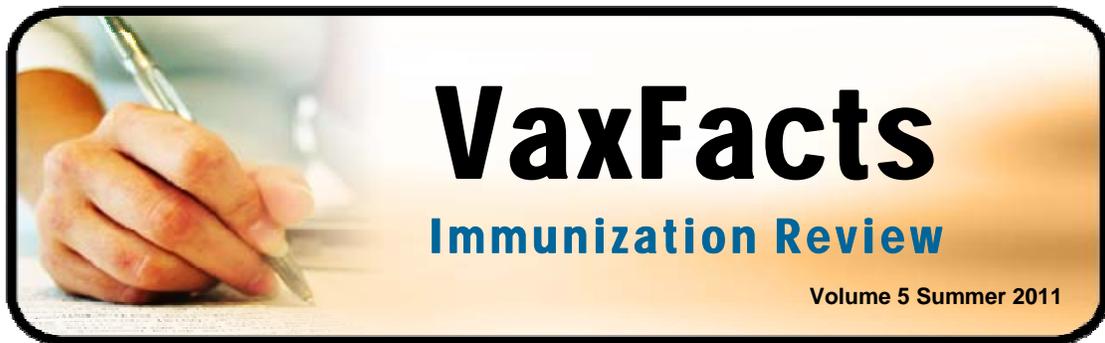




To achieve its goal of preventing disease, disability and death from vaccine-preventable diseases the Immunization Program:

- ◆ 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; and,
- ◆ Conducts surveillance to evaluate the impact of vaccination efforts and to identify groups that are at risk of vaccine-preventable diseases.



Record Number of Reported Measles Cases -- Linked to Outbreaks Overseas

From January 1--June 17, 2011, 156 confirmed cases of measles were reported to The Centers for Disease Control and Prevention (CDC). This is the highest reported number since 1996. Most cases (136) were associated with importations from measles-endemic countries or countries where large outbreaks are occurring. The imported cases involved unvaccinated U.S. residents who recently traveled abroad, unvaccinated visitors to the United States, and people linked to imported cases. To date, 12 outbreaks (3 or more linked cases) have occurred, accounting for 47% of the 156 cases. Of the total case-patients, 133 (85%) were unvaccinated or had undocumented vaccination status. Of the 139 case-patients who were U.S. residents, 86 (62%) were unvaccinated, 30 (22%) had undocumented vaccination status, 11 (8%) had received 1 dose of measles-mumps-rubella (MMR) vaccine, 11 (8%) had received 2 doses, and 1 (1%) had received 3 (documented) doses.



The CDC has special measles (MMR) vaccine recommendations for all infants and young children who must travel outside of the United States:

- Infants <6 months should not receive MMR vaccine, and non-essential international travel is discouraged.
- Infants 6–11 months should receive one dose of MMR vaccine before travel. The reason for early administration should be noted in the patient’s chart. This extra dose of VFC vaccine is approved for VFC-eligible infants.
- After the 1st birthday, such infants still need two doses of MMR vaccine, at least 28 days apart, to be fully immunized and meet school requirements.
- For children 12 months and older, two doses should be administered at least 28 days apart before travel. If there is no time for both doses, be sure the child has had at least one dose.
 - ◆ Two MMR doses given on this accelerated schedule after the 1st birthday and at least 28 days apart meet all school requirements. No further doses will be necessary.

To view the full CDC Traveler’s Health Measles Update visit: <http://wwwnc.cdc.gov/travel/notices/in-the-news/measles.htm>. For more information on measles activity in the U.S. visit: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6020a7.htm?s_cid=mm6020a7_w

The following link to the Immunization Action Coalition’s column “Ask the Experts” focuses on measles-related questions and answers: <http://www.immunize.org/express/issue937.asp>

