



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



Annual Flu Vaccination: The most effective method for preventing influenza infection

In the United States, annual epidemics of seasonal influenza typically occur during the late fall through early spring. Influenza viruses can cause disease among persons in any age group, but rates of infection are highest among children. Rates of serious illness and death are highest among persons aged ≥ 65 years, children aged < 2 years, and persons of any age who have medical conditions that place them at increased risk for complications from influenza.

An annual average of approximately 36,000 deaths during 1990–1999 and 226,000 hospitalizations during 1979–2001 have been associated with influenza epidemics. Deaths and hospitalizations are reflective of certain influenza strains. For example, years when the dominant strains are H3N2 strains tend to be associated with more severe illness and death.

Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. Influenza vaccine can be administered to any person aged ≥ 6 months who does not have contraindications to vaccination to reduce the likelihood of becoming ill with influenza or of transmitting influenza to others.

Each year, the Centers for Disease Control and Prevention (CDC) publishes recommendations for the Prevention and Control of Influenza. These recommendations come from advice provided by the Advisory Committee on Immunization Practices (ACIP). For the 2011-2012 influenza season, recommendations for the Prevention and Control of Influenza with Vaccines were published, in a shortened format, in the August 26th Morbidity and Mortality Weekly Report (MMWR). For a link to the recommendations [click here](#). The 2011-2012 recommendations address five specific issues:

1. Vaccination of all persons aged ≥ 6 months (adopted in 2010) continues to be recommended.
2. Vaccine virus strains for 2011–2012 are identified as: A/California/7/2009-like H1N1; A/Perth/16/2009-like H3N2; B/Brisbane/60/2008. These are the same strains as in the 2010-2011 vaccine. It should be noted however, that even though the strains are the same as last season, those who are recommended for vaccination should receive

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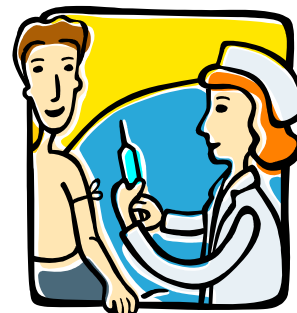
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- a dose of 2011-2012 vaccine, even if they received a dose in 2010-2011.
3. The vaccination schedule for children aged 6 months through 8 years is as follows:
 - a. Children in this age group receiving influenza vaccination for the first time, or with unknown vaccine history should receive 2 doses of 2011-2012 influenza vaccine.
 - b. Children in this age group who received at least 1 dose of 2010-2011 influenza vaccine will require only 1 dose of 2011-2012 seasonal influenza vaccine.
 - c. Children in this age group who did not receive a dose of 2010-2011 seasonal influenza vaccine, or for whom it is not certain whether they received a dose, should receive 2 doses. This is regardless of any influenza vaccinations they may have received in any past influenza seasons.
 4. Considerations regarding vaccination of persons with suspected egg allergy: the algorithm presented below lists steps to determine if the patient can safely receive the influenza vaccine.
 5. Six manufacturers are approved for 9 different influenza vaccination products. One of those 9 products is a new formulation of trivalent inactivated vaccine that is given intradermally (into the skin). The following link provides a table of the 9 seasonal influenza vaccines FDA licensed for 2011-2012. The table includes the manufacturer, age indications, route of administration, number of doses needed, and mercury and ovalbumin content of the vaccine. The second page of the link provides instructions on how to adminis-

Meningococcal Conjugate Guidance

Licensure of a Meningococcal Conjugate Vaccine for Children Aged 2 through 10 Years and Updated Booster Dose Guidance for Adolescents and Other Persons at Increased Risk for Meningococcal Disease

In January 2011, the Food and Drug Administration (FDA) lowered the approved age range for use of MenACWY-CRM (Menveo, Novartis Vaccines and Diagnostics), a quadrivalent meningococcal conjugate vaccine, to include persons aged 2 through 55 years. One other quadrivalent meningococcal conjugate vaccine, MenACWY-D (Menactra, Sanofi Pasteur), is licensed in the United States for prevention of meningococcal disease caused by serogroups A, C, Y, and W-135 among persons aged 2 through 55 years; MenACWY-D also is licensed as a 2-dose series for children aged 9 through 23 months.



The Advisory Committee on Immunization Practices (ACIP) recommends that persons aged 2 through 55 years at increased risk for meningococcal disease and all adolescents aged 11 through 18 years be immunized with meningococcal conjugate vaccine. ACIP further recommended that all adolescents receive a booster dose of quadrivalent meningococcal conjugate vaccine at age 16 years, following routine vaccination at age 11-12 years. However, if they receive their first dose at age 16 then no booster is recommended.

The August 5, 2011, Morbidity and Mortality Weekly Report (MMWR) summarizes data supporting the extended age indication for MenACWY-CRM, the interchangeability of the two licensed meningococcal conjugate vaccines, and the updated booster dose guidance for adolescents.

For more information, [click here](#)



2010 National Immunization Survey Results

CDC's National Immunization Survey (NIS) monitors immunization coverage among children aged 19-35 months using a random digit-dialed sample of household telephone numbers. A total of 17,004 children, born during January 2007--July 2009, with provider-reported vaccination records are included in the 2010 NIS.

Results of the 2010 NIS indicate that vaccination coverage remained stable or increased compared with 2009. Coverage levels for polio, MMR, hepatitis B, and varicella vaccines continue to be at or above 90%, the Healthy People 2020 target for these vaccines. For the more recently recommended vaccines, coverage continued to increase for ≥4 doses of pneumococcal vaccine (PCV), the birth dose of hepatitis B vaccine, hepatitis A vaccine, and rotavirus vaccine. For most vaccines, no disparities by racial/ethnic group were observed. However, disparities by poverty status still exist.

