TO: Child Day Care Centers, Group Day Care Homes, and Family Day Care Homes

FROM: Debra L. Johnson
          Lynn Sosa, M.D.
          Chief, Community Based Regulation Section
          Deputy State Epidemiologist

DATE: June 9, 2010

SUBJECT: New Vaccine Requirements for Children Enrolling in Child Day Care Centers, Group Day Care Homes, and Family Day Care Homes

Reinstatement of the Haemophilus influenzae type b (Hib) Vaccine Booster

The purpose of this communication is to inform you that Hepatitis A and influenza vaccines have been added to the list of required immunizations for children enrolled in child day care centers, group day care homes, and family day care homes and that the booster dose of *Haemophilus influenzae* type b (Hib) vaccine is once again required.

In accordance with Connecticut General Statutes (CGS) 19a-7f (Standard of Care for Immunization of Children in CT), children who are enrolled or are enrolling in a licensed family day care home, a licensed child day care center or a licensed group day care home are required to show proof of immunity to influenza and Hepatitis A disease before he/she can attend your licensed day care facility.

**Hepatitis A vaccine**

Hepatitis A is a serious liver disease caused by the Hepatitis A virus (HAV). HAV is found in the feces of infected people and is usually spread by close personal contact or by eating food or drinking water contaminated with the virus. Infection is usually transmitted from person to person in households and extended family settings. Each year thousands of people in the United States are infected with HAV and about one-fifth of them need to be hospitalized. Nearly 30% of all reported cases are among children younger than 15 years of age. Since most infected pre-school children show no symptoms of infection, they often unknowingly spread the virus to other individuals. In October 2005, the Advisory Committee on Immunization Practices (ACIP) recommended that all children in the United States between the ages of 12–23 months receive two doses of Hepatitis A vaccine; this recommendation could prevent 100,000 infections and 20 deaths over the lifetime of each group of children vaccinated.

Beginning September 1, 2010 all children born on or after January 1, 2009 who attend a child day care center, group day care home, or family day care home aged 12–23 months are required to have one dose of the Hepatitis A vaccine; two doses are required for those aged 24 months and older.

**Influenza Vaccine**

Each year in the United States influenza causes approximately 20,000 hospitalizations and nearly 100 deaths in children younger than 5 years of age. In 2009, the ACIP recommended that all children aged 6 months–18 years receive an annual dose of influenza vaccine. Children typically have the highest attack rates of influenza during community outbreaks and serve as a major source of transmission within communities. If sufficient vaccination coverage among children can be achieved, the potential benefits in childcare settings would include reducing influenza illness among persons who have close contact with children and reducing overall transmission within communities.
By January 1, 2011 and each January 1 thereafter, children aged 6–59 months attending a child day care center, group day care home, or family day care home shall receive at least one dose of influenza vaccine between September 1 and December 31 of the preceding year. If children are vaccinated during August with the upcoming seasonal flu vaccine, these vaccinations will be accepted and count toward the mandate requirement. All children aged 6–59 months who have not received vaccination against influenza previously shall receive 2 doses of vaccine the first influenza season that they are vaccinated. Children enrolling between January 1 and March 31 shall receive influenza vaccine prior to daycare entry. Children enrolling after March 31 during any given year are not mandated to meet the influenza vaccine requirement until the following January, as the influenza season has generally passed by this date and vaccine may no longer be available.

**Reinstatement of Hib Booster Dose for Child Day Care Centers, Group Day Homes and Family Day Care Homes**

The Centers for Disease Control and Prevention (CDC), recently notified states that the supply of Hib vaccine is sufficient to reinstate the booster dose for children aged 12–15 months who have completed the primary series. To ensure adequate immunity of children against Hib, we are updating the Hib vaccine requirements to comply more closely with the ACIP Hib recommendations. Child day care providers should ensure that children have received 3 doses of HbOC (ActHib or Pentacel) or 2 doses of PRP-OMP (PedvaxHIB) by age seven months (the primary series) plus a final booster dose of any Hib vaccine type on or after age 12 months and by age 16 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have only 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose. Children who have passed their fifth birthday are not required to be vaccinated against Hib. Hib vaccine requirements are complicated because fewer doses are necessary when children receive late doses of vaccine. Please see the attached “Simplified Hib (Haemophilus Influenzae Type B) Vaccine Catch-up Schedule”, which we hope you will find helpful in ensuring that your children are fully up to date.