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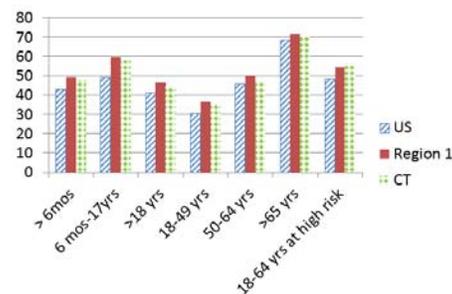
Results: State-Specific Influenza Vaccination Coverage US, New England Region* and Connecticut, August 2010-February 2011

The 2010-11 influenza season was unusual because it followed the 2009 influenza A pandemic (H1N1) season and was the first season the Advisory Committee on Immunization Practices (ACIP) recommended influenza vaccination of all persons aged ≥ 6 months. The season also was notable because a record number of seasonal influenza vaccine doses (approximately 163 million) were distributed in the United States.

To provide preliminary state-specific influenza vaccination coverage estimates, CDC analyzed Behavioral Risk Factor Surveillance System (BRFSS) data for adults aged ≥ 18 years and National Immunization Survey (NIS) data for children aged 6 months-17 years collected from September 2010 through March 2011. The record high seasonal vaccination coverage achieved during 2009-10, 41.3% among persons aged ≥ 6 months in 43 states and DC was sustained during the 2010-11 season, 42.8%. Coverage for Hispanic and non-Hispanic black children increased by 11-12 percentage points from 2009-10 levels.

Opportunity exists to improve coverage in all age groups, particularly among adults. To accomplish that, health departments and other non office-based vaccination providers can increase access to vaccination at work and school locations, pharmacies and stores, and other nonmedical sites. In addition, physicians and clinics should implement proven strategies for improving vaccination coverage (e.g., office-based protocols, including reminder/recall notification and standing orders).

Influenza vaccine coverage Behavioral Risk Factor Surveillance System (BRFSS) and National Immunization Survey (NIS) August 2009-February 2011



National Immunization Awards

Connecticut received two awards at this year's National Immunization Conference in Washington D.C. on March 28th from Dr. Regina Benjamin, Surgeon General, U.S. Public Health Service and Dr. Anne Schuchat, Assistant Surgeon General and Director of CDC's National Center for Immunization and Respiratory Diseases.

Accepting the awards from Connecticut were Vincent Sacco, Immunization Program Manager; Melinda Mailhot, Public Health Advisor; Debbye Rosen, Adult Immunization Coordinator.



Left to right: Dr. Regina Benjamin, Vincent Sacco, Melinda Mailhot, Dr. Anne Schuchat

These accomplishments would not have been achieved without the hard work and dedication of immunization providers throughout the state who have contributed to the success of the Connecticut Immunization Program over the last 10 years, maintaining some of the highest immunization coverage rates in the nation for Connecticut children.



Ask The Experts

Vaccination Coverage among School Children in Kindergarten, 2009-2010 School Year



School vaccination requirements in the United States date back to 1855, when Massachusetts became the first state to require smallpox vaccine for school entry to control smallpox epidemics. The U.S. Supreme Court upheld the constitutionality of school vaccination requirements in 1922. Since 1978, vaccination levels among children entering school have been assessed annually by state and local health departments. In general, school or health department personnel review the vaccination histories of enrolled students to determine compliance with school requirements established to protect children from vaccine-preventable diseases and ensure high vaccination coverage rates as they begin school. Results of the school-level reviews are reported to the state/area health department, which then reports aggregated totals to CDC (not all grantees report both vaccination coverage and exemption levels.)

Healthy People 2020 objectives include maintaining vaccination coverage among children in kindergarten. The target is $\geq 95\%$ vaccination coverage for the following vaccines: polio; diphtheria and tetanus toxoids and acellular pertussis (DTP/DTaP/DT); measles, mumps, and rubella (MMR); hepatitis B (HepB); and varicella. Data from school assessment surveys are used to monitor vaccination coverage and vaccination exemption levels among children enrolled in kindergarten. The vaccination status of students is considered up-to-date if they had received all of the vaccine doses required for school entry in their state or area. **Connecticut reported that overall compliance remained very high for kindergarten entry.** Despite national concerns about increases in exemptions for vaccinations, total exemption rates increased only from .75 % for all K and 7th grade in 2009 to .82 % in 2010. The table below shows CT reporting.

