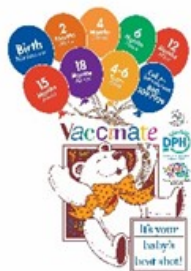


# CVP Update



## CIRTS Update

**CIRTS Enrollment:** The Connecticut Immunization Registry and Tracking System (CIRTS) is a statewide registry that maintains immunization records on pre-school age children. CIRTS is an opt-out registry; all children in Connecticut are automatically enrolled unless an opt-out form is signed. During 2011-2015, CIRTS maintained a 9% opt-out rate. Starting in January of 2016, hospitals distributed a revised CIRTS enrollment form which clarified the opt-out process. This resulted in a dramatic decrease to a statewide opt-out rate of 1%, surpassing the national Healthy People 2020 objective of 5%. The decrease in the opt-out rate after the form was updated suggests that some parents may not have understood the opt-out process.

**CIRTS Vaccine Rates:** CIRTS data are used to calculate the percentage of children that complete the primary childhood vaccine series (4 DTaP, 3 polio, 1 MMR, 3 Hib, 3 hepatitis B, 1 varicella, and 4 PCV vaccine doses) by 24 months. For the 2013 birth cohort, the statewide rate was 83%. Immunization Action Plan (IAP) area rates were also calculated based on children enrolled in CIRTS who reside in the town(s) of the IAP area. The IAP Programs are located in the areas at highest risk of low immunization rates and their objective is to increase the coverage rates among pre-school age children. The composite IAP area rate for the 2013 birth cohort was 84%.

Birth Cohort	Statewide Rate	IAP Area Rate
2009	79%	81%
2010	79%	81%
2011	79%	81%
2012	81%	83%
2013	83%	84%

Please see the DPH Vaccine-preventable Disease Dashboard for additional information ([www.ct.gov/dph/dashboard](http://www.ct.gov/dph/dashboard)).

**Hepatitis B Birth Dose Rates:** CIRTS data were also used to determine the percentage of newborns who were administered hepatitis B vaccine before hospital discharge. During 2016, several hospitals experienced significant drops in their hepatitis B birth dose rates due to reporting of a larger number

The Connecticut Vaccine Program ensures all children in the state receive the vaccinations they need to stay healthy. For more information, visit us at [www.ct.gov/dph/cvp](http://www.ct.gov/dph/cvp) or contact us at (860) 509-7929 or [dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov). To sign up for E-Alerts, click on the "Sign up for E-Alerts" icon on the left-hand side of any Department of Public Health web page. Register and submit the form. Check the box to receive updates from "Connecticut Vaccine Program: News, Updates, Alerts". To Get Started Click on <http://www.ct.gov/dph/guestaccount/login.asp>.

of “unknown” vaccination status by some hospitals. DPH’s Immunization Program and Vital Records staff are working with hospital birth registrars to improve this data quality issue. The 2016 statewide hepatitis B birth dose rate was 83.5%. Congratulations to UConn Health Center (99%) and Griffin Hospital (95%) for making the National Hepatitis B Birth Dose Honor Roll for 2016! Hospitals may apply to be on the national honor roll by visiting <http://www.immunize.org/honor-roll/birthdose>.

## Vaccine Wastage

Each year, the Connecticut Vaccine Program (CVP) calculates the vaccine wastage rate for all pediatric doses distributed by the program. The cost of vaccines have skyrocketed over the past decade. (<https://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>) Proper vaccine utilization must be a priority for all parties involved.

In 2016, 4,798 doses of pediatric vaccine were reported as wasted at a total cost of \$218,380. We distributed 949,612 doses, for a wastage rate of 0.5%, well below the 5% rate that the Centers for Disease Control and Prevention (CDC) mandates. Those wastage numbers, however, are an increase from 2015 totals in which 3,647 doses were wasted at a total cost of \$145,547.

This year, a large amount of wastage was due to expiration (30%) or the refrigerator or freezer being too warm (18%) or too cold (39%). All practices are to have a primary and a back-up vaccine coordinator who is responsible for checking temperatures twice a day: first thing in the morning and at the end of the day. Temperature excursions should be promptly reported to the CVP. If new staff will be responsible for vaccine storage and handling, the CVP will provide training upon request.

Providers can cut wastage by rotating their vaccine stock to use vaccine with the shortest expiration date first, ordering appropriately and not stockpiling vaccines, and transferring vaccine that cannot be used to other providers at least four months before expiration so the vaccine can be administered before it goes to waste. There is no reason to order excess supply as vaccine can be ordered as often as needed. CDC recommends stand-alone units, meaning self-contained units that either freeze or refrigerate, and are suitable for vaccine storage. Studies demonstrated that stand-alone units maintain the required temperatures better than combination units, particularly the freezer section of household, combination units. The CVP thanks you for all your efforts to keep wastage to a minimum!

