AUTUMN 2003 VOLUME 7.1

IMMUNIZATION ACTION PLAN

CT DEPT. PUBLIC HEALTH IMMUNIZATION PROGRAM

Governor: John Rowland *Acting Commissioner: Norma Gyle, RN*

IAP ON TIME

CDC REPORTS ON DECLINE IN VARICELLA INCIDENCE, 1990-2001

September 22, 2003

The Centers for Disease Control and Prevention (CDC) published "Decline in Annual Incidence of Varicella--Selected States, 1990-2001" in the September 19 issue of the "Morbidity and Mortality Weekly Report" (MMWR). Portions of the article are reprinted below.

Varicella (chickenpox) is a common, highly infectious, and vaccine-preventable disease. Before the introduction of the live attenuated varicella vaccine in 1995, approximately 4 million cases of varicella occurred annually in the United States, resulting in approximately 11,000 hospitalizations and 100 deaths. In 1996, the Advisory Committee on Immunization Practices (ACIP) recommended routine vaccination of all children at age 12-18 months, catch-up vaccination of all susceptible children before age 13 years, and vaccination of susceptible persons with close contact to persons at high risk for serious complications. In 1999, ACIP updated these recommendations to include vaccination requirements for child care and school entry and for post-exposure; ACIP also strengthened recommendations for vaccination of susceptible adults and indicated that varicella vaccine should be considered for outbreak control. Changes in the national annual reported incidence of varicella disease during 1972-1997 have been reported previously. This report summarizes trends in the annual reported incidence of varicella disease in selected states during 1990-2001. The findings underscore the continued need to improve varicella surveillance to monitor the impact of the varicella vaccination program and assess any changes in varicella transmission and disease. .

The findings in this report suggest that the steady decline in reported varicella incidence during 1999-2001 resulted from the increased use of varicella vaccine and not a decrease in reporting. These findings are consistent with data from three active surveillance sites at which individual cases are investigated (Antelope Valley, California; West Philadelphia, Pennsylvania; and Travis County, Texas). During 1995-2000, incidence of varicella for all age groups in these three sites declined substantially (range: 76%-87%), corresponding with the high average vaccination coverage of 80%.

The availability of a safe and effective varicella vaccine has reduced the impact of the disease substantially. High vaccination coverage levels among all age groups are necessary to ensure that persons do not reach adolescence or adulthood without having immunity to varicella. At the start of the 2002 school year, 33 states had implemented child care or school entry requirements for varicella (CDC, unpublished data, 2003), and five more states implemented such requirements in September 2003.

The existing national varicella surveillance system is not adequate to monitor the incidence of varicella disease or to assess the impact of the vaccination program. In 2001, disease incidence was reported by 22 states and the District of Columbia; however, only four states had adequate and consistent reporting for the study period. The Council of State and Territorial Epidemiologists has recommended that by 2005, states establish or enhance varicella surveillance programs that provide individual case reporting.

To obtain the complete text of the article online, go to: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5237a2.htm

INSIDE:

Pediatric Influenza

Pediatric influenza vaccine is now available to order through the state immunization program for VFC-eligible children aged 6-23 months of age and their household contacts 2-18 years of age.. VFC eligibility is defined as: *Medicaid enrolled, NO health insurance, American or Alaskan native.* The proper dosage for children under 9 years of age is two doses administered at least 4 weeks apart. The product being supplied by the state is Fluzone manufactured by Aventis Pasteur. The recently licensed nasal vaccine "FluMist" will NOT be provided by the state Immunization Program.

Age Group	Dosage	Formulation	# of Doses
6-35 mo.	0.25 ml	Preservative free	1 or 2 *
3-8 yrs.	0.50 ml	Thimerosal-containing	1 or 2 *
9 yrs. +	0.50 ml	Thimerosal-containing	1

* 2 doses administered at least 1 month apart are recommended for children younger than 9 who are receiving influenza for the first time.

The supply of influenza vaccine for the 2003-04 influenza season is expected to meet the demand.

Meningitis

Aventis Pasteur announced that as of June 16th the company began shipping single-dose vials of Menomune to its customers once again. For more information, contact Aventis Pasteur at www.vaccineshoppe.com or call (800) 822-2463.

Additionally there has been a change to the meningococcal VIS. The minor change clarifies the description of the serotypes contained in the vaccine and adds the CDC travelers Health website to the second page To access a camera-ready (PDF) version of the new VIS, visit www.cdc.gov/nip/publications/VIS/vis-mening.pdf

New Immunization Legislation

Enclosed is a link to some new legislation concerning the exchange of information between health care providers and school nurses. Essentially Public Act 03-211 allows for health care providers to provide immunization and health assessment information to the designated representative of the local or regional school district in which the child seeks to enroll. With this new legislation health care providers cannot refuse to give this information due to concerns over HIPAA..
www.cga.state.ct.us/2003/act/Pa/2003PA-00211-R00HB-05931-PA.htm

VFC Providers (Users of state vaccine)

Annual Provider Profiles have been mailed out. The provider profile and signed provider agreement forms are due in by November 30th. If you did not receive a provider profile, please call the state immunization program to ensure continuation of your state-supplied vaccine.

Also...as of **Nov. 1st**, the Immunization Program will NO longer accept late orders (those received after the 1st of the month) If your order is late it will not be processed until the following month.

