 2010. The new requirements, which bring Connecticut requirements into agreement with national recommendations, are effective on August 1, 2011.

To update immunization providers of these revisions, the Immunization Program issued a vaccine policy memo which includes the changes these revisions have on VFC vaccine eligibility. To see the memo click on: [http://www.ct.gov/dph/lib/dph/update\\_Tdap-menine\\_2-1-2011\\_combined.pdf](http://www.ct.gov/dph/lib/dph/update_Tdap-menine_2-1-2011_combined.pdf)

To achieve its goal of preventing disease, disability and death from vaccine-preventable diseases the 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.

Vaccine	Grade	# of Doses
Pneumococcal	Pre-K and K (born 1/1/2007 or later and less than 5 years old)	1 dose on or after 1 <sup>st</sup> birthday
Hepatitis A	Pre-K and K (born 1/1/2007 or later)	2 doses given six months apart - 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Influenza	Pre-K (children age 24-59 months) given annually between August 1 <sup>st</sup> and December 31 <sup>st</sup> each year	1 dose - (2 doses for those receiving flu vaccine for 1 <sup>st</sup> time)
MMR	K-12	2 doses given at least 28 days apart - 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Varicella	Pre-K	1 dose on or after 1 <sup>st</sup> birthday
Varicella	K and 7 <sup>th</sup> grade entry	2 doses given 3 months apart - 1 <sup>st</sup> dose on or after 1 <sup>st</sup> birthday
Tdap	7 <sup>th</sup> grade entry	1 dose
Meningococcal	7 <sup>th</sup> grade entry	1 dose

To view all of the school vaccination regulations with an explanation of what is acceptable proof of vaccination/disease for each vaccine click on: [http://www.ct.gov/dph/lib/dph/school\\_regulations\\_2010.pdf](http://www.ct.gov/dph/lib/dph/school_regulations_2010.pdf).

#### Inside This Issue:

New School Immunization Requirements for Fall 2011	1
Best Practice	2
Updated ACIP Recommendations	2 & 3
CDC Issues the 2011 Childhood, Adolescent and Adult Immunization Schedules	3 & 4
Ask to Experts	4
VFC NEWS	5
Immunization Program Staff to Conduct Provider Site Visits	5
Fraud and Abuse	5 & 6

## New Feature:

### Best Practices



### How many practices find completing page 2 of the Vaccine Order Form time-consuming?

How many of you have found at the time of a site visit that you are administering more vaccines than you have in inventory based on print-outs from the ordering program used by the state? If you are one of those practices, here are a few suggestions from area providers in Region 4:

- 1) Don't use page 2 of the Vaccine Order Form to track vaccines administered using "tick marks". Sometimes, when adding them you make errors or you might even put the marks in the wrong column. For example, MMR in the <1 year old line. In addition, fax machines have a tendency to add lines of their own.
- 2) Try using an Excel spreadsheet that documents the patient's name, patient's age at time of visit, vaccine administered as well as the number in the series (samples available if you would like). If you make an error, you can find it easily.

(Continued on page 6)

## Updated ACIP Recommendations

The Advisory Committee on Immunization Practices (ACIP) recently updated recommendations in three areas.

### 1. General Recommendations

On January 28, 2011, The Centers for Disease Control and Prevention (CDC) published the *General Recommendations on Immunization: Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, which is a revision of the 2006 general recommendations <http://www.cdc.gov/mmwr/pdf/rr/rr6002.pdf>. ACIP recommendations for each vaccine and additional information about vaccinations are available from CDC at <http://www.cdc.gov/vaccines>.

Notable revisions to the 2006 recommendations include:

- Revisions to the tables of contraindications and precautions to vaccination, as well as a separate table of conditions that are commonly misperceived as contraindications and precautions;
- Reordering of the report content, with vaccine risk-benefit screening, managing adverse reactions, reporting of adverse events, and the vaccine injury compensation program presented immediately after the discussion of contraindications and precautions;
- Stricter criteria for selecting an appropriate vaccine storage unit;
- Additional guidance for maintaining the cold chain in the event of unavoidable temperature deviations; and
- Updated revisions for vaccination of patients who have received a hematopoietic cell transplant.



