

# CONNECTICUT EPIDEMIOLOGIST



State of Connecticut Department of Health Services  
 Frederick G. Adams, D.D.S., M.P.H. Commissioner

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## ROUTINE REVACCINATION WITH MMR VACCINE

### Background

In July 1989, the American Academy of Pediatrics (AAP) made the following recommendations concerning the administration of measles, mumps, and rubella vaccine (MMR):

1. MMR vaccine should be given routinely in a two-dose schedule: a first dose at 15 months of age and a second dose at entry to middle or junior high school.
2. All institutions of higher learning beyond high school, including vocational and technical schools, should require documentation of measles disease or receipt of two doses of measles-containing vaccines prior to entry of all students.
3. Medical facility employees born after January 1, 1957 should show documentation of prior measles or receipt of two doses of measles-containing vaccines before beginning employment.

4. In the school outbreak setting, routine revaccination should be given to all primary and secondary school students who have not received two doses of measles-containing vaccines after 12 months of age. Routine revaccination should also be given to students in unaffected schools at risk of measles transmission.

The Centers for Disease Control Immunization Practices Advisory Committee (ACIP) will issue its own recommendations regarding revaccination with MMR. These recommendations will not be substantially different than the AAP recommendations with the exception that the ACIP is likely to recommend that routine revaccination be done prior to primary school entry rather than prior to middle or junior high school entry.

### Connecticut's Recommendations

The Department of Health Services (DHS) in consultation with the School Health Committee of the Connecticut Chapter of the AAP fully endorses the above recommendations of the AAP.

In particular, it is recommended that routine revaccination of school-aged students be done in conjunction with the grade 6 or grade 7 health assessment that is required by the State, rather than prior to kindergarten entry.

The DHS plans to initiate regulatory changes to make a second dose of MMR a requirement for junior high school attendance. This requirement would not go into effect until the 1990 or 1991 school year. Consistent with the AAP recommendations, the requirements would permit the second dose to be given at any time prior to junior high school entry (e.g., at kindergarten entry). The timing of the second dose would have to be a minimum of one month after the first. For children initially vaccinated before 15 months of age, the regulations would require that the first "countable" dose be given no earlier than 12 months of age and the second no earlier than 15 months of age.

DHS is exploring state and federal funding options in order to implement universal MMR distribution and meet the expanded vaccine needs of all children.

In the interim, state purchased MMR vaccine will be distributed to designated "public-sector" providers in sufficient quantity to allow them to routinely vaccinate or revaccinate their clients according to the new AAP recommendations: a) at 15 months of age, b) at the time of the 6th/7th grade health assessment, and c) at college entry. Private providers will continue to be supplied MMR vaccine at the previous year's utilization level. This vaccine is intended to be used to ensure initial vaccination of children at 15 months of age or older for whom cost of immunization would otherwise be a prohibitive factor. Where it is necessary to purchase MMR privately to meet the new recommendations, Medicaid will now reimburse for its cost for eligible clients.

Questions or comments about the recommendations can be directed to the Immunization Program at 566-4141. Copies of the full text of the AAP recommendations can be obtained by contacting the Immunization Program, State of Connecticut Department of Health Services, 150 Washington Street, Hartford. 06106



## INFLUENZA TESTING

Isolation and identification of influenza virus is an important part of the State's influenza surveillance system. Identification of the dominant circulating influenza virus(es) each season is useful for predicting the number of cases and severity of illness. In addition, distinguishing outbreaks caused by influenza A from those caused by influenza B and other respiratory viruses is essential to help physicians decide whether to recommend amantadine prophylaxis and treatment for their high-risk patients. The most effective way to identify the dominant virus(es) is by virus isolation from throat swabs collected from acutely ill patients early in the flu season.

Therefore, the State of Connecticut Department of Health Services encourages physicians to submit throat swabs for virus isolation to the virology laboratory from patients with a typical influenza syndrome (abrupt onset of fever, myalgia, and cough). Specimens should be collected no later than three days after onset of symptoms and sent immediately to the virology laboratory, on wet ice if possible. Throat swab kits (VRCs) may be obtained from the Health Laboratory (566-2824).

To facilitate influenza surveillance in Connecticut, throat swabs submitted by a health care provider for influenza will be exempt from fees effective December 1, 1989 and until January 31, 1990. In order to be eligible for the fee exemption, the physician must specify "FLU STUDY" in section #1 of the Virology request form. All requested information on the form should be provided as well.

