



CVP Update



Let's Rise Initiative

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During the COVID-19 pandemic, we saw a concerning drop in routine immunizations for adults and children. Routine vaccination is rebounding but unevenly and has not yet recovered among all groups. While we continue to investigate the impact of the pandemic on routine immunizations, it is crucial that we take steps to help get everyone back on schedule with their routine immunizations.

That's why the Centers for Disease Control and Prevention has developed the [Let's Rise](#) initiative.

The purpose of the [Let's Rise](#) initiative is to use evidence-based strategies and available resources and data to encourage catch up on routine vaccinations and communicate why being up to date on routine vaccinations is critical for staying healthy so that families and adults can make informed decisions.

As trusted **community leaders, health care professionals, and partners, you can**

- Prioritize ensuring everyone catches up on routine vaccination
- Identify individuals behind on their vaccinations,
- Encourage vaccination catch-up through reminders, recall, and outreach
- Make strong vaccine recommendations
- Make vaccines easy for everyone to find and afford

More information about Let's RISE and access to routine immunization resources and data can be found [here](#).

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COVID-19 Vaccine Update



On Thursday, January 26, the FDA's Vaccines and Related Biological Products Advisory Committee (VRBPAC) voted unanimously 21 YES - 0 NO to "recommend harmonizing the vaccine strain composition of primary series and booster doses used in the U.S. to a single composition, e.g., the composition of all vaccines administered currently would be a bivalent vaccine (Original plus Omicron BA.4/BA.5)." See VRBPAC [agenda](#) and [slides](#).

- The totality of evidence supports the use of the same vaccine strain composition for primary and booster COVID-19 vaccinations. The committee felt that this transition will simplify the COVID-19 vaccination regimen, contribute to easier vaccine deployment, and may improve vaccine coverage.
- The committee discussed the need to continually [reassess strain composition](#) with special consideration for fall 2023 COVID-19 vaccine.

The CDC's Advisory Committee on Immunization Practices (ACIP) will meet on February 24 to discuss COVID-19 vaccines. See [ACIP agenda](#).

Additional Reminders:

- We currently have limited **redistributions** of COVID-19 vaccine. We urge all providers to consider ordering minimum quantities for direct shipment from the manufacturer. See full [communication](#).

Childhood Vaccination Coverage

The Centers for Disease Control and Prevention (CDC) have released updated National Child and Kindergarten Vaccination Coverage Reports. You can view this data in two Morbidity and Mortality Weekly Reports (MMWRs).



[Vaccination Coverage by Age 24 Months Among Children Born During 2018–2019](#)

Vaccination coverage among young children has remained high and stable for most vaccines, although disparities persist. The National Immunization Survey–Child identified no decline overall in routine vaccination coverage associated with the COVID-19 pandemic among children born during 2018–2019, although declines were observed among children living below the federal poverty level and in rural areas. Connecticut’s completion rate for the 7 vaccines by 24 months of age is **84.1%** - which is second in the nation behind only Iowa. While it is encouraging that Connecticut continues to be in the top nationally, there’s still work to be done!

Additional efforts, such as providers reviewing children’s immunization histories during every clinical encounter, recommending needed vaccinations, and addressing parental hesitancy, are warranted to reduce disparities so that all children can be protected from vaccine-preventable diseases.

[Vaccination Coverage with Selected Vaccines and Exemption Rates Among Children in Kindergarten](#)

During the 2020–21 school year, national coverage with state-required vaccines among kindergarten students declined from 95% to approximately 94%. During the 2021–22 school year, coverage decreased again to approximately 93% for all state-required vaccines. The exemption rate remained steady (2.6%). An additional 3.9% without an exemption were not up to date with measles, mumps and rubella vaccine. Despite widespread return to in-person learning, COVID-19–related disruptions continued to affect vaccination coverage and assessment for the 2021–22 school year, preventing a return to pre-pandemic coverage.

The 2021-2022 Connecticut School Immunization Survey results, can be viewed on the DPH [website](#). The data includes completion of school-entry mandated vaccine series for children enrolled in kindergarten and 7th grade, mandated influenza vaccination for children enrolled in pre-K, and vaccination exemptions (medical and religious) for all children enrolled in grades pre-K through 12.

Data



Corner

[Helpful tips to accurately report products/vaccines in CT WiZ:](#)

Review the crosswalk table ([NDC to CVX](#)) by the product you receive (CVP and Privately-Supplied) to ensure you use the correct description in your electronic health record (EHR) and in data entry in the inventory on-hand in CT WiZ.