Effective September 1, 2010, the booster dose of Hib (Haemophilus influenzae type b) vaccine is once again required for child day care center, group day care home, or family day care home attendance.

We are enclosing an updated 2010 Day Care Immunization Requirement Schedule For Day Care, Family Day Care, Group Day Care Homes and the 2010 Daycare Flu Immunization Requirement: Q+A for your information and for use with parents/guardians who may have questions about the new flu vaccination requirement. These documents are also available on-line at [www.ct.gov/dph/daycare](http://www.ct.gov/dph/daycare) under What's New. Fact sheets on Hepatitis A disease and influenza are available at [http://www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations) under #8, click on Vaccine Preventable diseases Fact Sheets.

If you have any questions or need assistance, please call the Immunization Program at (860) 509-7929.
### 2010 CT Immunization Requirements Schedule For Day Care, Family Day Care, Group Day Care Homes

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Under 2 months of age</th>
<th>By 3 months of age</th>
<th>By 5 months of age</th>
<th>By 7 months of age</th>
<th>By 16 months of age</th>
<th>16–18 months of age</th>
<th>By 19 months of age</th>
<th>2 years of age (24–35 months)</th>
<th>3 to 5 years of age (36–59 months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DTP/DTaP/DT</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>4 doses</td>
<td>4 doses</td>
<td>4 doses</td>
</tr>
<tr>
<td>Polio</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
</tr>
<tr>
<td>MMR</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1 dose after 1st birthday¹</td>
<td>1 dose after 1st birthday¹</td>
<td>1 dose after 1st birthday¹</td>
<td>1 dose after 1st birthday¹</td>
<td>1 dose after 1st birthday¹</td>
</tr>
<tr>
<td>Hep B</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>2 doses</td>
<td>3 doses</td>
<td>3 doses</td>
<td>3 doses</td>
</tr>
<tr>
<td>HIB</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>2 or 3 doses depending on vaccine given²</td>
<td>1 booster dose after 1st birthday¹²</td>
<td>1 booster dose after 1st birthday¹³</td>
<td>1 booster dose after 1st birthday¹³</td>
<td>1 booster dose after 1st birthday¹³</td>
<td>1 booster dose after 1st birthday¹³</td>
</tr>
<tr>
<td>Varicella</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1 dose after 1st birthday or prior history of disease¹</td>
</tr>
<tr>
<td>Pneumococcal Conjugate Vaccine (PCV)</td>
<td>None</td>
<td>1 dose</td>
<td>2 doses</td>
<td>3 doses</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
<td>1 dose after 1st birthday</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1 dose after 1st birthday⁴</td>
<td>1 dose after 1st birthday⁴</td>
<td>1 dose after 1st birthday⁴</td>
<td>2 doses given 6 months apart⁴</td>
<td>2 doses given 6 months apart⁴</td>
</tr>
<tr>
<td>Influenza</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>1 or 2 doses</td>
<td>1 or 2 doses⁵</td>
<td>1 or 2 doses⁵</td>
<td>1 or 2 doses⁵</td>
<td>1 or 2 doses⁵</td>
<td>1 or 2 doses⁵</td>
</tr>
</tbody>
</table>

