



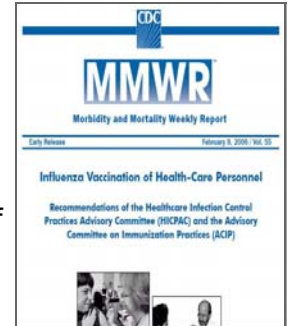
To achieve its goal of preventing disease, disability and death from vaccine-preventable diseases the, **Connecticut Department of Public Health's Immunization Program:**

- ◆ 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.



## Connecticut Hospital Association Adopts a Statewide Policy on Mandatory Influenza Vaccination of Healthcare Personnel

In 1997, the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) issued the first recommendations for vaccination of health care personnel (HCP). In November 2011, CDC published an update of those recommendations. The recommendations were made as a means to both protect HCP from occupational exposure to vaccine preventable diseases and to protect the patients they serve.



An example of this recommendation is the vaccination of HCP against influenza. Despite the number of years since those recommendations were first made, overall influenza vaccination rates of HCP remain low. The goal is 90% vaccination rate for HCP. Last year (2010-2011), CDC reported that only 63.5% of health care personnel were vaccinated against influenza. In a survey by the Connecticut Department of Public Health Immunization program, the mean 2009–2010 seasonal immunization rate for hospital HCP was 63%, with a median of 64% (range 42%–90%). While the CDC numbers are for all HCP and Connecticut numbers are for hospital HCW, it is clear that the percent of HCP vaccinated against influenza does not meet the 90% goal.

After employing all voluntary policies and procedures, an increasing number of health care institutions that fail to meet the 90% goal are establishing policies to mandate influenza vaccination for healthcare personnel. The establishment of mandatory HCP influenza vaccination policies are also being endorsed by health care professional associations.

In November 2011, the Committee on Patient Care Quality of the Connecticut Hospital Association's Board of Trustees recommended the Board's adoption of a statewide policy endorsing mandatory influenza vaccination of hospital HCP. This comes as five Connecticut Hospitals instituted their own mandatory influenza vaccination policies for 2011-2012. The five hospitals are: St. Vincent's (Bridgeport); St. Raphael's (New Haven); Griffin (Derby); Middlesex (Middletown) and Connecticut

*(Continued on page 6)*

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# VaxFacts

Volume 8 Spring 2012

## Keeping Vaccines Records Up To Date

With increased access to vaccinations in the community, one challenge we all face is how to keep an immunization record up to date and complete. Helen Drohan, RN, Public Health Nurse at the West Hartford/Bloomfield Health District has devised several forms to assure all providers and groups that need immunization information receive it. This includes making sure that parents have a copy of their child's immunization history should they need it for either entry into higher education and/or the work environment.



### Q. What is the minimum interval between dose 1 and dose 2 of Hepatitis A vaccine?

A. According to the CDC recommended childhood immunization schedule, the minimum age for the first dose of hepatitis A vaccine is 12 months. The minimum interval between dose 1 and dose 2 of Hepatitis A vaccine is 6 **calendar** months, e.g., if dose 1 is administered on March 2, then dose 2 should not be administered prior to September 2nd of the same year. Remember, there is no maximum interval between doses. So, in this example, any time after September 2nd is acceptable.

### Q. Who is allowed to administer vaccinations in Connecticut?

A. By law, the **licensed practitioners** that can administer vaccines in Connecticut are: Medical Doctors, Doctors of Osteopathy, Physician Assistants, Advanced Practice Nurses, Registered Nurses and Licensed Practical Nurses. The above practitioners would need to have a current Connecticut license. Pharmacists may administer influenza, pneumococcal and zoster vaccines to people >18 years of age. Student Practitioners in the above groups can administer vaccinations, if the administration is part of their training and they are under the supervision of licensed faculty. In addition, a licensed practitioner should never administer a vaccine that they have not prepared (drawn up) themselves. Therefore, the licensed personnel identified above would be the only legal personnel permitted to prepare (draw up) a vaccine.

Helen developed and shared the following documents with the Immunization Program: Vaccine Administration Record that includes vaccines, space for comments, allergies, weight at time of immunization (required by WHBHD), PPD testing and results as well as LMP (females); Immunization Requirements for Students in CT Schools with spaces to document immunizations received; and an Immunization record for the parent, practitioner, school and/or place of employment certifying dates vaccines were given and also next scheduled vaccinations.