- Influenza is the most common vaccine entered incorrectly by product/vaccine type. Review the Excel table ([CVX codes for Seasonal Influenza](#)) when you enter your inventory in your EHR and on-hand in CT WiZ to ensure it matches the correct vaccine description.



Human Papillomavirus (HPV) Vaccine Expansion

The age eligibility of HPV vaccine through the Connecticut Vaccine Program (CVP) has been expanded. This expansion will be incremental to stay within the current budget appropriation. Please read the full communication on our [website](#) for more details. You can review the revised CVP eligibility criteria [here](#).



CT WiZ Confidentiality Agreement Renewal



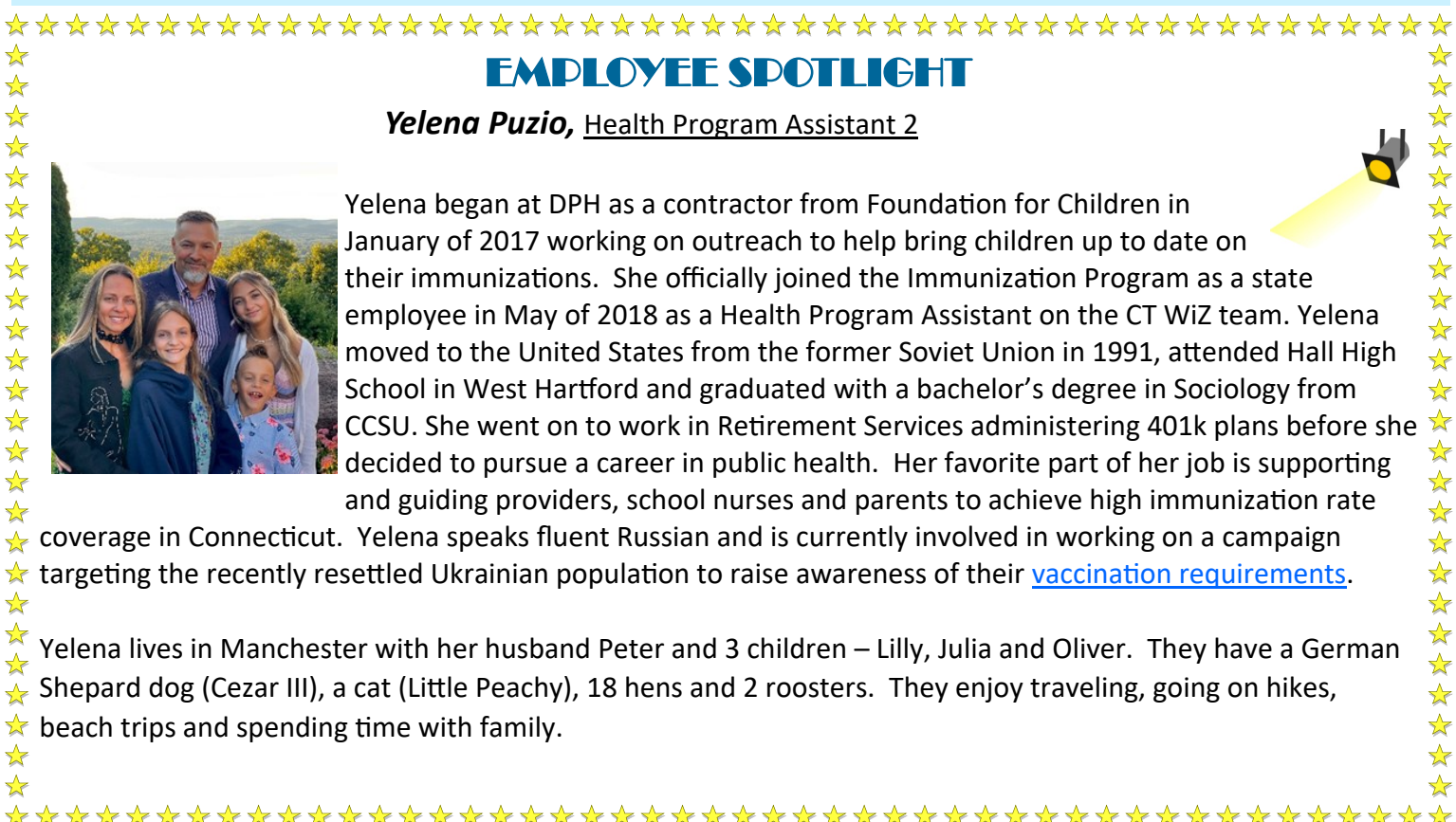
In February 2023, the Connecticut Department of Public Health Immunization Program will send your CT WiZ Confidentiality Agreement renewal, as required every two years, via Everbridge blast fax and posted on our [Laws and Regulations webpage](#). It is due by March 1st, 2023.

