

CVP Update





It's time to vaccinate against influenza!

Overall, we have seen a decline in flu vaccinations especially among children and pregnant women. Additionally, we continue to see disparities in vaccination rates across racial demographics. As we begin the 2022-2023 flu

season, CVP providers should make a strong recommendation and begin tailored messaging to children and parents.

CDC Key Flu Messages:

- It's difficult to predict the timing, severity or what viruses will spread this fall and winter, but SARS-CoV-2 viruses are expected to spread along with flu viruses.
- The United States has experienced relatively little influenza activity since 2020, making the country ripe for a severe influenza season.
- CDC is particularly concerned about recent drops in influenza vaccine coverage, especially among people who are at higher risk of serious influenza-related complications, such as young children and pregnant people.
- Flu vaccination has many benefits. It has been shown to reduce the risk of getting sick with flu and also to make illness less severe if you are vaccinated and still get sick.
- It's important for everyone to be up-to-date on their vaccines.
- Annual flu vaccination is recommended for everyone 6 months and older with rare exception.
- <u>September and October are good times to be vaccinated</u>. Getting vaccinated by the end of October is ideal, but vaccination later is still helpful during most seasons.
- You can get a flu vaccine and a COVID-19 vaccine at the same visit if the timing coincides.

Co-administration of Flu & COVID-19 Vaccines

- You can get a flu vaccine and a COVID-19 vaccine at the same visit.
- For providers, co-administration is best clinical practice.
 - * Coadministration of all recommended vaccines is important because it increases the probability that a person will be up to date on all recommended vaccines at the appropriate age. It is also an important part of immunization practice if a healthcare provider is uncertain if a patient will return for additional doses of vaccine.
- There is more safety data on coadministration of flu and COVID-19 vaccines.
 - * A CDC study published in JAMA Network Open did not identify any serious safety concerns with coadministration.
 - People who got a flu vaccine and an mRNA COVID-19 booster vaccine at the same time were slightly more likely to report systemic reactions including fatigue, headache, and muscle ache than people who only got an mRNA vaccine, but these reactions were mostly mild and resolved quickly.



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or click here

For a current list of IAP
Contacts, Map and Social
Media visit

Immunization Action Plan (IAP)

View the Flu vaccination campaign materials for the 2022-2023 season!

EMPLOYEE SPOTLIGHTHappy Birthday to our CT WiZ system!





On September 18th, the CT WiZ system turned four years old.

CT WiZ system may be four years old, but we are a grown-up Immunization Information System (IIS)! All the data from our previous CIRTS system was migrated over to CT WiZ, and we have been a statewide since 1998 – so you could say we are 24 years old!

Much has happened since we went live with the CT WiZ system in 2018:

- CT WiZ is now a lifespan system requiring all vaccinations to be reported electronically
- CT WiZ <u>onboarded</u> nearly 2,000 clinics with electronic reporting to meet compliance with this State <u>law</u> as of July 2022 and continues to onboard according to the timelines in the policies and procedures
- Monkeypox implemented since July 2022
- Interstate IIS to IIS electronic data exchange with six jurisdictions since 2022
- CT WiZ received 6 Awards at the American Immunization Registry Association Conference in April 2022:
 - 1-4) Validation in all 4 IIS Areas: Ensuring Interoperability, Access and Clinical Decision Support
 - 5) Data at Rest Award for Ensuring Data Quality
 - 6) "Dream Team" Award for National Recognition for 'Innovative Efforts'
- COVID-19 record added QR Code since December 2021
- CT WiZ Public Portal went live in August 2021 (over 380,000 records successfully accessed by the public with two factor authentication to verify identity)
- COVID-19 implemented since December 2020
- Implemented RIISE refugee data interface with CT WiZ since September 2020
- CT WiZ data is monitored, and data quality monthly reports are sent to providers to review / ensure their Electronic Health Records' submitted data are accurate and complete.
- CT WiZ enabled providers to attest/meet the incentive program called Meaningful Use Stage 3 bidirectional data exchange since September 2018.
- * WOW! DPH greatly appreciates the awesome Health Care Providers and their super office staff who have diligently reported to the Immunization Program to make CT WiZ a successful IIS available to providers, patients and for public health. Many thanks to all!