### 2. Tdap Recommendations

On October 27, 2010, ACIP approved the following recommendations:

- Use of Tdap regardless of interval since the last tetanus- or diphtheria-toxoid containing vaccine,
- Use of Tdap in certain adults aged 65 years and older, and
- Use of Tdap in under-vaccinated children aged 7 through 10 years.

For the complete report, see [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s\\_cid=mm6001a4\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6001a4.htm?s_cid=mm6001a4_e&source=govdelivery).

### 3. Meningococcal Vaccination Recommendations

ACIP approved updated recommendations for the use of quadrivalent (serogroups A, C, Y, and W-135) meningococcal conjugate vaccines (Menveo from Novartis and Menactra from Sanofi Pasteur) in adolescents and persons at high risk for meningococcal disease. This report summarizes two new recommendations approved by

(Continued on page 3)

### 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)

Linda Greengas

860-509-8153

### Local IAP

#### Coordinators:

##### Bridgeport

Joan Lane

203-372-5503

##### Danbury

Irene Litwak

203-730-5240

##### Hartford

Tish Rick Lopez

Sandra Abella

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

##### Waterbury

Randy York

203-346-3907

##### West Haven

Betty Murphy

203-937-3665

##### Other areas

Debora Alvarenga

860-509-7241

(Continued from page 2)

#### ACIP:

- Routine vaccination of adolescents, preferably at age 11 or 12 years, with a booster dose at age 16 years, and
- A 2-dose primary series administered 2 months apart for persons aged 2 through 54 years with persistent complement component deficiency (e.g., C5-C9, properdin, factor H, or factor D) and functional or anatomic asplenia, and for adolescents and adults with human immunodeficiency virus (HIV) infection.

For the complete report, see [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s\\_cid=mm6003a3\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6003a3.htm?s_cid=mm6003a3_e&source=govdelivery)

## CDC Issues the 2011 Childhood, Adolescent and Adult Immunization Schedules

On February 4, 2011, CDC published the 2011 childhood, adolescent and adult immunization schedules. For information and copies of the schedules, go to <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.

Changes to the childhood and adolescent schedules include:

- Guidance has been added for the hepatitis B vaccine schedule for children who did not receive a birth dose.
- Information on use of 13-valent pneumococcal conjugate vaccine has been added.
- Guidance has been added for administration of 1 or 2 doses of seasonal influenza vaccine based upon the child's history of monovalent 2009 H1N1 vaccination.
- Use of tetanus and diphtheria toxoids and acellular pertussis (Tdap) vaccine among children aged 7 through 10 years who are incompletely vaccinated against pertussis is addressed, and reference to a specified interval between tetanus and diphtheria toxoids (Td) and Tdap vaccination has been removed.
- Footnotes for the use of human papillomavirus (HPV) vaccine have been condensed.
- Routine 2-dose schedule of quadrivalent meningococcal conjugate vaccine (MCV4) for certain persons at high risk for meningococcal disease, and recommendations for a booster dose of MCV4 have been added.
- Guidance for use of *Haemophilus influenzae* type b (Hib) vaccine in persons aged 5 years and older in the catch-up schedule has been condensed.

Recommended Immunization Schedule for Persons Aged 0 Through 6 Years—United States • 2011

For those who fall behind or start late, see the catch-up schedule

Vaccine	Age	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19-23 months	2-3 years	4-6 years
Hepatitis B <sup>1</sup>		HepB										
Diphtheria, Tetanus, Pertussis <sup>2</sup>			DTaP	DTaP	DTaP	DTaP	DTaP					DTaP <sup>3</sup>
Haemophilus influenzae type b <sup>4</sup>			Hib	Hib	Hib <sup>5</sup>	Hib						
Pneumococcal <sup>6</sup>			PCV	PCV	PCV	PCV						PPSV <sup>7</sup>
Inactivated Poliovirus <sup>8</sup>			IPV	IPV			IPV					IPV <sup>9</sup>
Influenza <sup>10</sup>							Influenza (Yearly)					
Masles, Mumps, Rubella <sup>11</sup>							MMR	see footnote <sup>12</sup>				MMR
Varicella <sup>13</sup>							Varicella	see footnote <sup>14</sup>				Varicella
Hepatitis A <sup>15</sup>							HepA (2 doses)					HepA Series
Meningococcal <sup>16</sup>												MCV4

