June 2018

Keeping CT Kids Healthy

# CVP Update

## CT WiZ

The CT Department of Public Health (DPH) State Immunization Program is retiring its current Immunization Information System (IIS) and migrating to a new one this fall. The new system, CT WiZ, will be an entirely new platform, thus the new name. Although the system is new to CT, it has been performing in fourteen other states and jurisdictions for many years with high customer satisfaction ratings.

Why is this important? According to a recent article in the American Academy of Pediatrics (AAP) News, Registries prove to be powerful tool in raising immunization rates,

> IIS (registries) can assist in determining when vaccinations are due, sending vaccination reminder/recall messages, identifying populations at high risk for vaccine-preventable diseases and targeting interventions and resources efficiently.

CT WiZ will be that powerful tool:

- At the *point of clinical care*, CT WiZ will provide consolidated immunization histories for use by vaccination providers in determining appropriate patient vaccinations.
- At the *population level*, CT WiZ will provide aggregate data on vaccinations for use in guiding public health action with the goals of improving vaccination rates and reducing vaccine-preventable disease.

Another AAP News article from Dec. 2010 discusses the interest among AAP members

> for the ability of electronic health record (EHR) system to submit information to an immunization registry…to meet the 'meaningful use' definition and qualify for Medicaid payment incentives.

In the same article the AAP Council on Clinical Information Technology said AAP members

> should strongly encourage the IIS community to meet minimal requirements, including interoperability with EHRs, (electronic health records) and continue its efforts to promote accurate immunization assessment through state-of-the-art clinical deci-

CT WiZ will allow eligible providers to attest to meaningful use (MU) by enabling bi-directional data exchange between EHRs and CT WiZ. For more information on MU, please visit: https://portal.ct.gov/DPH/Planning/Health-Information-Technology-and-Exchange/Meaningful-Use

# New Immunization Information System (CT WiZ) Q & A:

**Q: When is CT WiZ coming?**
**A:** CT WiZ is scheduled to go-live in mid-September! We will share updates along the way – including the process for you to request access after we go-live. *Stay tuned!*

**Q: How can I stay informed about the transition?**
A: Bookmark our DPH Immunization Program webpage www.ct.gov/dph/immunizations ! It's a great way to keep up-to-date (*pun intended*) on the latest and greatest on immunizations and the CT WiZ transition. We will soon post information to get ready for electronic data exchange between Electronic Health Record (EHRs) and CT WiZ.

**Q: How will I get training and when?**
A: As we all have different learning styles, we are developing training materials in a variety of formats for you. These will be posted on our website and embedded in CT WiZ. Trainings will be available after go-live.

**Q: How can I get help with this transition?**
A: We are developing a Help Desk solution on our website so you can easily find the answers to your questions, including information about the transition and gaining access to CT WiZ. You will be able to submit a ticket to the Help Desk for efficient resolution of technical issues.

**Q: Darn, I missed the May 10th Webinar on CT WiZ, what did I miss?**
**A**: Don't worry, you can view the recorded May 10th webinar from the CT Chapter of the American Academy of Pediatrics (AAP) on the new "CT WiZ" online at: http://ct-aap.org/2018

**Q: What will happen to CIRTS?**
A: After 25 years, we will soon say good-bye to CIRTS and our teddy bear logo. We will migrate the data to CT WiZ, and we will let you know which days CIRTS will be down for this migration in September. A variety of CT WiZ promotional materials with the new logo will be soon be available. Alongside this article is a sticker we are ordering for your offices to hand out to patients after their shots! *More to come…stay tuned!*

## Hepatitis B Pediatric Vaccine Supply

Merck has not been distributing its pediatric hepatitis B vaccines since mid-2017 and has informed the Centers for Disease Control and Prevention (CDC) that it will continue to have a limited supply of pediatric Hepatitis B vaccine during 2018.

GSK has confirmed that it can continue to support full demand in the United States for pediatric hepatitis B vaccine throughout 2018, using a combination of monovalent pediatric hepatitis B vaccine and its DTaP/ Hep B/IPV pediatric combination vaccine (Pediarix®).

Between the two manufacturers, CDC anticipates there will be approximately 10% less monovalent pediatric hepatitis B vaccine than normal during the rest of 2018. The expected monovalent supply will be sufficient to cover the birth dose for all children as well as additional pediatric Hepatitis B vaccine for second and third doses. However, some adjustments will be needed from providers because of the decrease in monovalent vaccine.