CT WiZ Law Reminder:

Please view the <u>memo</u> sent to all vaccinating healthcare providers regarding the 'CT WiZ Law Update – Electronic Reporting Requirements'. Providers can review the <u>overview</u> of the electronic reporting process of all vaccinations administered of publicly supplied and privately purchased vaccines. If your clinic is not yet electronically reporting from your electronic health record or through the user interface, to get started please complete the <u>CT WiZ application online</u>. CT DPH will contact your clinics with the next steps and walk you through the process.



PROVIDER SPOTLIGHT



Greg McKenna, Nutmeg Pharmacy

From nursing homes to dance studios to schools and homes, Greg McKenna was there setting an example of breaking down barriers to access by vaccinating populations where they were. In August, Greg was named our 2022 Connecticut Immunization Champion for his exemplary job in promoting and fostering adult and childhood immunizations in Connecticut, particularly during the COVID-19 pandemic. He worked with local politicians and town leaders to compile a list of every senior citizen in the town of his pharmacy, as well as a few surrounding towns, and reached out to every person to schedule them for a clinic to get their COVID-19 vaccine. For those who were unable to come to the pharmacy, Greg and his staff went to their home or other location to give them the vaccine. He went to great lengths to service home bound, medically desolate individuals, those in group homes, and individuals in congregate settings, such as homeless shelters or low-income housing.

Greg is an active collaborator in his community and beyond. He and his staff went into schools to vaccinate teachers and children. When talking about his experience in schools, Greg stated "We saw teachers getting vaccines while kids were getting vaccines while the parents were getting vaccines and we realized it was a we, together. We were going to get through this together. It wasn't I... we were protecting ourselves together. It was phenomenal." Greg also collaborated with the State of Connecticut Department of Public Health and the National Guard to vaccinate vulnerable populations in nursing homes, assisted living, and residential care facilities. Greg additionally worked with DPH to serve as a hub for vaccine storage and redistribution before there was a mass redistribution model to ensure immunization access.

Greg and his staff reached a great quantity of Connecticut residents and ensured they were vaccinated against ★ COVID-19, and while the doses he administered are quantifiable, the impact he has made on his community is immeasurable. View the full spotlight on our website!

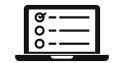


Description: Presentation of the 2022 Connecticut Immunization Award to Gregory McKenna From left to right: Commissioner Manish Juthani, Gregory McKenna, Kathy Kudish



Immunization Program Website Feedback

Have you checked out our improved <u>webpage</u>? Please complete this brief <u>survey</u> to give us feedback!



Data Quality Corner

Urgency Surrounding Reviewing and Transcribing Polio Vax: 4/1/2016 is a critical date to commit to memory

The recent case of polio in NY brings added urgency to understanding and transcribing histories from Latin America, Africa and the Ukraine accurately. Effective 4/1/2016, the oral polio vaccine worldwide was switched from a trivalent polio (tOPV) to a bivalent polio (bOPV). Records will only display "OPV" or Sabin. It is up to nurses and providers to recognize that these polio vax do not provide sufficient protection from polio. The strain of polio that was removed from the current oral polio vaccine is the very strain that caused the polio case in NY and other countries that normally have no polio cases. Many children arrive in the US with a combination of IPV and OPV given on/after 4/1/2016, a few arrive with only OPV. It is critical that histories be reviewed carefully and that any child who received OPV on/after 4/1/2016 be vaccinated appropriately with IPV (3 or 4 doses, see CDC link). Communication with a CDC physician involved in the worldwide polio eradication program confirmed the need for concern. Without a sufficient number of IPV doses, a child could be susceptible to polio. IPV is a trivalent vaccine which includes the strain of polio that has caused recent cases of polio. Please note that any OPV given before 4/1/2016 is valid unless the history identifies it as an mOPV or bOPV which is highly unlikely.

Every country in Latin America with the exception of Puerto Rico and Mexico continue to administer OPV not valid in the U.S. or administered them on/after 4/1/2016 as does the Ukraine and many countries in Africa. Supply issues and the ease of transporting OPV add to the why the switch to IPV has not been made worldwide.