If you would be interested in seeing if these forms might work for you, please contact Linda Greengas at [linda.greengas@ct.gov](mailto:linda.greengas@ct.gov) or (860) 509-8153.

## Adolescent Vaccination Coverage Levels in the US, 2006–2009

The National Immunization Survey-Teen is an annual provider-verified, random-digit-dial survey of vaccination coverage in US adolescents aged 13 through 17 years. Data from the surveys showed the following increases in vaccine coverage:



- Between 2006 and 2009 ≥1 dose of Tdap increased from 11% to 56%
- Between 2006 and 2009 ≥1 dose of MenACWY (meningococcal) increased from 12% to 54%
- Between 2007 and 2009 ≥1 dose of HPV among girls increased from 25% to 44%
- Between 2008 and 2009 ≥3 doses of HPV increased from 18% to 27%

In 2009, coverage could have been >80% for Td/Tdap and MenACWY and as high as 74% for the first HPV dose if providers had administered all recommended vaccines during the same vaccination visit. The top reported parental reasons for a child not receiving a vaccine were no knowledge about the vaccine, provider did not recommend, vaccine is not needed/necessary, and adolescent is not sexually active.

Adolescent vaccination coverage is increasing but could be improved. Strategies are needed to increase parental knowledge about adolescent vaccines and improve provider recommendations and administration of all vaccines during the same visit.



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## Polio Eradication in Democratic Republic of Congo

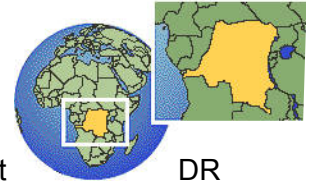
In December 2011, CDC Director

Dr. Thomas Frieden activated CDC's Emergency Operations Center to strengthen the agency's support to the Global Polio Eradication Initiative, which is committed to completing the eradication of polio. Dr. Frieden enlisted the support of the entire CDC community to become active participants in an intensified effort to eradicate polio worldwide.



Polio incidence has decreased by more than 99 percent since the launch of global polio eradication efforts in 1988. In February 2012, a huge milestone was achieved when India was officially removed from the list of countries with active transmission of endemic polio, having gone 12 months without a case of polio. Nevertheless, poliovirus transmission is ongoing in three endemic countries --Afghanistan, Nigeria, and Pakistan, and three countries -- Angola, Chad, and Democratic Republic of the Congo (DR Congo), have continued to experience transmission of poliovirus for more than one year.

Melinda Mailhot, CDC Public Health Advisor formerly with the Connecticut Immunization Program, recently returned from three weeks in Kinshasa, DR Congo where she will be posted for two years to work on polio eradication. Ms. Mailhot said that Congo will be a challenging place to eradicate polio. It is a vast country -- the second largest country in Africa, about a quarter of the size of the U.S. DR Congo also has a huge population, estimated at 75 million. DR Congo's birth cohort of 3 million is nearly the size of Connecticut's entire population. The country has a very poor transportation infrastructure with many parts of the country accessible only by plane.



DR country --

With regards to polio eradication, 93 cases of polio were reported for 2011, routine immunization coverage is low (59% estimated oral polio vaccine coverage), Supplemental Immunization Activities or SIAs (campaigns for polio eradication) have been of poor quality, and there are gaps in polio surveillance. Despite these many challenges DR Congo is committed to eradicating polio by the end of 2012. National SIAs are planned for May and June and local SIAs will be conducted in response to reported polio cases. Steps are being implemented to improve the quality of SIAs, routine immunization and surveillance. For more information on the Global Polio Eradication Initiative visit [www.polioeradication.org](http://www.polioeradication.org).

## ACIP Update

### ACIP votes to extend the age recommendation for Tdap vaccine to include adults age 65 years and older

On February 22, CDC's Advisory Committee on Immunization Practices (ACIP) voted to extend the age for vaccination with Tdap vaccine to include adults age 65 years and older. Previously, a one-time routine dose of Tdap was recommended for people age 11 through 64 years.

**Note:** ACIP recommendations become CDC recommendations once they are accepted by the director of CDC and the Secretary of Health and Human Services and are published in *Morbidity and Mortality Weekly Report*.





