# PLEASE COPY THIS FOR ALL HEALTH CARE PROVIDERS IN YOUR PRACTICE

TO: All Users of State Supplied Vaccines

FROM: Vincent Sacco, MS James L. Hadler, MD, MPH

Immunization Program Manager State Epidemiologist

**DATE:** July 12, 2006

**SUBJECT:** MMRV Vaccine now available; New two dose varicella recommendations

The primary purpose of this communication is twofold: 1) to notify you of the availability of measles, mumps, rubella and varicella combination vaccine (MMRV), and 2) to inform you of new recommendations regarding varicella vaccination. We have sufficient funding to make MMRV available in place of separate MMR and varicella doses for initial vaccination of anyone 12 months – 12 years of age AND to partially support the new recommendations to routinely vaccinate children <13 years of age with two doses of varicella-containing vaccine.

#### **MMRV Vaccine**

In September 2005, the Food and Drug Administration approved the licensure of MMRV vaccine, a combination vaccine for simultaneous vaccination against measles, mumps, rubella, and varicella in children 12 months to 12 years of age. The vaccine is licensed under the brand name ProQuad and is manufactured by Merck. The storage and handling requirements for this vaccine are the same as those for varicella vaccine: it must be stored continuously in a freezer at an average temperature of 5 degrees Fahrenheit or colder at all times. Unlike MMR, the vaccine cannot be refrigerated (see storage and handling section below for more details).

## **New Two-dose Varicella Recommendations**

The Advisory Committee on Immunization Practices (ACIP) met in late June and voted to recommend a second dose of varicella vaccine for children 4 to 6 years of age to improve protection against chickenpox. The ACIP is also recommending that children, adolescents, and adults who previously received one dose of vaccine receive a second dose. It has been 10 years since varicella vaccine became widely available. Experience has shown that, despite high vaccination rates, fifteen to twenty percent of children with one dose are not fully protected and may develop chickenpox (usually mild) after coming into contact with the varicella zoster virus. In addition, there is some data that suggests that in some people, one dose of the vaccine may not continue to provide protection into adulthood when chickenpox is more severe. A second dose of vaccine will provide substantially increased protection compared to a single dose.

#### Availability of Publicly Funded MMRV and Varicella Vaccine in Connecticut

Starting August 1, 2006, you can order MMRV vaccine for the following children in your practice regardless of their insurance status:

For the routine immunization of all 12 month-12 year olds for dose number one of the MMR and varicella series

### For 4-6 year olds for dose number two of the MMR and varicella series.

At this time, we do not have sufficient vaccine to support using either MMRV or varicella vaccine to vaccinate any children of other ages with a second dose of varicella, except when it is used as a part of the recommended 2-dose series for initial vaccination of children 13 years or older.

MMRV is administered subcutaneously in a single 0.5 ml dose and has a CPT code of 90710. If an individual has previously received a measles containing vaccine (i.e., MMR), at least 1 month should elapse before administering a dose of MMRV. If a second dose of varicella containing vaccine (either varicella, or MMRV) is required, at least 3 months should elapse between administration of the two doses. The Immunization Program will continue to supply MMR and varicella vaccines individually but providers should take every opportunity to use the combination vaccine whenever possible. We do anticipate making a second dose of varicella vaccine a requirement for kindergarten and for 7<sup>th</sup> grade entry in the not-too-distant future.

## **Storage and Handling**

The vaccine is supplied as a package of 10 single-dose vials of lyophilized vaccine with a separate package of 10 vials of sterile water diluent. The vaccine should be reconstituted with the packaged diluent. Before reconstitution, the vaccine must be stored frozen at an average temperature of <5 ° F (<-15° C). Diluent is stored separately either in the refrigerator (35-46° F, 2-8° C), or at room temperature (68-77° F, 20-25° C).

Reconstituted MMRV must be discarded if not used within 30 minutes. This is different from varicella vaccine that can be stored in the refrigerator for up to 72 hours and from MMR vaccine that can be refrigerated for up to 8 hours after reconstitution. Please note this important difference. We recommend storage of all live virus vaccines (MMR, MMRV, and varicella) in the freezer at 5 degrees Fahrenheit or colder to prevent damaging varicella and MMRV through inadvertent refrigeration.

An updated Vaccine Eligibility Criteria as of August 1, 2006 is enclosed as are the new Vaccine Information Statements (VIS) for both live intranasal influenza and inactivated influenza vaccines. We anticipate sending out ordering information on the flu vaccine sometime in August.

As always if you have any questions, please call the Immunization Program at (860) 509-7929.