

CVP Update

CT WiZ Announcement!

As we welcomed the change of seasons, we welcomed our new Immunization Information System (IIS) "CT WiZ" on September 17th!



Highlighting Bright Spots!

Connecticut joined 15 other states/cities using this same IIS.

This IIS meets national standards and has been used by clinics for electronic exchange with EHRs and direct access for several years.

Four EHR vendors (64 clinics) are actively in the onboarding process for electronic exchange.

Clinic Users and DPH Staff logged into CT WiZ almost 400 times – just on our first day!

Training Support

For now, healthcare provider clinic users and DPH will continue to enter CT Vaccine Program (CVP) orders in the Center for Disease Control and Prevention's Vaccine Tracking System and report doses administered in CT WiZ.

Because CT WiZ requires specific patient level information on each CVP dose of vaccine administered, in person training on CT WiZ for clinic users will be provided by DPH staff based upon readiness to exchange immunization information.

- * Clinics that have established electronic data exchange between the clinic electronic health record (EHR) and CT WiZ will be trained in the first wave.
- * Clinics that are in the process of upgrading or purchasing an EHR and intend to establish electronic data exchange will be trained as they move into production for data exchange with CT WiZ.
- * Clinics that are not planning on using an EHR may request training on the CT WiZ secure user interface if the clinic staff performs same day data entry of patient-level information on all CVP doses administered.

To support your ongoing training needs, training materials are posted on our website and embedded in CT WiZ. See Quick Links below.

Help Desk

To support you, most questions can be answered quickly by visiting our websites:

About CT WiZ: https://portal.ct.gov/DPH/Immunizations/ALL-ABOUT-CT-WiZ

Quick Links: Log in to CT WiZ Training Materials Technical Support

EHR Data Exchange

If you can't find the answer on our website, you can request help from our staff by completing the fillable form and clicking 'Submit' at:

https://portal.ct.gov/DPH/Immunizations/Contact-Us



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Sharing Knowledge

As Billy Crystal was quoted, "Change is such hard work." We know he loves to joke, but isn't it true? Change can be exhausting as we are learning something new. Some resist because of lack of clarity.

Our goal is to provide you information and support:

You may now register at: http://ct-aap.org/2018 for the CT AAP Webinar

"How do I?" Questions & Answers on the new Connecticut Immunization Information System "CT WiZ"

October 24th 12:10-1pm.

If you haven't viewed the May 10, 2018 webinar providing an overview of CT WiZ, it can be viewed here

What's New for the 2018-2019 Flu Season?

For the 2018-2019 Flu Season:

Flu vaccines have been updated to better match circulating viruses [the B/Victoria component was changed and the influenza A (H3N2) component was updated].

The nasal spray flu vaccine (live attenuated influenza vaccine or "LAIV") is again a recommended option for influenza vaccination for people for whom it is otherwise appropriate.

Expansion of the age indication for Afluria Quadrivalent (Seqirus) to 5 years and older (previously licensed for persons 18 years and older) and Fluarix Quadrivalent (GSK) to age 6 months and older (previously licensed for persons 3 years and older).



What Flu Vaccines are recommended this season?

For the 2018-2019 flu season flu vaccine, providers may choose to administer any licensed, age-appropriate flu vaccine including inactivated influenza vaccine or "IIV," recombinant influenza vaccine or "RIV4", or the nasal spray vaccine (live attenuated influenza vaccine or "LAIV").

Options this season include:

<u>Standard dose flu shots.</u> Most are given into the muscle, usually with a needle, but two can be given to some people with a jet injector. (*Note that no intradermal flu vaccine will be available during 2018-2019).

A high-dose shot for people 65 and older.

<u>A shot made with adjuvant</u> for people 65 and older. • A shot made with virus grown in cell culture.

<u>A shot made using a vaccine production technology</u> (recombinant vaccine) that does not require the use of flu virus or eggs.

<u>Live attenuated influenza vaccine</u> (LAIV) – or the nasal spray vaccine – is also an option for use in otherwise healthy persons 2 through 49 years of age who are not pregnant. (Note that there is a precaution against the use of LAIV for people with certain underlying medical conditions.)

What Viruses do 2018-2019 Flu Vaccines protect against?

There are many flu viruses and they are constantly changing. The composition of U.S. flu vaccines is reviewed annually and updated to match circulating flu viruses. Flu vaccines protect against the three or four viruses that research suggests will be most common.

For 2018-2019, three-component vaccines are recommended to contain:

- A/Michigan/45/2015 (H1N1)pdm09-like virus
- A/Singapore/INFIMH-16-0019/2016 A(H3N2)-like virus (updated)
- B/Colorado/06/2017-like (Victoria lineage) virus (updated)

Four component vaccines are recommended to include the same three viruses above, plus an additional B virus called B/Phuket/3073/2013-like virus (B/Yamagata lineage).

For more information, go to www.immunize.org or www.cdc.gov/flu/
Get posters, animated images, educational materials, fact sheets, and flyers from CDC's Digital Media Toolkit at https://www.cdc.gov/flu/resource-center/toolkit/ index.htm.



Shoulder injuries related to vaccine administration Improper vaccine administration could result in shoulder injuries such as shoulder bursitis and tendinitis.

Make sure vaccination is safe

When administering vaccine by an intramuscular (IM) injection to an adult:



- Vaccine may be administered using either a 1-mL or 3-mL syringe
- Use a 22 to 25 gauge needle
- Use the correct needle size based on your patient's size

Injection site: Deltoid muscle of upper arm

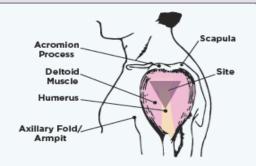


*Some experts recommend a 5/8-inch needle for men and women who weigh less than 60 kg (130 lbs).



Identify the injection site

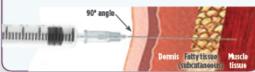
- Locate the deltoid muscle of the upper arm
- Use anatomical landmarks to determine the injection site
- In adults, the midpoint of the deltoid is about 2 inches (or 2 to 3 fingers' breadth) below the acromion process (bony prominence) and above the armpit in the middle of the upper arm





Administer the vaccine correctly

- Inject the vaccine into the middle and thickest part of the deltoid muscle
- Insert the needle at a 90° angle and inject all of the vaccine into the muscle tissue





the upper arm may cause shoulder injury If administering additional vaccines into

by 1 inch if possible



Always follow safe injection practices

- Maintain aseptic technique
- Perform hand hygiene before preparing and administering vaccines
- Use a new needle and new syringe for each injection
- If using a single-dose vial (SDV) discard after use

A SDV should be used for one patient only!



IM injection best practices

- Administering the injection too high on
- the same arm, separate the injection sites

Report any clinically significant adverse event after vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov/

For additional information on proper vaccine administration, visit the CDC vaccine administration web page at www.cdc.gov/vaccines/hcp/admin/admin-protocols.html



Health and Human Services Centers for Disease Control and Prevention

Remember—you call the shots when it comes to proper flu vaccine administration!

Questions? Comments? Concerns?

We'll get back to you with the information you need.

Phone: 860-509-7929, Monday- Friday 8:30am-4:30pm

Website: https://portal.ct.gov/DPH/Immunizations/CONNECTICUT-IMMUNIZATION--PROGRAM About CT WiZ Website: https://portal.ct.gov/DPH/Immunizations/ALL-ABOUT-CT-WiZ Quick Links: Log in to CT WiZ Training Materials Technical Support EHR Data Exchange