## Immunization Staff Update:

### **CDC Public Health Advisor**

In the month of March, the Immunization Program said good bye to CDC Public Health Advisor, Melinda Mailhot, who dedicated approximately six years of service to the Connecticut Immunization Program and said hello to a new CDC Public Health Advisor, Camille Gonzalez. Miss Gonzalez comes to the State of Connecticut following a three year assignment with the Florida Department of Health, and a two year assignment with the city of Chicago, Illinois. Miss Gonzalez carries an academic background in Health Education and Public Health Practice, and has had hands-on experience in the areas of emergency management, infectious disease, and vaccine preventable disease. She will be working in partnership with the VFC team and taking part in grant management activities.

Melinda Mailhot has taken a position in the Democratic Republic of Congo (DR Congo) working on polio eradication for the CDC (see the story on page 3). Melinda has agreed to write some additional articles for VaxFacts, as she works in her new position, so we in CT can follow the exciting possibility of eradicating polio.

## **Congratulations to the CT Birthing Hospitals!**

Birthing hospitals are at the frontline of educating parents about the benefits of enrolling in the CT Immunization Registry and Tracking System (CIRTS) when they provide the enrollment form and brochure to the new parents after the birth of their baby.

### **Benefits of Enrolling in CIRTS include:**

CIRTS keeps a permanent record of your child's shots even if:

- ◆ You move away from Connecticut
- ◆ Your child's doctor retires or closes
- ◆ You change doctors or forget your child's shot history

The national objective is to have 95% enrollment of newborns into a childhood immunization registry. About 8% of children opt-out of the Connecticut registry. The good news is that every year we get closer to reaching this national goal.

Congratulations to the following Birthing Hospitals for the "Highest CIRTS Enrollment Rates" for 2011!

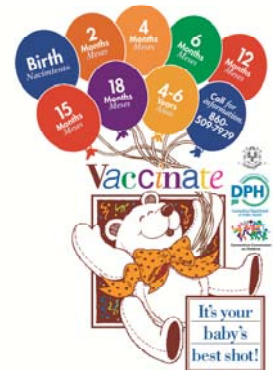
For the highest enrollment rate in a 'small' birthing hospital  
**Windham Hospital** 95%

For the highest enrollment rate in a 'mid-sized' birthing hospital (*a tie*)  
**St. Vincent's Hospital** 95.6 %      **Norwalk Hospital** 95.4 %

For the highest enrollment rate in a 'large' birthing hospital  
**Hartford Hospital** 94%

For the "most improved" enrollment rate in a birthing hospital  
**Johnson Memorial Hospital** 90% (*up 5%*)

*Small hospital: 1-1000 births per year*  
*Mid-sized hospital: 1001-2000 births per year*  
*Large hospital: 2001-4000 births per year*  
*Most improved rate: highest increase from previous year*





# News

## Fillable Forms



The Immunization Program now has fillable vaccine order forms, transfer forms and return forms allowing providers to enter information and save in a pdf file format. Forms are available on our website: [www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations). From the home page, click on <health professionals information> box. That will bring you to the page with the forms.

You may either FAX the completed forms to 860-509-8371 or email them to our central email address,

**[dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov)**.

When emailing please save the document as a pdf file and name it with your PIN and then the name of the document (e.g. PIN 2000.VOF.pdf). Attach your completed form and email it to our central email address. We recommend that you save and print a copy for your records. *Please note, this email address is for receiving and processing forms only. If you have concerns, questions or need assistance please call the program at 860-509-7929.*



# VaxFacts

Volume 8 Spring 2012

## 2011 Vaccine Wastage

In 2011 the Immunization Program distributed 1,010,420 doses of vaccine to providers statewide. A total of 8,990 doses were wasted (expired, spoiled, or lost). The program wastage rate for the year was 0.89%, far below the 5% that CDC allows but above the Immunization Program's goal of 0.5%. Approximately 56% of the wasted doses occurred during Tropical Storm Irene in August and Winter Storm Alfred in October. The majority of the remaining doses that were wasted was due to vaccine expiration.

The Immunization Program has a strict restitution policy. A practice may experience one occurrence of vaccine wastage up to a value of \$1,300 worth of vaccine (based on federal contract prices) per calendar year. Any value above that threshold must be replaced by the provider on a dose for dose basis at their own cost. Subsequent occurrences also require restitution on a dose for dose basis. If a program is required to replace vaccine, the program is prohibited from receiving any Immunization Program vaccine, until the doses are replaced. Practices replacing doses must supply the Immunization Program with proof of purchase of the replacement vaccines, usually by supplying a copy of the purchasing invoice.