In addition, health care providers are encouraged to report, as early as possible, clusters of influenza-like illness occurring in nursing homes and other health-care institutions. Assistance in the investigation of influenza outbreaks can be arranged through the State Epidemiology Program at 566-5058.



## DISCONTINUATION OF PHAGE TYPING

The State Laboratory will no longer perform staphylococcus bacteriophage typing. Arrangements have been made for this testing to be performed at the Centers for Disease Control (CDC). The CDC provides a national Staphylococcus Phage Typing reference service. Requests for phage typing must be submitted through the State Laboratory to CDC.

The CDC policy is to provide this service "to assist in characterizing current hospital or community outbreaks of coagulase-positive staphylococci" or "to establish whether a case of recurrent furunculosis is due to endogenous reinfection or transmission within a family unit." Phage typing will not be performed to establish background data for hospitals or the community, for

single specimens or non-outbreak isolates, or for non-collaborative research projects.

Required by CDC for staphylococcus phage typing are:

1. A letter from the hospital infection control staff or other authorized person. Included in the letter must be the demographics or circumstances of the current outbreak such as the duration of the outbreak and the population affected.
2. Results from the referring laboratory such as biotype, antimicrobial profile and method used to determine susceptibility as well as any other information. A form provided by the State Laboratory may be used for this purpose.

The letter and laboratory report should accompany cultures sent to the State Laboratory for phage typing. For further information, contact Mrs. Janice McCue at the State Laboratory at 566-4341.

23

### REPORTS OF SELECTED COMMUNICABLE DISEASES,\* CONNECTICUT, YEAR-TO-DATE, 1988 - 1989

DISEASE	1/1/89 to 10/27/89*	1/1/88 to 10/28/88	% CHANGE
AIDS	363	333	+9.0%
GONORRHEA	8,833	9,093	-2.9%
SYPHILIS P&S	947	576	+64.4%
MEASLES	213	12	+1675.0%
RUBELLA	0	0	0.0%
TUBERCULOSIS	128	122	+ 4.9%
HEPATITIS A	283	229	+23.6%
HEPATITIS B	168	193	-13.0%
SALMONELLOSIS	872	1,047	-16.7%
SHIGELLOSIS	268	114	+135.1%

\* Figures Subject To Change



## CONFERENCE ANNOUNCEMENT

### **AIDS/HIV INFECTION: Management in the Primary Care Setting**

This one-day conference is designed to teach health professionals the basic skills and knowledge that will enable them to deliver initial counselling, medical evaluation and treatment to HIV infected persons. The course will also provide guidelines for the ongoing care of people with AIDS/HIV infection, in consultation with specialists as appropriate. The program is geared primarily for the outpatient primary care provider.

**HALF-DAY "MINI-RESIDENCY"**. A practical follow-up training session will be arranged for a limited number of attendees who wish to review personally clinical cases of AIDS/HIV infection, being treated at a major ambulatory care facility. This mini-residency will offer you the opportunity for direct discussions with infected persons about their personal experience with AIDS.

**Faculty:** Harry Katz-Pollak, M.D., Assistant Professor of Medicine at the University of Connecticut School of Medicine; Marie Hebert-Begley,

R.N., HIV team, Burgdorf Health Center, Hartford; Tricia McCooey, M.S.W., AIDS Policy Analyst for the AIDS Section of the State of Connecticut Department of Health Services.

#### **Dates and Locations:**

1. November 30, 1989 (Thursday), Uncas on Thames Hospital, Norwich, CT
2. December 8, 1989 (Friday), Johnson Memorial Hospital, Stafford Springs, CT
3. January 25, 1990, (Thursday), Charlotte Hungerford Hospital, Torrington, CT
4. February 23, 1990 (Friday), The University of Hartford, Konover Campus Center, West Hartford, CT
5. March 30, 1990 (Friday), Day Kimball Hospital, Putnam, CT
6. April 27, 1990 (Friday), Manchester Memorial Hospital, Manchester, CT

**CONTACT:** For further information, contact Cecile J. Volpi, Director, Office of Continuing Education, at (203) 679-3340.

24

James L. Hadler, M.D., M.P.H., Chief  
Matthew L. Cartter, M.D., Editor  
Eric Mintz, M.D., M.P.H.  
Sally Carr, Center for Health Communication  
Anita Steeves, Center for Health Communication

**EPIDEMIOLOGY SECTION  
PREVENTABLE DISEASES DIVISION  
State of Connecticut Department of Health Services  
150 Washington Street  
Hartford, CT 06106**

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