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 Waste: Don’t let it happen in your office!
Protecting the viability of federally funded vaccine is the shared responsibility of all parties, from the time vaccine is manufactured until the time it is administered. Vaccine waste due to storage and handling errors results in the loss of approximately $20 million worth of vaccine each year in the United States.

No one likes dealing with the issue of vaccine waste. In Connecticut over 90 percent of reported vaccine waste is due to vaccine expiring before it is used. This is a huge loss of vaccine not only from a financial standpoint but also from its intended purpose of protecting children from disease. Other examples of vaccine waste include improper storage, not rotating stock based on expiration, storage unit failure, and improper screening.

Below are steps to help minimize vaccine waste and the financial liability of replacing those doses.

- Order appropriate amounts of vaccine based on current inventory and usage. We suggest you keep at most a 2 to 2-1/2 months’ supply of vaccine in inventory. If you’re not sure how to calculate your order please review the enclosed “How to calculate your vaccine order” document, or call the Immunization Program for assistance.
- Be aware of your expiration dates. Every VFC provider should be sending in vaccine reports on a monthly basis. Part of reporting is to record your inventory and expiration dates of all vaccines. Based on the data you will know when and how much vaccine is coming up on expiration. If you have vaccine within three months of expiration and know that it will not be used, it’s time to transfer those doses to another provider.
- Rotate vaccine stock. Again, know your expiration dates and be sure staff is using the product with the earliest expiration date.
- Product changes. From time to time vaccine products change, as a result your usage of certain vaccines may decline. Providers are responsible for all doses ordered. Providers must use up all vaccine inventory in stock before switching to another product or find another provider to transfer those unwanted doses to.
- Improper storage. All office staff should know the proper procedure for receipt of vaccine. Vaccine shipments are sent in containers that are marked perishable and should be stored immediately in an appropriate storage unit.
Q. I’m going to be traveling overseas. Do I need any shots before I go? If yes, which ones?

A. To learn which vaccines you may need when traveling overseas, visit our website (www.ct.gov/dph/immunizations) and click on the International Travel button. Select your destination from the drop-down box at the top of the page. In addition to immunization information, this website provides information about staying healthy during your trip, travel notices, safety and security tips, and information about what to do when you return home.

Q. Where can I get a shingles (zoster) shot?

A. To find a provider of shingles vaccine near you, click on the following link and type your zip code into the orange box in the middle right of the page: http://www.zostavax.com/index.html#navigation.

Vaccine Waste, Con’t.

- Temperature recording. All VFC providers must record temperatures twice daily: first thing in the morning and then again before the office closes for the day. Take action immediately if temperatures are out of range. Be sure doors are shut and seals are tight. Keep the storage unit clean and properly ventilated at all times. Do not store food with vaccine. Be aware of anything unusual with temperature fluctuations and take action when necessary.

- Proper patient screening. Before vaccine is drawn be sure the patient is healthy enough to receive vaccine. Check the patient’s vaccine record to be sure you draw the correct vaccine for administering.

Vaccines must be maintained properly to protect their viability. Good storage and handling procedures and vaccine management will help minimize vaccine loss and waste.

If you have any questions or concerns or need additional information regarding vaccine management please visit: www.cdc.gov/vaccines/programs/vfc/projects/vacc-mgmt-manage.htm#addlt or call the Immunization Program at (860) 509-7929.

Providers Needed To Participate In A Study To Monitor/Reduce Vaccine Freeze Events In Office

The Connecticut State Department of Public Health and the Connecticut Chapter of the American Academy of Pediatrics are interested in a pilot study being conducted to determine if using in-office freeze indicators on vaccines (government funded and private purchase) can reduce waste, serve as a quality assurance tool for providers, and ultimately expand vaccinations to more children.

Providers who are interested in possible participation in the study should request more information by sending the name of the practice, key contact person, # of providers at the location, phone # and e-mail address to: MCCChernock@aol.com.

Personal Belief Exemptions for Vaccination Put Others at Risk

The Immunization Action Coalition’s new handout, entitled “Personal belief exemptions for vaccination put people at risk. Examine the evidence for yourself,” will be of interest to clinicians who interact with vaccine-hesitant parents, parents considering having their children exempted from state-mandated immunization requirements for child care and school attendance, state policymakers, and others. CT does not allow personal belief exemptions but does permit religious and medical exemptions.

The handout gives the summary and key findings of 14 studies that examined the relationship between personal belief exemptions and occurrences of vaccine-preventable diseases such as measles, pertussis, varicella, and Hib. The evidence indicates that occurrences of these diseases were traceable to unvaccinated children (sometimes clustered in the same geographic area) in states that allow personal belief exemptions.

Go to: http://www.immunize.org/catg.d/p2069.pdf
Revised Web Page

The Immunization Program web page has recently been reorganized. Now, for ease of use, the homepage has 6 sections, easily reachable by a click on an image. Visit: www.ct.gov/dph/immunizations and click on the image that interests you.

Keep Your Eye Open For A Brand New Feature

Affectionately dubbed for now, “Best Practice”, it will be your chance to share with our VaxFacts readers what you do to: (1) increase immunization rates; (2) make sure all your kids are adequately immunized ‘on time’; (3) make filling out the Vaccine Order Form painless; (4) avoid wasting vaccines; (5) educate your staff on the Vaccines for Children Program or anything else you do that makes your practice shine. Please fax or email your ideas to your Field Epidemiologist and watch for your idea/suggestion to appear in our newsletter. Fax 860-509-8371.
New Web Portal Provides Data For Connecticut

The environment plays an important role in human development and health. Researchers have linked exposures to some environmental hazards with specific diseases. One example is the link between exposure to lead and central nervous system health problems. However, most other links remain unproven, as it is often difficult or impossible to estimate the exact impact of environmental exposures on disease at the local level. In some cases, environmental or health data and tracking systems do exist, but are not linked together.

A new resource is available to help Connecticut scientists, health professionals, and the public address this problem. The Connecticut Department of Public Health recently launched the Environmental Public Health Tracking Portal (http://dphepht.ct.gov). The Tracking Network lets people know the health risks possible from contaminants such as air pollution and its potential relationship to asthma.

How does the Tracking Network work? The CT EPHTN website allows users to get data on various environmental and health topics and breaks down the data by population, age, and by county. For instance, users can look at how many days in a year a county exceeded the ozone standard for air quality or the number of hospitalizations related to asthma for a certain age group by county. Some of the environmental and health topics on the site include:

- Air quality
- Childhood Lead Poisoning
- Myocardial Infarction (Heart Attack)
- Carbon Monoxide Poisoning
- Water Quality
- Asthma
- Birth Defects

Additional data, such as reproductive outcomes and select cancers will be added to the portal in the near future. A major goal of the portal is to provide a better, more direct way to obtain data needed to make better environmental public health decisions.

The CT EPHT Portal is part of a nation-wide network of integrated environmental monitoring and public health data systems developed as part of the National Environmental Public Health Tracking Network. The goal of the Network is to provide information that will allow stakeholders to take action to prevent and control environmentally related health effects.

For more information, visit the web portal site (http://dphepht.ct.gov) and/or contact the EPHT program at 860-509-7740.

ASTHO Communication Resource

ASTHO (Association of State and Territorial Health Officials) has a new toolkit entitled “Communicating Effectively About Vaccines: New Communication Resources for Health Officials”. Get this messaging toolkit to promote the importance and safety of vaccination: http://www.astho.org/vaccinesafety