View the CDC catchup schedule for polio

Patients born and vaccinated in the U.S. will have received:

- 1) all IPV;
- 2) all OPV;
- 3) and/or a combination of IPV and OPV.

All polio vax given in the U.S. are valid as long as they met minimal age and interval parameters.



Historical Information on polio vax in the U.S.

- IPV (Salk) licensed in 1955.
- Type 1 and 2 mOPV was licensed in 1961 and type 3 mOPV was licensed in 1962.
- tOPV (trivalent OPV or Sabin) licensed in 1963 and largely replaced IPV in the U.S. and most other countries.
- An enhanced potency IPV was licensed in 1987 and became available in the U.S. in 1988.
- tOPV use was
 discontinued in the
 U.S. in 2000 and was
 replaced by IPV. As a
 live vaccine that
 replicates in the
 gut, OPV caused
 approximately 15 cases
 of polio in the U.S.
 each year. CDC
 determined that tOPV
 should be replaced by
 IPV.
- worldwide effective
 4/1/2016 and replaced
 by bOPV which is not
 considered valid in the
 U.S. The U.S.
 recognizes only
 trivalent polio vaccines
 as valid.



Provider Profile Re-Enrollment Time!

In order to participate in the CVP, each provider is mandated to complete and submit a Provider Profile/Provider Agreement to the CVP on an annual basis. Look for the 2023 CVP Re-enrollment memo coming on 10/12/2022. Your completed CVP re-enrollment in CT WiZ is due by 12/12/2022. Instructions will also be posted on the CVP website. Reminder: To access CT WiZ, if you have an existing CT WiZ username, you can

reset your own password.

Reminder/Recall Report Update

To assist providers with catching up children who have fallen behind with routine vaccinations, the DPH has run some clinic's Reminder/Recall Reports in CT WiZ to assist with the clinic's initial review. Note: These reports reflect what was reported to CT WiZ.

DPH sent an email on 9/20/2022 from <u>DPH.Immunizations@ct.gov</u> to 390 CVP clinics across Connecticut.

- If your initial Reminder/Recall Report was run, you
 can view the report and conduct outreach
 accordingly. If your initial Reminder/Recall Report
 was not run, we encourage you to review and run
 available reports in CT WiZ. Please view the email
 for instructions. The email is posted on
 CVP Communications.
- DPH will be holding office hours for clinics on Reminder/Recall Reports on

October 13th 12pm-1pm

via Microsoft Teams (meeting information below). Please join the meeting at your convenience with any questions regarding Reminder/Recall Reports.

Click here to join the meeting Meeting ID: 295 584 587 616 Passcode: waJxEW

<u>Download Teams</u> | <u>Join on the web</u>

Or call in (audio only)

+1 860-840-2075,,986833335#

Puerto Rico Immunization Information System (PR IIS)



- Due to Hurricane Fiona, CT DPH Immunization Staff have Read-Only access to the PR IIS.
- If you have patients in your clinic or student enrolling in your school who moved here from Puerto Rico, you can call the DPH Immunization Program at (Phone 860-509-7929) to request our staff look up their immunization records in the PR IIS. If available, we can fax their records to your clinic or school nurse.

Other Tips:

- AKDP vaccines given in the Ukraine are DTP vaccines. Please enter as DTP, not DTaP.
- ADT: given in the Ukraine (other countries as well including New Zealand and Australia) is Td. Used for ≥ 5 years old. It stands for adsorbed Tetanus and Diphtheria.

Data entry tip for CT WiZ user interface:

 enter "OPV-UF" if OPV was given for it to forecast correctly

Men B vaccines:

Ages 10-16 years recommended for certain high-risk groups

Ages 16-23 years (preferred age 16-18 years) recommended based on shared clinical decision-making Please review Shared Clinical Decision-Making: Meningococcal B Vaccination (cdc.gov) for more information

Publications from the Department of Public Health keep health care providers up to date with the latest information about the Connecticut Vaccine Program and other helpful information about childhood vaccination. If you would like to subscribe to receive these communications, please complete this form. If you would like to unsubscribe from receiving these communications, please complete this form.