For those who fall behind or start late, see the schedule below and the catch-up schedule

Vaccine	Age	7-10 years	11-12 years	13-18 years
Tetanus, Diphtheria, Pertussis <sup>1</sup>			Tdap	Tdap
Human Papillomavirus <sup>2</sup>		see footnote <sup>3</sup>	HPV (2 doses/females)	HPV series
Meningococcal <sup>4</sup>		MCV4	MCV4	MCV4
Influenza <sup>5</sup>			Influenza (Yearly)	
Pneumococcal <sup>6</sup>			Pneumococcal	
Hepatitis A <sup>7</sup>			HepA Series	
Hepatitis B <sup>8</sup>			Hep B Series	
Inactivated Poliovirus <sup>9</sup>			IPV Series	
Masles, Mumps, Rubella <sup>10</sup>			MMR Series	
Varicella <sup>11</sup>			Varicella Series	

(Continued on page 4)



## Ask The Experts

(Continued from page 3)

### Adult

**Q.** A 10 year old child is in his health care provider's office for a visit. Can this child receive Tdap and have it cover the new school requirement for Tdap vaccination of 11-12 year olds?

**A.** Yes, CDC recently published revised recommendations for the use of Tdap vaccine. (See ACIP updates in this issue.) CT's new school requirement for Tdap specify that the vaccine should be given by 11-12 years of age. There are two FDA approved Tdap vaccines. Adacel® is approved for people aged 11-64 years and Boostrix® is approved for people aged 10-64 years. The 10 year old can be vaccinated with Boostrix® thus meeting the school requirement for 11-12 year olds.

**Q.** Is a parent's signature required when an immunization is given?

**A.** No. There is no federal requirement for signed consent for vaccination, and Connecticut does not require a signed consent for vaccine administration. Local governments, institutions, and clinics may have their own requirements.

**Q.** What vaccines are safe to give to a breastfeeding mother?

**A.** Women who are breastfeeding can safely receive all routine vaccines, including live vaccines. The only vaccine that should not be given to breastfeeding women is the smallpox vaccine.

In October 2010, ACIP approved the Adult Immunization Schedule for 2011, which includes several changes. In brief, these changes include:

- The influenza vaccination footnote (#1) is revised and shortened to reflect a recommendation for vaccination of all persons aged 6 months and older, including all adults. The high-dose influenza vaccine (Fluzone), licensed in 2010 for adults aged 65 years and older, is mentioned as an option for this age group.
- The Td/Tdap vaccination footnote (#2) has language added to indicate that persons aged 65 years and older who have close contact with an infant aged less than 12 months should get vaccinated with Tdap; the additional language notes that all persons aged 65 years and older may get vaccinated with Tdap. Also added is the recommendation to administer Tdap regardless of the interval since the most recent Td-containing vaccine.
- The HPV vaccination footnote (#4) has language added to the introductory sentences to indicate that either quadrivalent vaccine or bivalent vaccine is recommended for females.
- The MMR vaccination footnote (#6) has been revised mainly by consolidating common language that previously had been part of each of the three vaccine component sections into one introductory statement.
- The revaccination with PPSV footnote (#8) clarifies that one-time revaccination after 5 years only applies to persons with indicated chronic medical conditions who are aged 19 through 64 years.
- The meningococcal vaccination footnote (#9) has language added to indicate that a 2-dose series of meningococcal conjugate vaccine is recommended for adults with anatomic or functional asplenia, or persistent complement component deficiencies, as well as adults with human immunodeficiency (HIV) virus infection who are vaccinated. Language has been added that a single dose of meningococcal vaccine is still recommended for those with other indications. Also language has been added to clarify that quadrivalent meningococcal conjugate vaccine (MCV4) is a quadrivalent vaccine.
- The language for the selected conditions for the Hib footnote (#12) has been shortened to clarify which persons at high risk may receive 1 dose of Hib vaccine.