Connecticut's immunization coverage rates compared favorably with national rates. Connecticut's coverage levels for MMR (measles-mumps-rubella), PCV, rotavirus vaccine, and the modified vaccine series* surpassed national levels. Connecticut's coverage for the birth dose of hepatitis B has improved significantly from last year (60.0% for 2010 compared to 46.8% for 2009) but is still below the national rate and hepatitis A coverage for ≥2 doses is slightly below the national average.

2010 NIS Results, children aged 19-35 months born during January 2007- July 2009, US & CT

	MMR (≥1 dose) %	PCV (≥4 doses) %	HepB (birth) %	HepA (≥2 doses) %	Rotavirus (≥2 doses) %	Modified vaccine series* %
U S	91.5	83.3	64.1	49.7	59.2	72.7
C T	97.8	91.1	60.0	48.5	61.8	79.4

* ≥ 4DTP/DT/DTaP, ≥3 polio, ≥1 measles-containing vaccine, ≥3 hepB, ≥1 varicella, ≥4 PCV.

For more information, [click here](#) .

“Immunization for Women” Website



The American College of Obstetricians and Gynecologists has designed the website “Immunization for Women” to provide ob-gyns and their patients with a central, trusted source of up-to-date information on seasonal flu and other vaccine-preventable diseases. Information includes immunization facts and safety, immunization schedules, clinical and practice management guidelines, and links to other reliable immunization resources. Visit the “Immunization for Women” page , [click here](#) .

Q. If a new mother received a Td vaccine last year how long should she wait until she receives the Tdap vaccine?

A.ACIP no longer has a minimum interval between Td and Tdap administration. Therefore you may vaccinate a person regardless of when they last received the Td vaccine. Pregnant women who have not received Tdap previously should receive a dose during pregnancy, preferably during the third or late second trimester*.

If a mother has not been vaccinated prior to the baby's birth she should be prior to leaving the hospital, or as soon as possible to protect the newborn. Do not forget to vaccinate other household contacts of the infant including fathers, siblings, grandparents and any other caregivers.

Q. Where can I find information and educational materials to discuss the importance of immunizations with my patients?

A. The Centers for Disease Control and Prevention (CDC) website has a host materials for educating parents and patients on vaccinations, including print materials, eCards, videos etc. By clicking on the “Patient Education” bullet on our website you will be linked to the CDC website. Here's the link to our website with information for Health Professionals: [click here](#)



News

Forms, forms, forms,

If you need to update or replace VFC forms please visit our website www.ct.gov/dph/immunizations and click, on <“Health Professionals>.



The bullet , <Vaccines For Children> #1, has the latest Vaccine Order Form (VOF), transfer form, return form, provider profile and agreement form, back-up plan, etc., along with a

host of other very im-



portant documents, including past editions of our *VaxFacts Newsletter*.

Please note, when updating forms use the PDF files located on the health professional page as described above. Do not use the “search” function as this will locate all previous editions of a form and you may end up downloading an old form from 2008.

While you’re on this site, please click on the first link: **Connecticut immunizations: memos and alerts**, to be sure you’ve received and reviewed our latest communication notices.

For fast, easy access to our website bookmark this page in your internet browser.

If you have any questions or concerns please call us, 860-509-7929.



Choosing Not To Vaccinate Can Be A Deadly Choice!

“Vaccines are the single best thing pediatricians have done in their lifetime to protect patients.”

Paul Offit

Truer words have not been spoken according to physician, Dr. Barbara Ziogas. “I talk to all my patients about the importance of vaccines. I am so convinced that vaccinating is the best thing I can do to protect my patients that I will not take any patients who refuse. And, to make sure I practice what I preach, my entire staff is fully immunized.”

Dr. Ziogas shares some helpful hints to increase immunization rates and validate the importance of vaccinations:

- Talk about vaccines at each and every visit even if the patient is not due for immunizations.
- Talk to parents about the importance of vaccines. If parents are reluctant to immunize, tell them about the disease that their child can get if they fail to immunize. Even varicella can cause permanent scarring, pneumonia, and / or encephalitis.
- Every time the patient walks in the door, have staff check his/her immunization status. If the patient is behind, consider immunizing. A missed opportunity is often the reason for failure to be fully immunized.
- Tell the moms to get fathers, grandparents, and babysitters vaccinated, especially against pertussis, a disease which can be deadly for babies and is often transmitted to them by their caretakers.

How does Dr. Ziogas give her patients the information they need about vaccine-preventable diseases? “Sometimes I just sit down with them and tell them a story. Because vaccines have been so effective in preventing disease, parents often forget or don’t know how devastating a disease can be. Stories help us remember.”

Flu Vaccine Creator – Connecticut Connection

Dr. Edwin Kilbourne, one of the world’s leading experts on influenza and creator of the first genetically engineered flu vaccine, was a resident of Madison, CT. He passed away earlier this year at the age of 90.

Dr. Kilbourne graduated from Cornell Medical College in 1944 and for the next two years served in the army where he became interested in influenza while treating soldiers. Starting in the mid-1950s, Dr. Kilbourne worked trying to find weapons to combat the flu virus. He recombined the genes of different flu strains to encourage the immune system to develop new defenses. Dr. Kilbourne was the principal advisor to President Ford during the 1976 swine flu epidemic. Despite difficulties with acceptance of the swine flu vaccine, Dr. Kilbourne was convinced that mass vaccination was the correct policy given that the virus was similar to the virus responsible for the 1918-19 pandemic that had killed millions.

Dr. Kilbourne was elected to the National Academy of Sciences, the Association for American Physicians, and the American Philosophical Society. The New York Academy of Medicine awarded him its highest award in 1983.

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