DON'T GET "STUCK" WITH WASTED VACCINE!

Have a plan. The events of Hurricane Isabel have underscored the need to prepare for unanticipated power outages. In advance of an emergency, CDC has recommended that all providers should ensure the following:

A. Identification of an alternative storage facility with a back-up generator (i.e. hospital, local gov. building)
B. The availability of staff to pack and move the vaccine
C. The use of appropriate packing containers, cold packs and dry ice (for varicella vaccine)
D. The transport of the vaccine to the secure storage facility

For more detailed guidance on developing a backup plan, please contact the State Immunization program at (860) 509-7929.

DEPARTMENT OF PUBLIC HEALTH
IMMUNIZATION PROGRAM
MORBIDITY REPORT

Disease	1/1/03-09/30/03	Total 2002
Measles	0	0
Mumps	1	1
Rubella	0	0
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	40	30
Hib	0	0
Varicella	1,043	1,816

REGISTRY UPDATE

RATES ARE OUT!

Good news... The state immunization rate has increased to **79%.** State immunization registry data is often compared to the National Immunization Survey (NIS) results. The NIS data for a similar birth cohort** indicates a state immunization rate of **81.9%** A comparison of immunization rates since the registry became statewide is as follows*†:

Children born in 2000	**79%**
Children born in 1999	**71%**
Children born in 1998	**71%**

** Based on completion of 4 DTaP, 3 Polio, 1 MMR, 3 Hib and 3 Hep. B*
*** Based on children born from Feb. '99 through May '01*
† Approximately 83% of total state birth cohort enrolled in the registry

Immunization rates for all individual practices in CT are complete, and are in the process of being delivered or mailed to each facility in the state that administers vaccines. Enclosed you will find a list of those practices who achieved the highest immunization rates in the state. These practices will receive an award for outstanding efforts in contributing to CT's high immunization rates.

CIRTS INFORMATION MAILED TO EVERY PARENT

We all know that new moms are bombarded with information in the hospital after giving birth. To help give moms a break with the onslaught of paperwork, beginning Jan 1, 2004, a "New Mother Education Packet" will be mailed to the home of each child born in the state explaining the CIRTS program and several other programs within the Department of Public Health giving the parent an opportunity to digest and understand the information in a timeframe of their choosing.

CHILDHOOD INFLUENZA VACCINATION OFFERS HOUSEHOLD-WIDE PROTECTION

Peggy Peck Oct. 13, 2003 (San Diego)

While physicians are once again gearing up for the influenza season, results of a large retrospective cohort study suggest that vaccinating young children against influenza can offer significant protection to the entire household. The study was presented at the 41st annual meeting of the Infectious Diseases Society of America. Lead researcher Zhiyuan Liu, MD, PhD, from Wyeth Research in Philadelphia, Pennsylvania, said that analysis of data from a large database for two epidemic seasons indicates that "[there] is a very significant difference between the spread of the disease in households where children have been vaccinated compared to households in which the children have not been vaccinated. From a public health point of view, it seems clear that child vaccination is protective of entire households and should be the norm.

The study was funded by Wyeth Research. IDSA 41st Annual Meeting: Abstract 497. Presented Oct. 11, 2003. Reviewed by Gary D. Vogin, MD

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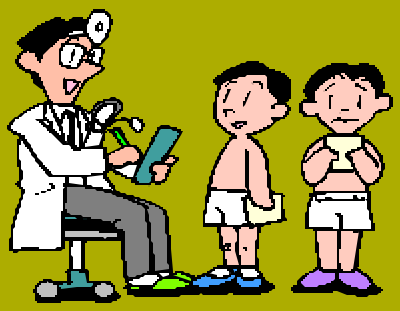
NEW STRATEGIES RECOMMENDED TO IMPROVE IMMUNIZATION RATES

October 6, 2003 Pediatrics



A new AAP policy entitled, "Increasing Immunization Coverage" recommends that pediatricians and child health professionals take additional steps to improve child immunization rates. Despite advances in vaccine delivery, nationwide only 77.2 percent of toddlers, ages 19 to 35 months, had received all recommended vaccinations in 2001. Children who are poor, or a member of a racial or ethnic minority group, are especially at risk. The new policy recommends:

1 Reminder & Recall Parent Reminders for upcoming visits and recall notices have increased immunization rates in many settings, such as private physician offices and public clinics

2 Nurse and/or physician reminders in written or electronic form for vaccines needed during the visit have been shown to decrease missed opportunities to immunize during these visits

3 Parent education and expanded access to services, such as after-hours or weekend clinics, are effective when combined with other interventions to decrease missed opportunities for immunization during office visits.

4 Assessment including repeated measurement of immunization levels of an office practice's 1 and 2-year-old children, allow clinician to objectively assess their effectiveness in vaccine administration and evaluate the effectiveness of changes implemented to improve practice-wide immunization rates

5 Standing orders for nurses, PA's and medical assistants that allow staff to independently screen patients, identify opportunities for immunization and administer vaccines

6 Provider education including educating clinical and administrative staff on current information on vaccine administration, delivery, documentation, tracking storage and handling, etc.

To access a copy of the policy statement from the AAP website, go to: http://www.aap.org/policy/s060014.html

Its Flu season...

To find a flu clinic in your area call:

1-888-NO-TO-FLU

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