



CVP Update

Keeping Connecticut Kids Healthy



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Birthing Hospital 2024 Annual Hepatitis B Birth Dose Rates

Each year, Connecticut Department of Public Health (DPH) runs hepatitis B birth dose data to determine the annual rate for each birthing facility in Connecticut and the statewide rate. To protect newborns from hepatitis B infection, the Centers for Disease Control and Prevention recommends that medically stable infants with a birth weight of at least 2,000 grams receive a first dose of hepatitis B vaccine within 24 hours of birth. In this data, a hepatitis B birth dose is considered on-time if it was administered by the end of the first full day of life (day 0 or 1).

Launched in 2013, Immunize.org’s Hepatitis B Birth Dose Honor Roll recognizes U.S. birthing institutions that have attained a hepatitis B vaccine birth dose coverage rate of 90% or greater. Honorees must also have written birth dose policies in place, including procedures and protocols in the event of medical errors. You can learn more about the Honor Roll on the Immunize.org website.

For the 2024 birth cohort (babies born Jan 1-Dec 31, 2024), the following Connecticut facilities are eligible for the Honor Roll:

- Bristol Hospital
- Charlotte Hungerford Hospital
- Lawrence + Memorial Hospital
- Norwalk Hospital
- St. Mary’s Hospital
- St. Vincent’s Hospital
- Waterbury Hospital
- William W. Backus Hospital



Thank you to our Connecticut birthing hospitals for their hard work and dedication to ensuring infants are protected against hepatitis B!

Data Quality Corner

NEW: Accessing Updates to CDC Vaccine Code Set

CDC **no longer** sends push notifications about changes to vaccine code sets. Instead, CDC posts “release notes” that documents changes made on the [CDC Vaccine Code Set website](#).

Providers/Electronic Health Record (EHR) vendors should **regularly check the website for these updates to ensure their systems are current**. The publication date on the code set indicates when information is added or changes are made. The [CDC Vaccine Code Set website](#) includes:

- Vaccine Code Set
 - Latest Code Set Publication Date: 05/02/2025
 - [Download Code Set Release Notes File](#)
- Vaccine Information Statement (VIS) Code Set
 - Latest Code Set Publication Date: 02/27/2025
 - [Download Code Set Release Notes File](#)

Reminder: Provider Communications

Please review the latest provider communications posted on our website for your convenience.

See the [CVP Vaccine Ordering Update and Nirsevimab May 15, 2025](#), which informs CVP Providers of a changes to the vaccine ordering screen within CT WiZ and provides nirsevimab reminders.



Widespread Use of RSV Prevention Products Tied to Reduced Infant Hospitalizations

The 2024–25 Respiratory Syncytial Virus (RSV) disease season marked the first with widespread use of both the maternal RSV vaccine and nirsevimab. Nirsevimab is a long-acting monoclonal antibody recommended for infants aged 0–7 months and high-risk children aged 8–19 months. A recent [CDC analysis](#) compared RSV-associated hospitalization rates among children under 5 years between the 2024–25 and pooled 2018–20 RSV seasons using data from 2 surveillance networks: RSV-Associated Hospitalization Surveillance Network (RSV-NET) and New Vaccine Surveillance Network (NVSN).

Among infants aged 0–7 months, hospitalization rates were **43% lower (RSV-NET)** and **28% lower (NVSN)** in 2024–25 compared to pre-pandemic seasons. The largest reductions occurred in infants aged 0–2 months—**52% and 45% lower**, respectively—and during peak months (December–February).

Conversely, older children (8–19 months and 20–59 months), largely ineligible for RSV prevention, experienced higher hospitalization rates during the 2024–2025 season, suggesting a more severe RSV season overall and strengthening the association between prevention product use and reduced infant hospitalizations.

According to National Immunization Survey data, the estimated proportion of U.S. infants aged 0–7 months protected against RSV—either through maternal vaccination or nirsevimab—increased from **30% in October 2024 to 66% in February 2025**. This increase coincided with reductions in RSV-associated hospitalization rates across both surveillance networks, with the largest monthly decreases observed during peak hospitalization periods.