To ensure an equitable distribution of monovalent hepatitis B vaccine according to CDC's clinical guidance, CDC has implemented a monthly allotment to each state immunization program. Until further notice providers will be limited to a four week supply of monovalent pediatric hepatitis B vaccine. The CVP does have a limited supply of Merck's monovalent vaccine (Recombivax®) available to order so providers who wish to use Recombivax® can do so. The CVP will make every attempt to ensure that all providers have a sufficient supply of monovalent Hepatitis B vaccine on hand to adequately vaccinate every child in their practice.

If you have any questions, please contact Mick Bolduc at (860) 509-7940.

## Hepatitis A Outbreaks

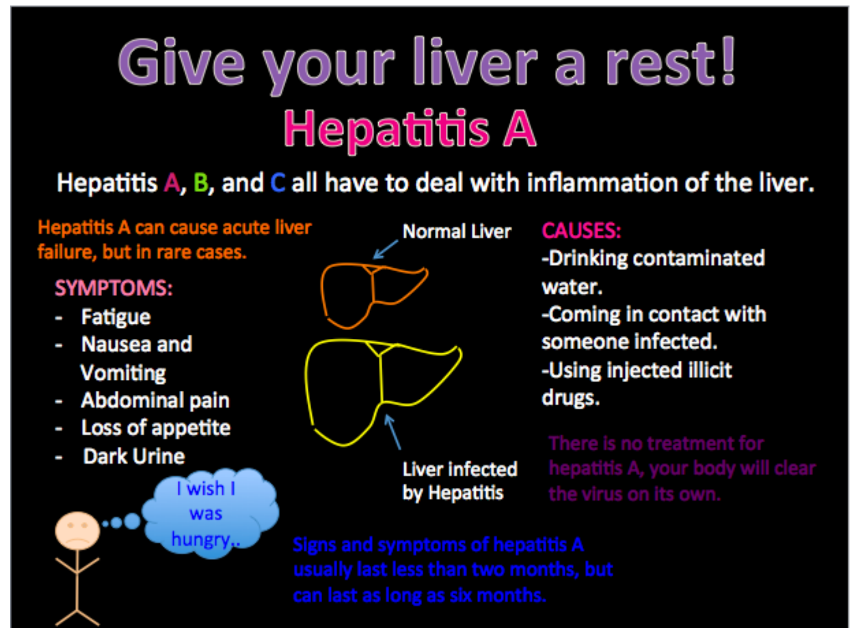
Hepatitis A is a viral infection that causes inflammation of the liver. Over the past two years, seven states have experienced outbreaks and, although demand for the vaccine outpaced supply earlier this year, there is enough supply to satisfy current needs, according to the US Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/hepatitis/outbreaks/2017March-HepatitisA.htm

California, Indiana, Kentucky, Michigan, Utah, Tennessee, and West Virginia have reported outbreaks of hepatitis A since March 2017. Cases in these states, with the exception of Michigan, have been genetically identical or similar, according to the CDC. Laboratory reports have not determined whether the viral strains from cases in Nashville are also genetically linked. Symptoms of hepatitis A, which include fever, fatigue, nausea, abdominal pain and jaundice (yellowing of the skin and whites of the eyes), usually last less than two months. Some people can be ill for as long as six months according to the CDC. Most

patients recover completely and do not have any lasting liver damage.

CDC does not have a preferential recommendation among the hepatitis A vaccines licensed by the Food and Drug Administration, which include Havrix and Twinrix, both produced by GlaxoSmithKline, and Vaqta, produced by Merck.

Due to the outbreak, the CDC recommends hepatitis A vaccination for people who are homeless and who use drugs, the two populations most at risk for becoming infected. Generally, inoculation with the vaccine is recommended for all children at age 1; men who have sex with men; users of recreational drugs; people with chronic or long-term liver disease; people with clotting-factor disorders; people with direct contact with people infected with hepatitis A; travelers to countries where hepatitis A is common and family and caregivers of adoptees from those countries; and anyone else who wants protection against the disease. https://www.cdc.gov/hepatitis/hav/havfaq.htm#vaccine




Connecticut has reported seventeen confirmed cases of hepatitis A during 2017.

## Measles in Connecticut

During April 2018, DPH identified 3 cases of measles, including 2 children and 1 adult, linked to international import of disease. DPH collaborated with local health departments to conduct follow-up on approximately 1,100 exposed individuals; this involved contacting 254 individuals exposed in a healthcare setting (146 exposed patients and their families and 108 exposed healthcare workers) and working with schools, religious institutions, and day cares to provide notifications and recommendations for control measures. No secondary transmission was identified as part of this investigation. While measles remains rare in Connecticut, disease transmission routinely occurs in other parts of world resulting in ongoing risk of imported disease. Vaccination continues to be the most important strategy to limit the spread of measles.