**Recommended Adult Immunization Schedule**  
UNITED STATES - 2011

Note: These recommendations must be read with the footnotes that follow containing number of doses, interval between doses, and other important information.

**Figure 1. Recommended adult immunization schedule, by vaccine and age group**

Vaccine	All Groups	19-29 years	30-49 years	50-64 years	65 years and older
Influenza <sup>1</sup>		1 dose annually	1 dose annually	1 dose annually	1 dose annually
Tetanus, diphtheria, pertussis (Td/Tdap) <sup>2</sup>		1 dose (one dose of Tdap for 19-29 year olds; then boost with Td every 10 yrs)	1 dose (one dose of Tdap for 19-29 year olds; then boost with Td every 10 yrs)	1 dose (one dose of Tdap for 19-29 year olds; then boost with Td every 10 yrs)	1 dose (one dose of Tdap for 19-29 year olds; then boost with Td every 10 yrs)
Varicella <sup>3</sup>		2 doses	2 doses	2 doses	2 doses
Human papillomavirus (HPV) <sup>4</sup>		2 doses (over time)			
Zoster <sup>5</sup>				1 dose	1 dose
Meningococcal, polysaccharide (PPSV) <sup>6</sup>		1 or 2 doses	1 dose	1 dose	1 dose
Pneumococcal conjugate (PCV) <sup>7</sup>		1 or 2 doses	1 or 2 doses	1 dose	1 dose
Meningococcal <sup>8</sup>			1 or 2 doses		
Hepatitis A <sup>9</sup>		2 doses	2 doses	2 doses	2 doses
Hepatitis B <sup>10</sup>		3 doses	3 doses	3 doses	3 doses

Legend: Yellow = Recommended for all persons in the age group; Purple = Recommended for persons with certain medical conditions; White = Recommended for persons with certain medical conditions and other risk factors.



# News:

The following were recent inquiries to the Immunization Program:

*"I have a patient over age 19 on state insurance. Can I give them state-supplied VFC vaccine?"*

**The VFC program provides vaccine for individuals through the age of 18 (up until their 19<sup>th</sup> birthday). VFC vaccine cannot be used for people 19 years and older.**

*"What should I do with state supplied vaccine that I can't use?"*

**Once state-supplied vaccine is ordered and delivered to your office, you are responsible for managing the use of that vaccine. If you are not able to use all of your vaccine, it is your responsibility to transfer the vaccine to an office that can. Begin looking for an office that can use the vaccine at least several months before it expires. The Immunization Program can help identify offices that are in close proximity to your practice. You are responsible for contacting those offices to determine if they could use the vaccine. You also have to arrange to physically move the vaccine, keeping proper storage and handling of the vaccine while in transit. Once the vaccine is transferred, you must complete a vaccine transfer form: [http://www.ct.gov/dph/lib/dph/infectious\\_diseases/immunization/2010/2010\\_vaccine\\_transfer\\_form\\_3\\_17\\_10.pdf](http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/2010/2010_vaccine_transfer_form_3_17_10.pdf).**

**If the vaccine can't be used before expiration, you may have to replace those doses at your cost. For more information, please review the Immunization Vaccine Restitution Policy [http://www.ct.gov/dph/lib/dph/infectious\\_diseases/immunization/2010/connecticut\\_vaccine\\_restitution\\_policy\\_1\\_12\\_10\\_revised\\_combined.pdf](http://www.ct.gov/dph/lib/dph/infectious_diseases/immunization/2010/connecticut_vaccine_restitution_policy_1_12_10_revised_combined.pdf).**

## Immunization Program Staff to Conduct Provider Site Visits

As part of the Immunization Program's annual grant with CDC, each state Immunization Program is now required to conduct an annual site visit to 50% of providers who participate in the Vaccines for Children (VFC) program. Each year program staff, as well as local Immunization Action Plan (IAP) coordinators, will conduct site visits to half of the actively enrolled providers. The following year the remaining half will receive a site visit. If you currently receive any vaccine from the Immunization Program, you will be receiving a site visit on an every other year basis. Here's what you can expect from a site visit.