	Total Kindergarten Entries
# of schools	1,572 (public and private)
# of children	92,995
Religious Exemption	0.62 %
Medical Exemption	0.20 %
Total Exemptions	0.82 %
DTaP	99.4 %
Polio	99.4 %
MMR	99.6 %
Hep B	99.5 %
Varicella	99.5 %
2 nd MMR	99.8 %

Q. My college says that I need to submit my immunization record. Where can I get a copy?

A. If you were born in 1998 or after and were enrolled in the Connecticut Immunization Registry and Tracking System (CIRTS) then you could get a copy of your immunization record by calling 860-509-7929. Otherwise, check with your pediatrician or family doctor who may have a copy of your immunization record as providers should retain records for 7 years after last treatment. You could also check with your grammar school or high school as schools should retain immunization records for 50 years.

Q. Can an adult who had a reaction to the old DPT vaccine as an infant (i.e. high fever, uncontrolled crying for over 4 hours) receive the Tdap vaccine?

A. Yes, an adult who had high fever or uncontrolled crying over 4 hours after receiving DTP vaccine may receive Tdap vaccine.

Q. Can a parent claim a religious exemption just for a particular vaccine – for instance, I had parents last year invoke a religious exemption just for the flu vaccine.

A. Yes, a parent can request a religious exemption for just a particular vaccine. We recommend that parents complete the Religious Exemption Certificate Statement posted on the Department of Public Health website at: http://www.ct.gov/dph/lib/dph/rel_exempt_cert_form_rev_April_2011.pdf. The medical and religious exemption forms are now available in several languages.

News

Merck Replacing Dry Ice With Gel Packs For Varicella Shipments

Merck has recently replaced dry ice with gel-packs for the shipment of Varicella and Zostavax. The quantity of gel packs placed in the container is based on carefully determined guidelines that are designed to maintain proper temperatures for three days from the shipment date located on the packing list. It also takes into account the maximum temperature to which the container will be exposed, the time in transit, and the need to keep the vaccine at the appropriate temperature during shipping.

It is extremely important that you check the shipment date. If the date is within the required THREE (3) days then it should IMMEDIATELY be stored in the freezer. If it exceeds the THREE (3) days allotted you should contact the Merck Order Management Center immediately (1-800-637-2579) for a replacement shipment.

Furthermore, CDC and the vaccine manufacturer do NOT recommend further transport of frozen vaccine or re-use of shipping materials including shipping containers and gel-packs.

However, under certain circumstances, such as emergencies, power outages, etc., frozen vaccine may need to be transported. If frozen vaccines must be transported, the CDC recommends transport with a portable freezer that maintains a temperature between -58°F and +5°F (-50°C and -15°C). In addition, according to the manufacturer's Prescribing Information, Va-

(Continued on page 5)

Enhanced Pertussis Surveillance Project

Connecticut is one of six Emerging Infection Program (EIP) sites selected by the Centers for Disease Control and Prevention (CDC) to participate in an Enhanced Pertussis Surveillance Project.

The objectives of the project are:

- To determine the incidence and epidemiologic characteristics of *Bordetella pertussis*;
- To characterize the molecular epidemiology of circulating strains of *Bordetella pertussis*;
- To monitor the impact of pertussis vaccines; and,
- To provide an infrastructure for additional special studies including those aimed at evaluating pertussis control and prevention strategies.

The project will also endeavor to determine the epidemiologic characteristics of other *Bordetella* species (specifically, *B. parapertussis*, *B. bronchiseptica*, and *B. holmesii*) and characterize the molecular epidemiology of circulating strains of these other *Bordetella* species.

Immunization Program staff will investigate and collect case report information on all reported pertussis cases. In addition, laboratory personnel will collect and ship *Bordetella* isolates to CDC for further characterization.

