The State Immunization Program will be **moving to a NEW Immunization Information System** (IIS) late next year!

IIS, such as CIRTS, are required to meet the Centers for Disease Control and Prevention (CDC) national functional standards, which are updated every five years, which include: vaccine forecasting, bi-directional data exchange, assessment/coverage rates, and vaccine ordering/inventory. CIRTS had a gap analysis conducted of CIRTS and **decided to move to a new IIS** which meets all of the functional standards. **Over the next year**, we will customize the new system to meet Connecticut’s needs and laws as well as migrate all the data.

**During this transition, CIRTS will continue day to day operations as usual.**

When we move to the new system, we will provide trainings, as always. We hope to make this transition as smooth as our last one in 2012.

On October 25\(^{th}\), for the first time in our history, a pediatric practice **successfully submitted immunization data electronically** from their Electronic Health Record (EHR) to the Connecticut Immunization Registry and Tracking System (CIRTS) at DPH!

This is important and critical at so many levels, a real game changer. As practices are reporting via paper or direct data entry, DPH has been working on electronic ‘real-time’ reporting to CIRTS. This was a collaborative effort and involved the State Immunization Program staff, pediatric practices, EHR vendors, and interfaces between three applications: CDC’s PHIN MS (a secure transport), Pilotfish (a transformation engine) and CIRTS. Congratulations to our pilot EHR sites on reaching this successful milestone!

We are continuing to work with our pilot EHR sites. This will ensure we have developed crucial data quality assurances with EHR reporting to CIRTS, allowing those sites submitting data through EHR to have a smoother transition to the new IIS. **Over the next year, one of our top priorities is to ensure our data is clean and current in order to ensure a smooth data migration to the new IIS.**

We want to **Thank You for ensuring children are up-to-date in CIRTS!**
Re-Enrollment in the Connecticut Vaccine Program

To participate in the Connecticut Vaccine Program (CVP) each provider is federally mandated to complete and submit a provider profile and provider agreement form on a yearly basis. The re-enrollment process allows us to verify and update provider shipping information as well as estimate the amount of vaccine that will be needed for the upcoming calendar year. As vaccine accountability continues to become more of a focus on the federal level, it is imperative that the patient enrollment numbers your office submits on the provider profile are as accurate as possible. These numbers determine the amount of VFC and CHIP (HUSKY B) funding the CVP receives on an annual basis. As a side note, Connecticut is moving to a new Immunization Information System (IIS, also known as CIRTS). In the near future, perhaps as early as next year, re-enrollment will be performed completely on-line. More information will be forthcoming about the transition and what it will mean for CVP providers.

The completed provider profile and signed provider agreement forms must be submitted to the Connecticut Vaccine Program by December 15, 2017. Meeting this deadline will allow all providers to continue receiving state supplied vaccine on an uninterrupted basis. Please be sure to include your Provider Identification Number (PIN) on both the agreement and profile forms. The completed forms can be faxed to (860) 509-8371 or e-mailed to DPH.IMMUNIZATIONS@ct.gov.

As always, if you have any questions, please feel free to contact Mick Bolduc at (860) 509-7940.

New in January 2018

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.

There are updated versions of the 2018 Patient Eligibility Screening Record available in English and Spanish with some minor changes. See the links below for the updated forms:

Screening English

Screening Spanish

Criteria
ACIP New Recommendations

In November, the Advisory Committee on Immunization Practices (ACIP) voted on vaccination recommendations for shingles (herpes zoster) vaccines and mumps-containing vaccines.

Shingles Vaccine
ACIP voted that herpes zoster subunit (HZ/su) vaccine is:

- recommended for the prevention of herpes zoster and related complications for immunocompetent adults aged 50 years and older,
- recommended for the prevention of herpes zoster and related complications for immunocompetent adults who previously received zoster vaccine live,
- preferred over Zoster Vaccine Live (ZVL) for the prevention of herpes zoster and related complications.

Mumps-containing vaccine
ACIP voted that persons previously vaccinated with two doses of a mumps-containing vaccine* who are identified by public health as at increased risk for mumps because of an outbreak should receive a third dose of a mumps-containing vaccine to improve protection against mumps disease and related complications.

*As stated in Prevention of Measles, Rubella, Congenital Rubella Syndrome, and Mumps, 2013: Summary Recommendations of the Advisory Committee on Immunization Practices (ACIP); wording includes MMR and MMRV

Once approved by CDC, the shingles and mumps vaccination recommendations will be published in the Morbidity and Mortality Weekly Report (MMWR), at which time the recommendations will become official CDC policy. Once published in the MMWR, CDC will add shingles and mumps vaccination information and educational materials to CDC’s website and in other communication channels.
Supports for Students Displaced by Disasters

DEPARTMENT OF EDUCATION

The McKinney-Vento Homeless Assistance Act requires that students arriving from Puerto Rico and the U.S. Virgin Islands or any affected storm area who are identified as homeless or unaccompanied youth be provided immediate access to school and services they may need. This includes students who may seek entry to school but lack health records or immunization documentation.

For students arriving from Puerto Rico without health/immunization records, school nurses may request read only access to the Puerto Rico Immunization Registry (PRIR) to obtain students’ immunization histories.

Immunization registry information is not available electronically for students arriving from the U.S. Virgin Islands. Fortunately, with the exception of hepatitis A and meningococcal conjugate, vaccine requirements for children in Puerto Rico and the U.S. Virgin Islands are similar to Connecticut’s.

The Connecticut Department of Public Health Immunization Program has also designated a point person to support school districts with accessing the PRIR. Nurses may contact Michele Ramos from the Connecticut Immunization Registry and Tracking System at 860-509-7935 or 860-509-7929 to assist with researching a newly arriving student’s history in the PRIR.

The complete letter from the Department of Education can be found at: www.sde.ct.gov/sde/lib/sde/pdf/pressroom/support_for-misplaced_students_health_and_immunization_information.pdf

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