¹ Laboratory confirmed immunity also acceptable
² A Complete primary series is 2 doses of PRP-OMP (PedvaxHIB) or 3 doses of HbOC (ActHib or Pentacel)
³ As a final booster dose if the child completed the primary series before age 12 months. Children who receive the first dose of Hib on or after 12 months of age and before 15 months of age are required to have 2 doses. Children who received the first dose of Hib vaccine on or after 15 months of age are required to have only one dose
⁴ Hepatitis A is required for all children born after January 1, 2009
⁵ Two doses in the same flu season are required for children who have not previously received an influenza vaccination, with a single dose required during subsequent seasons

- **Vaccines:**
  - DTaP-IPV-Hib
  - DTaP-Hib
  - HIB-Hep B
  - DTaP-IPV-Hep B
  - MMRV
  - PCV 7
  - PCV 13
  - DTaP-IPV
  - Hepatitis A

- **Brand Names:**
  - Pentacel
  - TriHibit
  - Comvax
  - Pediatric
  - ProQuad
  - Prevnar
  - Prevnar 13
  - Kinrix
  - HAVRIX or VAQTA

- **Vaccines:**
  - Varicella
  - Influenza

- **Brand Names:**
  - Varivax
  - ActHib or PedvaxHIB
  - Flumist or Fluarix Fluzone or Fluvin

Revised 9/13/10
# The Simplified Hib (\textit{Haemophilus Influenzae} Type B) Vaccine Catch-up Schedule

\textbf{March 2010 Update}

\textbf{Recommended schedule for healthy children 7 months – 59 months\textsuperscript{1}}

<table>
<thead>
<tr>
<th>Child’s current age</th>
<th>Doses already received</th>
<th>When was the last Hib-containing dose received?</th>
<th>Need More Hib Today \textsuperscript{2,3,5}</th>
<th>Minimum Interval to Next Dose or Minimum Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>7-11 Months</td>
<td>0 Doses</td>
<td>NOT RECEIVED</td>
<td>YES</td>
<td>4 WEEKS</td>
</tr>
<tr>
<td></td>
<td>1 Doses</td>
<td>1\textsuperscript{st} DOSE RECEIVED 2 MONTHS OR MORE AGO</td>
<td>YES</td>
<td>4 WEEKS</td>
</tr>
<tr>
<td></td>
<td>2 Doses</td>
<td>BOTH DOSE 1 and 2 WERE PEDVAXHIB</td>
<td>NOT TODAY</td>
<td>AGE 1 YEAR\textsuperscript{4}</td>
</tr>
<tr>
<td></td>
<td>3 Doses</td>
<td>UP-TO-DATE</td>
<td>NOT TODAY</td>
<td>AGE 1 YEAR\textsuperscript{4}</td>
</tr>
<tr>
<td>12-14 Months</td>
<td>0 Doses</td>
<td>NOT RECEIVED</td>
<td>YES</td>
<td>8 WEEKS</td>
</tr>
<tr>
<td></td>
<td>1 Dose</td>
<td>1\textsuperscript{st} DOSE RECEIVED BEFORE 12 MONTHS OF AGE</td>
<td>YES\textsuperscript{5}</td>
<td>8 WEEKS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1\textsuperscript{st} DOSE RECEIVED AT OR AFTER 12 MONTHS OF AGE</td>
<td>YES\textsuperscript{5}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td>2 Doses</td>
<td>1\textsuperscript{st} DOSE BEFORE 12 MONTHS OF AGE, 2\textsuperscript{nd} DOSE GIVEN AT OR AFTER 12 MONTHS OF AGE</td>
<td>YES</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1\textsuperscript{st} and 2\textsuperscript{nd} DOSES GIVEN AT OR AFTER 12 MONTHS OF AGE</td>
<td>NO\textsuperscript{6}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2\textsuperscript{nd} DOSE GIVEN BEFORE 12 MONTHS OF AGE</td>
<td>YES\textsuperscript{4}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td>3 Doses</td>
<td>3\textsuperscript{rd} DOSE RECEIVED AT OR AFTER 12 MONTHS OF AGE</td>
<td>NO\textsuperscript{6}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3\textsuperscript{rd} DOSE RECEIVED BEFORE 12 MONTHS OF AGE</td>
<td>YES\textsuperscript{4}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td>15-59 Months</td>
<td>0 Doses</td>
<td>NOT RECEIVED</td>
<td>YES</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td>1 Dose</td>
<td>1\textsuperscript{st} DOSE WAS AT OR AFTER 15 MONTHS OF AGE</td>
<td>NO\textsuperscript{6}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1\textsuperscript{st} DOSE WAS BEFORE 15 MONTHS OF AGE</td>
<td>NO\textsuperscript{6}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td>2 Doses</td>
<td>2\textsuperscript{nd} DOSE RECEIVED AT OR AFTER 15 MONTHS OF AGE</td>
<td>YES\textsuperscript{4}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1\textsuperscript{st} DOSE RECEIVED AT OR AFTER 12 MONTHS OF AGE</td>
<td>NO\textsuperscript{6}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1\textsuperscript{st} DOSE RECEIVED BEFORE 12 MONTHS OF AGE, AND 2\textsuperscript{nd} DOSE GIVEN BEFORE 15 MONTHS OF AGE</td>
<td>YES\textsuperscript{4}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td>3 Doses</td>
<td>3\textsuperscript{rd} DOSE RECEIVED AT OR AFTER 12 MONTHS OF AGE</td>
<td>NO\textsuperscript{6}</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3\textsuperscript{rd} DOSE RECEIVED BEFORE 12 MONTHS OF AGE</td>
<td>YES</td>
<td>COMPLETE\textsuperscript{6}</td>
</tr>
</tbody>
</table>