The Immunization Program will also work with CDC and other EIP sites to develop study methods and materials for a case-control study to assess the effectiveness of post-partum administration of Tdap vaccine. Staff also plans to conduct a statewide survey of birthing hospitals to determine hospital use of Tdap and maternal vaccination coverage rates.

New Pertussis Resources Available from CDC

With the continuing resurgence of pertussis, health care providers are seeing more patients with suspected pertussis. Providers may find the following resource helpful:

Best Practices for Health Care Professionals on the use of Polymerase Chain Reaction (PCR) for Diagnosing Pertussis – a compilation of best practices intended to help health care professionals optimize the use of PCR testing for pertussis by avoiding some of the more common pitfalls leading to inaccurate results

<http://www.cdc.gov/pertussis/clinical/diagnostic-testing/diagnosis-pcr->

Pertussis Testing Video: Collecting a Nasopharyngeal Swab Clinical Specimen



CIRTS Video Now on DPH Website!

The CIRTS (Connecticut Immunization Registry and Tracking System) video is now available on the Department of Public Health website. This seven-minute video in English and Spanish explains how the registry works, describes the benefits of enrolling children in the registry, and gives contact information for those interested in learning more. The video is ideal for playing in doctor offices waiting rooms.



To access the video click on the link below: <http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=388268&PM=1>

(Continued from page 4)

rivax and Zostavax may be stored at refrigerator temperature (36°F to 46°F, 2°C to 8°C) for up to 72 continuous hours prior to reconstitution. If transporting frozen vaccine under refrigerated conditions, (not between the -50°C and -15°C recommended by CDC and the manufacturer) document EXPLICITLY:

1. Time and temperature when refrigerator storage began;
2. Time and temperature when refrigerator storage ended; and,
3. When the vaccine gets to the new location, keep it in the shipping container in the refrigerator. Immediately contact Merck Management center for advice on vaccine stability.

Shipments will now contain shipper inserts in brightly distinguishable colors that inform the recipient of the new pack-out, storage of vaccine and diluent as well as reporting and replacement instructions if there is a question regarding the shipment. This shipper insert will also be available at www.merckvaccines.com.

For any questions about this new information on transporting varicella, please contact the Immunization Program at 860-509-7929.

June 2011 ACIP Meeting

The Advisory Committee on Immunization Practices (ACIP) met June 22-23, 2011 in Atlanta, GA. The Committee voted to recommend the following:

- Pregnant women who have never received Tdap vaccine should be immunized during their second trimester (after 20 weeks gestation) or during their third trimester rather than in the immediate postpartum period.
- Children as young as 9 months old with specific complement deficiencies and those traveling to or living in areas where meningococcal disease is endemic should be vaccinated with the quadrivalent meningococcal vaccine (MCV4). The MCV4 recommendation for children with asplenia, however, remains at 2 years.
- Tetravalent inactivated flu vaccine, or TIV, may be administered to patients who are allergic to eggs but who have not experienced anaphylaxis, moving egg allergy from a contraindication to a precaution.

Presentations were also provided on the progress made with varicella vaccination and the recent measles outbreaks.

Visit the ACIP website for more information on the ACIP meeting: <http://www.cdc.gov/vaccines/recs/acip/default.htm>

SAVE THE DATE: SEPTEMBER 14, 2011



2011
ANNUAL FLU CONFERENCE
September 14, 2011
Woodwinds | Branford, CT
† AMERICAN LUNG ASSOCIATION.

FLU CONFERENCE

Mark your calendars for the
2011 ANNUAL INFLUENZA UPDATE
Wednesday, September 14, 2011
8:30am - 3:30pm

WOODWINDS
29 School Ground Road
Branford, CT

TOPICS
School Located Vaccination Clinics
New Flu Vaccinations:
Fluzone High-dose and Intradermal
More topics and speakers to be announced
1-800-LUNG-USA | lungne.org

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