These findings support ACIP recommendations: maternal vaccination during pregnancy or nirsevimab in the first week of life, ideally during the birth hospitalization—and before RSV season peaks—can significantly reduce severe RSV disease in infants.

Webinar Opportunities

Join the Association of Immunization Manager’s (AIM) for two upcoming training webinars.

[Responding to Measles Outbreaks in Priority Populations Part II](#)

Date: June 17, 2025, 2–3pm EST

A special webinar opportunity to discuss measles response strategies in high priority populations. This webinar will focus on strategies and engagement with Somali, Russian, and Ukrainian communities. Speakers will share examples and lessons learned from their experience addressing vaccine hesitancy in close-knit communities. [Register here for the webinar.](#)

[Correlation and Causation: Understanding and Debunking Claims Linking Vaccines and Autism](#)

Date: June 24, 2025, 2–3pm EST

Join AIM Chief Medical Officer Michelle Fiscus, MD, FAAP, for an overview of autism spectrum disorder and how the vaccine-autism claim emerged, gained traction, and why it remains persistent. Dr. Fiscus will summarize key studies that have debunked the claim and share practical communication tools that immunization programs and health care providers can use to engage families and communities in informed conversations about vaccines. [Register here for the webinar.](#)

Provider Spotlight

Healthy Roots Pediatrics – Manchester

At Healthy Roots Pediatrics, personalized care isn’t just a goal, it is the foundation of their practice. This independent practice has built a reputation for tailoring care to the unique needs of each child and family, creating a patient experience that prioritizes long-term relationships and trust. “We’re not a one-size-fits-all practice,” the team explains. “Families are encouraged to work with the provider who best aligns with their needs, and we make space to really get to know our patients at every stage.” That emphasis on continuity and choice helps foster a sense of partnership between families and providers—something essential for long-term engagement with the pediatric population.

Healthy Roots is also deeply committed to community health, especially when it comes to improving immunization rates across Connecticut. Their team actively educates families using evidence-based resources from the CDC, AAP, and ACIP, leaning into their role as trusted messengers. “Ongoing education is a core part of our staff culture. We want to be ready to answer tough questions with the most current information.” As part of their commitment to community health, access remains a key focus for the team at Healthy Roots. With options such as flexible scheduling, nurse-only visits, and an in-house billing manager who works closely with insurance carriers, the practice removes barriers that often delay or prevent care. Healthy Roots offers a great model of how to combine individualized care and appointment flexibility to address access barriers, demonstrating their dedication to meeting families where they are.



Pictured: A few members of the Healthy Roots Pediatrics providers and staff

Highlights from AIRA Conference

At the national American Immunization Registry Association (AIRA) meeting in Spokane, Washington in May 2025, CT WiZ was recognized nationally as both a team and as an Immunization Information System.

The CT WiZ Team was awarded the "AIRA Excellence" award!

AIRA awarded a "2025 Certificate of Validation" to CT WiZ/Envision Technology Partners, Inc. for being a top platform in the nation for meeting validation in all five content areas of: clinical decision support, data quality, query and response, submission and acknowledgement, and transport!



Employee Spotlight

Peri Sosensky, Epidemiologist

Peri Sosensky joined the Immunization Program at the Department of Public Health in August 2024 as an Epidemiologist. She holds a bachelor’s degree in biology from SUNY Albany and an MPH from Yale School of Public Health. Peri is passionate about giving back to her community by promoting the accessibility and affordability of vaccines and by tackling the spread of misinformation. At DPH, she has been involved in nirsevimab allocation, facilitating Immunization Quality Improvement for Providers (IQIP) visits, generating the 2025 Connecticut Birth Hospital Annual Immunization Report, and responding to ad hoc data requests informing vaccine developments and immunization trends. Outside the office, Peri enjoys taking long walks, spending time with her new puppy Beau, and indulging in more TV than she’d like to admit!