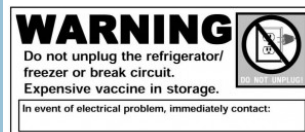
In 2011 providers replaced 1,279 doses of vaccine (of 8,990 wasted) or about 14% of all wasted doses. The Immunization Program appreciates all the efforts being made to reduce vaccine wastage. All providers must have one staff member as its primary vaccine contact and designate at least one back up staff to your primary contact. Remember vaccine wastage effects everyone since the vaccine distributed to you is funded through a combination of state and federal tax dollars.



### To limit vaccine wastage, follow these simple tips

1. Vaccines should be carefully monitored with temperatures recorded twice a day and **stock rotated so that the vaccine with the earliest expiration dates are used first.** (e.g. use vaccine with Nov 2012 expiration before one with Nov 2013 expiration)

2. Backup plans— all practices receiving vaccines through the Connecticut Immunization program are required to have a backup plan. Backup plans address where and when you would need to transport your vaccine to another location, in the event of a power loss. Review your backup plan regularly so that the current staff responsible for exercising your back up plan are listed and the location you are moving your vaccine to is current. Sometimes you can anticipate a power loss. As in Tropical Storm Irene and Winter Storm Alfred, there were many warnings issued for the potential of severe weather.

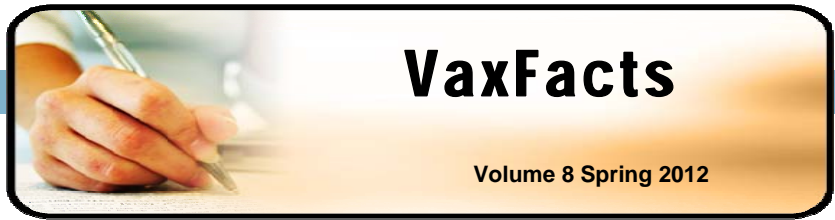


3. Mark all electrical outlets with a warning label so that vaccine storage units do not get unplugged.

4. If you have a large supply of vaccines, consider purchasing storage equipment that has alarms to

notify you of a power loss.

(Continued on page 6)



## ACIP and PCV13 For Adults

Despite the December 2011 licensure by the Food and Drug Administration of PCV13 for those aged 50 years and older, ACIP will wait to make a recommendation for use of the PCV13-valent conjugate pneumococcal vaccine in adults. At its February 2012 meeting, the ACIP reviewed the evidence for the use of PCV13 in adults aged 65 years and older and in immunocompromised adults. The full committee agreed with a prior recommendation from its Pneumococcal Vaccines Work Group that there is insufficient evidence at this time to determine the value of immunizing adults with PCV13. Currently missing are data on efficacy, expected to be available in 2013 from an ongoing Dutch trial, and information about the indirect impact of the current routine use of PCV13 in children on herd immunity in adults. Data from that study is expected to be available in about a year.

*(Continued from page 5 vaccine wastage)*

5. Consider putting signs on all your vaccine storage units with the names and contact information of responsible staff to be notified in the event of a power outage.
6. Ensure that your building facilities personnel know when and how to contact the people responsible for vaccines, in the event of a power loss. If they are employed by your site, include them in your backup plan with instructions on how and when to move your vaccine, in the event of a power outage.

You can view the entire restitution policy on the Immunization program website at <http://www.ct.gov/dph/lib/dph/>

## Vaccine Selection for the 2012–2013 Influenza Seasons

Each year in February, experts from the Food and Drug Administration, World Health Organization (WHO), U.S. Centers for Disease Control and Prevention (CDC) and other institutions study virus samples collected from around the world to identify the influenza viruses that are the most likely to cause illness during the upcoming flu season. The experts use that information to make recommendations on virus strains to be included in vaccines for the subsequent influenza season in the Northern Hemisphere.

On February 23, 2012 the WHO recommended that the Northern Hemisphere's 2012–2013 seasonal influenza vaccine contain the following three vaccine viruses:

- an A/California/7/2009 (H1N1)pdm09-like virus;
- an A/Victoria/361/2011 (H3N2)-like virus;
- a B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses).

While the H1N1 virus is the same, the H3N2 and B vaccine viruses are different from those that were selected for the Northern Hemisphere for the 2011–2012 influenza vaccine.

*(continued from page 1 CHA mandatory HCP vaccination policy)*

Children's (Hartford).

The Immunization Action Coalition maintains an honor roll of all health care institutions that have mandatory HCP influenza vaccination policies. That nationwide list can be found at <http://www.immunize.org/honor-roll/>