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.

### 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 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)

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

### Inside This Issue:

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

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

1. General Recommendations


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.

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

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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

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.

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visit our website at www.ct.gov/dph/immunizations
Ask The Experts

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.

Adult

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.

visit our website at www.ct.gov/dph/immunizations
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.

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Program staff will call in advance to set up a time to meet at your convenience for approximately 1 hour.</td>
</tr>
<tr>
<td>2</td>
<td>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.</td>
</tr>
<tr>
<td>3</td>
<td>You will receive a provider information folder containing all reference and working documents necessary for providing vaccines to your patients.</td>
</tr>
<tr>
<td>4</td>
<td>Staff will inspect your refrigerator and/or freezer units where you store vaccine.</td>
</tr>
<tr>
<td>5</td>
<td>A review of your vaccine administration records will be conducted for proper documentation.</td>
</tr>
<tr>
<td>6</td>
<td>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.</td>
</tr>
<tr>
<td>7</td>
<td>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.</td>
</tr>
</tbody>
</table>

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
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.