This is required by State law to ensure those who access CT WiZ data through electronic health record (EHR) data exchange or the user interface (UI) maintain confidentiality of CT WiZ data.

Help Promote the CT WiZ Public Portal!

Providers can post the CT WiZ Public Portal flyer in their clinic or waiting room – [English](#) and [Spanish](#) to help your patients learn how to access their own or their minor child’s immunization record securely online through the CT WiZ Public Portal.

Reminder: When your clinic is reporting to CT WiZ, **providers must provide patients the [Notice to Patients About Reporting to CT WiZ](#), found on our webpage, informing your patients of their automatic enrollment and your reporting to CT WiZ. This notice lists the benefits of**



EMPLOYEE SPOTLIGHT

Yelena Puzio, Health Program Assistant 2



Yelena began at DPH as a contractor from Foundation for Children in January of 2017 working on outreach to help bring children up to date on their immunizations. She officially joined the Immunization Program as a state employee in May of 2018 as a Health Program Assistant on the CT WiZ team. Yelena moved to the United States from the former Soviet Union in 1991, attended Hall High School in West Hartford and graduated with a bachelor’s degree in Sociology from CCSU. She went on to work in Retirement Services administering 401k plans before she decided to pursue a career in public health. Her favorite part of her job is supporting and guiding providers, school nurses and parents to achieve high immunization rate coverage in Connecticut. Yelena speaks fluent Russian and is currently involved in working on a campaign targeting the recently resettled Ukrainian population to raise awareness of their [vaccination requirements](#).

Yelena lives in Manchester with her husband Peter and 3 children – Lilly, Julia and Oliver. They have a German Shepard dog (Cezar III), a cat (Little Peachy), 18 hens and 2 roosters. They enjoy traveling, going on hikes, beach trips and spending time with family.

PROVIDER SPOTLIGHT

Harriott Home Health Services



As we enter into a period of the “new normal” and reflect on the lessons we have learned over the past three years, a message from communities to the public health system rings clear – accessibility is crucial and the public needs to be able to receive care where they are located. A practice that heard this message and embodied it in its work is Harriott Home Health Services, who made substantial efforts in vaccinating the unhoused population in Hartford, Bristol, and Enfield against MPox in 2022. After an outbreak in an unhoused population in Hartford, Sasa and Sheba Harriott saw that there was a need in this community for vaccination, education, and resources in a non-traditional setting and set out to address those needs. They set up an RV in a location where an unhoused population congregated to help with access and offered MPox vaccines in that RV from 3PM-7PM three to four times a week, administering over 1,000 doses of MPox vaccine in the second half of 2022. As they saw the model work and the barriers to access decrease, they expanded to include COVID-19 vaccinations and other resources, such as assistance with housing, food, clothing, and doctors appointments. Whatever the community needed, Harriott Home Health Services took pride in identifying a solution. Sasa Harriott, President of Harriott Home Health Services, explained “You can’t just start with MPox and stop there. It’s more than giving a vaccine and filling out a form.”

When asked about the lessons learned, Sasa and Sheba shared that it is incredibly important to take equity seriously. The initial thought around MPox vaccine is that communities were not interested in getting it, but Harriott Home Health Services found this to not be the case. Rather, they found people had been discriminated against in the past and did not feel like they could trust the healthcare system. Sasa and Sheba explained that building trust with people was at the core of their practice. They emphasized that the way we communicate with and meet populations is vital and that providing equity and care helps to build that trust. “Take equity seriously. It is a real thing and gaps in care exist. Break the barriers and meet people where they are... Need is need.” says Sasa.

For people interested in doing work like this in the future, Sasa and Sheba shared some insight: “Find value in every level and person you encounter.” They encourage others that want to do something similar to focus on collaboration and flexibility. Expressing that partnership is key, they suggested enlisting help from people embedded in the community when you are doing work with a population. When wrapping up the conversation, their final piece of advice is to “be open and be willing to learn something new every day.”

For more information visit [Harriott Home Health Services](https://www.harriotthomehealth.com).



Hartford Nurses Bring Covid-19 Vaccines to your Door

Caption: NBC Connecticut featured Harriott Home Health Services’ homebound vaccine services. View the full news story [here](#).