**Reminder:** Calibrated digital data loggers with a current and valid certification of calibration will be required for each unit where vaccine is kept as of January 1, 2018.

## Vaccine Availability Changes

**Td Vaccine:** The Centers for Disease Control and Prevention has notified the CVP that beginning September 1, 2017 Sanofi's Tetanus diphtheria (Td) vaccine Tenivac® (NDC # 49281-0215-15) will once again be available to order. The CVP will also continue to offer the Td vaccine manufactured by MassBiologics and distributed by Grifols (NDC # 13533-0131-01).

**Merck Hepatitis Vaccine:** Merck has notified the CDC that their pediatric hepatitis B vaccine (Recombivax HB®) will be unavailable between early August 2017 and mid-January 2018. Glaxo SmithKline has sufficient supplies of their hepatitis B vaccine (Engerix-B®) to address the gap in Merck's supply during this time period. Enclosed is a copy of the communication Merck will be sending to its customers about the supply issue. All pediatric hepatitis B vaccine orders placed through the CVP will be filled with Engerix-B® until further notice.

**Serogroup B Meningococcal Vaccine:** Two serogroup B meningococcal vaccines (MenB) are currently licensed for use in persons aged 10–25 years in the United States. The two vaccines are Trumenba® (Pfizer) and Bexsero® (GlaxoSmithKline). In February 2015, the Advisory Committee on Immunization Practices (ACIP) recommended use of MenB vaccines among certain groups of persons aged ≥10 years who are at increased risk for serogroup B meningococcal disease, and in June 2015, ACIP recommended that adolescents and young adults aged 16–23 years may be vaccinated with MenB vaccines to provide short-term protection against most strains of serogroup B meningococcal disease. Consistent with the original Food and Drug Administration (FDA) licensure for the two available MenB vaccines, ACIP recommended either a 3-dose series of Trumenba® or a 2-dose series of Bexsero®. **In April 2016, changes to the dosage and administration of Trumenba® were approved by FDA: for persons at increased risk for meningococcal disease and for use during serogroup B disease outbreaks, ACIP recommends a 3 dose series be administered at 0, 1-2 months and 6 months; for healthy adolescents who are not at increased risk for meningococcal disease, ACIP recommends a 2 dose series at 0, and 6 months.** Recommendations regarding use of Bexsero® are unchanged.

Either MenB vaccine can be used when indicated; ACIP does not state a product preference. The two MenB vaccines are not interchangeable; the same vaccine product must be used for all doses in a series.



## Flu Recommendations for 2017-2018 Season

For the 2017–18 season, quadrivalent and trivalent influenza vaccines will be available. Inactivated influenza vaccines (IIVs) will be available in trivalent (IIV3) and quadrivalent (IIV4) formulations. Recombinant influenza vaccine (RIV) will be available in trivalent (RIV3) and quadrivalent (RIV4) formulations. Live attenuated influenza vaccine (LAIV4) is not recommended for use during the 2017–18 season due to concerns about its effectiveness against (H1N1) pdm09 viruses during the 2013–14 and 2015–16 seasons. Recommendations for different vaccine types and specific populations are discussed. No preferential recommendation is made for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is available. For further information, please see the

[MMWR; August 25, 2017;66\(2\);1-20](#)

[Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2017–18 Influenza Season](#)



## Learn the Latest Information on Vaccines

The Connecticut Immunization Program, through the Connecticut Chapter of the American Academy of Pediatrics, will be hosting a “Vaccine Update” webinar on October 18, 2017. This is a free, one hour continuing education course. A presenter from CDC will be presenting the latest information on vaccinations. An Immunization Action Plan Coordinator will be talking about the Human Papillomavirus Vaccine “Win/Win/Win” campaign. Register at <http://ct-aap.org/2017>.

**For additional questions or information on immunizations, please contact the Connecticut Vaccine Program at (860) 509-7929.**

The Connecticut Vaccine Program ensures all children in the state receive the vaccinations they need to stay healthy. For more information, visit us at [www.ct.gov/dph/cvp](http://www.ct.gov/dph/cvp) or contact us at (860) 509-7929 or [dph.immunizations@ct.gov](mailto:dph.immunizations@ct.gov). To sign up for E-Alerts, click on the “Sign up for E-Alerts” icon on the left-hand side of any Department of Public Health web page. Register and submit the form. Check the box to receive updates from “Connecticut Vaccine Program: News, Updates, Alerts”. To Get Started Click on <http://www.ct.gov/dph/guestaccount/login.asp>.