\textsuperscript{1} This schedule should only be followed for children who are healthy and do not fall into high-risk categories for Hib disease. HIGH RISK includes children who are American Indian, Alaskan Native or who have sickle cell disease, leukemia, functional or anatomic asplenia, immunosuppression from cancer chemotherapy, HIV infection, and hematopoietic stem cell transplants (HSCT).

\textsuperscript{2} The Centers For Disease Control and Prevention Catch-Up Schedule is available at: \url{http://www.cdc.gov/vaccines/recs/schedules/downloads/child/2010/10 Catchup-schedule-pr.pdf}

\textsuperscript{3} Minimum spacing rules can be found at \url{http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/A/age-interval-table.pdf}.

\textsuperscript{4} If it has been at least 8 weeks since the previous Hib dose.

\textsuperscript{5} If it has been at least 4 weeks since the previous Hib dose.

\textsuperscript{6} Child is complete if the interval between the next to last and final dose is at least 8 weeks.
2010 Daycare Flu Immunization Requirement: Q+A

1. Q: Which new vaccines will be required for children enrolled at licensed child day care centers, group day care homes, and family day care homes?
   A: Annual seasonal influenza and Hepatitis A vaccines will be required for children of specified ages attending licensed child day care centers, group day care homes, and family day care homes.

Influenza (Flu) Vaccine

2. Q: Why did the state health department make the influenza vaccine requirement only apply to children aged 6 months–4 years (59 months) at licensed child day care centers, group day care homes, and family day care homes?
   A: Influenza is responsible for approximately 200,000 hospitalizations and 36,000 deaths each year in the United States. Children two years of age and younger have hospitalization rates second only to people 65 years and older. To reduce the risk of hospitalization from complications of influenza, the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC) now recommend routine annual influenza vaccination of children 6 months–18 years of age. However, annual vaccination of all children aged 6 months–4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza should continue to be a primary focus of vaccination efforts.

3. Q: Why is it required that the flu vaccine be given during a specific time frame?
   A: 1) Most flu vaccine is distributed to health care providers (HCPs) by October and November each year so most HCPs should have their supplies at that time.
      2) We also know that public requests for flu vaccine peaks around September–December.
      3) If we can get a majority of children immunized within that four month timeframe, it will make monitoring the immunization status of a large number of children more manageable by the school or public health agency.