1	Program staff will call in advance to set up a time to meet at your convenience for approximately 1 hour.
2	On the day of the visit, staff will use a questionnaire to ask you questions regarding your vaccine ordering, storage and handling, accountability, documentation, and billing procedures.
3	You will receive a provider information folder containing all reference and working documents necessary for providing vaccines to your patients.
4	Staff will inspect your refrigerator and/or freezer units where you store vaccine.
5	A review of your vaccine administration records will be conducted for proper documentation.
6	Staff will provide you with a one-page feedback checklist of overall compliance with state and federal standards as well as an evaluation for you to complete and fax back to staff.
7	Within 2 weeks of your visit, you will receive a feedback letter outlining the details of the visit and any supplemental documents specific to your visit.

## Fighting Vaccine Wastage, Fraud and Abuse

As childhood vaccines become more expensive and immunization programs more complex, the VFC Program administered by CDC becomes more vulnerable to fraud and abuse. It is important to ensure your site is cognizant of appropriate use of state-provided vaccines. The following guidelines should help you be accountable for your vaccine supply.

Transfer forms, borrowing reports, and vaccine return forms should all be faxed to DPH by the practice. FAX: 860-509-8371

(Continued on page 6)

(Continued from page 2)

## Best Practices



(Continued from page 2)

- 3) Use the Tally Sheet (available through our program) provided by CDC to document vaccines received with lot numbers, vaccines used (wasted or transferred). You can see at a glance how many vaccines you should have in inventory at the end of the month.
- 4) Post a simple inventory sheet on your refrigerator complete with expiration dates. You will know at a glance which vaccines to use first and how many vaccines you have close to expiring that you need to use or transfer (sample provided).

Thanks to all the providers who were willing to share their time-saving measures. Don't forget if your practice is doing something that makes administering the VFC Program easier, let us know. No one solution fits all, but starting with something is better than starting with nothing.



(Continued from page 5)

### To Ensure Accountability:

- **Report all doses of STATE vaccine administered each month when you submit your vaccine order. Do not report privately purchased vaccine.**
- **Report doses transferred in or out of your practice.** Check your expiration dates monthly and coordinate a transfer at least 2-3 months before expiration. Call the State Immunization Program if you have doses of vaccine that you think you will not use. Fill out a vaccine transfer form.
- **Report doses borrowed.** You may "borrow" state vaccine and replace it when your next order of private stock comes in. Be sure to fill out a borrowing form.
- **Report doses wasted due to spoilage or loss.** Review the office policy on the receipt and storage of vaccines so as to avoid vaccines being left out of proper storage. Make sure there is someone to receive a vaccine order even when the office may be unexpectedly closed such as in a snow storm.

### Examples of Fraud and Abuse:

- Providing VFC vaccine to non-VFC-eligible children
- Selling or otherwise misdirecting VFC vaccine
- Billing a patient or third party for VFC-funded vaccine
- Charging more than the established maximum regional charge for administration of a VFC-funded vaccine to a federally vaccine-eligible child
- Denying VFC-eligible children VFC-funded vaccine because of parents' inability to pay the administration fee
- Failing to implement provider enrollment requirements of the VFC program
- Failing to screen patients for VFC eligibility at every visit
- Failing to maintain VFC records and comply with other requirements of the VFC program
- Failing to fully account for VFC-funded vaccine
- Failing to properly store and handle VFC vaccine
- Ordering VFC vaccine in quantities or patterns that do not match the provider's profile or otherwise over-ordering of VFC doses of vaccine
- Wasting VFC vaccine

***Wasted or misused vaccine costs millions of dollars in taxpayer money. Let's all do our best to use our precious vaccines appropriately.***