Please see the April 2018 Measles Advisory for additional information about preventing and managing measles in a clinical setting.

# Use of Live Attenuated Influenza Vaccines (LAIV) Next Season

The Advisory Committee on Immunization Practices (ACIP) recommendation for the coming flu season, providers may choose to administer any licensed, age-appropriate influenza vaccine (Inactivated Influenza Vaccine [IIV], recombinant influenza vaccine [RIV], or Live Attenuated Influenza Vaccine [LAIV4]). LAIV4 is an option for those for whom it is otherwise appropriate. No preference is expressed for any influenza vaccine product. ACIP will continue to review data concerning the effectiveness of LAIV4 as they become available.

Shedding and immunogenicity data provided by the manufacturer suggest that the new influenza A(H1N1) pdm09-like virus included in the current LAIV4 formulation, has improved replicative fitness over previous LAIV4 influenza A(H1N1)pdm09-like vaccine strains. However, no published effectiveness estimates for this newer formulation of the vaccine against influenza A (H1N1)pdm09 viruses were yet available because influenza A(H3N2) and influenza B viruses have predominated during the 2017–18 Northern Hemisphere season. Providers should be aware that the effectiveness of the updated LAIV4 containing A/ Slovenia/2903/2015 against currently circulating influenza A(H1N1)pdm09-like viruses is not yet known. ACIP Recommendations for the Use of Quadrivalent Live Attenuated Influenza Vaccine (LAIV4) — United States, 2018–19 Influenza Season.

LAIV4 will be available to Connecticut CVP providers, but will likely not be available early in the season. Further details on LAIV4 will be shared when they become available.

# A Look back at the 2017-2018 Influenza Season

A June 2018 report titled "Update: Influenza Activity in the United States During the 2017-18 Season and Composition of the 2018-19 Influenza Vaccine," was published in the Morbidity and Mortality Weekly Report.

The report summarizes influenza (flu) activity from October 1, 2017 to May 19, 2018 during the 2017-18 flu season.

**Facts from the 2017-2018 Influenza Season**

- The 2017-18 influenza season was a high severity, A(H3N2) predominant season. This season was the first to be classified as a high severity season for all age groups.
- Influenza activity indicators this season were notable for the sheer volume and intensity of influenza that occurred in most of the country at the same time.
- Influenza-like illness (ILI) was at or above the national baseline for 19 weeks this season, making this season one of the longest in recent years.
- CDC recommends prompt treatment with influenza antiviral medications for people who are severely ill and people who are at high risk of serious flu complications who develop flu symptoms.
- The percentage of deaths attributed to pneumonia and influenza (P&I) was at or above the epidemic threshold for 16 consecutive weeks this season.
- People 65 years and older accounted for approximately 58% of reported influenza-associated hospitalizations.
- As of June 8, 2018, a total of 172 pediatric deaths were reported to CDC during the 2017-18 season.
- The overall vaccine effectiveness (VE) of the 2017-2018 flu vaccine against both influenza A and B viruses was estimated to be 36%.
- Connecticut also experienced a high severity influenza season. The number of people with ILI was higher than the two previous seasons, but there were no greater number of pneumonia cases reported. ILI and hospitalizations peaked in February 2018. As of May 23, 2018, Connecticut had reported 154 influenza-associated deaths, more than the three previous seasons combined. https://portal.ct.gov/DPH/Infectious-Diseases/Flu/Influenza-Surveillance-and-Statistics.

## Adult Spring Workshop

A very successful Adult Spring Workshop on Shingles was held on June 8, 2018. There were three presenters:

- Zostavax: Shingles Live Attenuated Vaccine: Sharon Dunning, MPH, Epidemiologist, Adult Immunization Coordinator, Connecticut Department of Public Health
- Shingrix (Zoster Vaccine Recombinant, Adjuvanted) and Shingles Prevention: Marla Campbell, BSc Pharm, PharmD, Vaccine Field Medical Liaison, Medical Science Liaison, GlaxoSmithKline
- Billing for Vaccines: Neal Lustig, MPH, Director of Health, Pomperaug Health District

There was a very robust discussion among attendees and new interest in joining the CT Immunizations Coalition. If you are interested in joining the Adult Immunizations Coalition, contact Michelle Caul, Director of Health Promotions at the American Lung Association in CT and MA, 860-838-4370 or Michelle.Caul@Lung.org.