4. Q: How should a child day care center, group day care home, or family day care home enforce the flu vaccine regulation for those children who have not received the flu shot by December 31st?
   A: Children who have not received the flu vaccine by December 31st must be excluded from child care for the duration of influenza season (through March 31st) or until they receive at least one dose of the influenza vaccine.

5. Q: Do all children aged 6 months–4 years (59 months) who have not received a flu vaccine by December 31st need to be excluded from child care?
   A: Children do not have to be excluded from child care if the following conditions are met:
      1) the child care provider has received a statement signed by the child’s HCP indicating that the child has an appointment to receive the required immunization (this is considered “immunization in progress”). Continued enrollment in day care for more than thirty days after the named immunization appointment shall be contingent on the child care provider receiving written documentation from the HCP stating either: that the named appointment was kept and the child received the scheduled immunizations, or that the child was unable to receive the scheduled immunizations for medical reasons and a new appointment date is named;
      2) the child care provider has received a statement signed and dated by the child’s HCP indicating that the child has a medical contraindication to immunization;
3) the child care provider has received a written statement that immunization is contrary to the religious beliefs and practices of the child or the parent of such child. Such statement shall be signed by the child’s parent.

6. Q: Is it acceptable for a child to receive flu vaccine in August when the regulations require one flu dose between September 1 and December 31 of each year?
A: If children do get vaccinated during August with the upcoming seasonal flu vaccine, these vaccinations will be accepted and count toward the mandate requirement.

7. Q: Where can a family go to get the flu vaccine if the pediatrician does not have any more flu vaccine?
A: If a HCP cannot provide the flu vaccine within the given time frame of September 1–December 31st, documentation stating that the child has an appointment to receive the flu vaccine from his or her HCP would be acceptable.

Barring that there is no national flu vaccine shortage and a HCP cannot guarantee an adequate supply of flu vaccine, other alternatives must be sought by the family. Options include:
1) Seeking out another HCP who can administer flu vaccine to children;
2) Checking with the local health department to see if they administer flu vaccine to children of the necessary age and health insurance status;
3) Checking your local newspaper for flu clinic listings and verifying that they have flu vaccine available for children of the necessary age and health insurance status.

8. Q: What if there is a flu vaccine shortage or a flu vaccine distribution problem?
A: In the event of a national or state vaccine supply shortage, as determined by the Centers for Disease Control and Prevention and the Department of Public Health Commissioner, respectively, the Commissioner or his or her designee may temporarily suspend the immunization requirement for the particular immunization affected by the supply shortage.

9. Q: How is the ‘flu season’ defined?
A: Influenza season generally occurs during November through the end of March.

10. Q: Is flu vaccine required after March?
A: No, students enrolling in school after March 31st are not required to get vaccinated but flu season may extend until May and therefore getting a flu vaccine even late in the season is still protective.

11. Q: Is there flu vaccine available that does not contain the preservative, thimerosal?
A: Most single dose vials or syringes of influenza vaccine do not contain the preservative, thimerosal. The live, attenuated, influenza vaccine, (Brand Name: FluMist) given intra-nasally, is thimerosal-free. For a listing of thimerosal content in U.S. licensed vaccines, go to: http://www.vaccinesafety.edu/thi-table.htm. For more information about vaccine safety and thimerosal, go to: http://www.fda.gov/cber/vaccine/thimerosal.htm

12. Q: Aside from the flu vaccination requirement for children 6–59 months, who else should get vaccinated for flu?
A: All people age 6 months and older are now recommended to receive annual influenza vaccination beginning with the 2010–2011 influenza season. Annual vaccination should begin as soon as the 2010–11 influenza vaccine is available.

For more information on influenza vaccines, visit: www.cdc.gov/flu/protect/vaccine/index.htm