

# CONNECTICUT EPIDEMIOLOGIST



State of Connecticut Department of Health Services  
 Frederick G. Adams, D.D.S., M.P.H. Commissioner

October, 1989  
 VOLUME 9 NO. 6



## MEASLES AND RUBELLA COLLEGE IMMUNIZATION REQUIREMENTS

State law 89-90 requires that, effective July 1, 1989 students attending colleges, universities and other institutions of higher learning in Connecticut must be protected against measles and rubella. A student is defined as someone born after December 31, 1956 who attends school full-time or who is a part-time student participating in a program of study designed to confer a degree, diploma or certificate.

Students must present the school with documentation of age appropriate immunization, laboratory evidence of immunity or laboratory confirmation of disease history in order to demonstrate compliance with the requirement.

Students who enter school prior to January 1, 1990 must have received at least one dose of measles and rubella vaccine(s) on or after their first birthday. The measles vaccine must have been administered on or after January 1, 1969. The live attenuated vaccine produced and administered since then generally has greater efficacy than pre-1969 vaccine.

Students who enter school after January 1, 1990 will be required to have two doses of measles vaccine with at least one dose having been administered after January 1, 1980. Vaccine produced since 1980 has an improved heat stabilizer that minimizes the potential for loss of efficacy in

transport and storage. Practitioners should recognize that some schools may adopt more stringent policies than those required by law (i.e., require two doses of measles vaccine for students currently enrolled rather than requiring it only of new students entering after January 1, 1990).

Students may seek exemption on medical grounds by presenting a physician's written statement specifying reasons consistent with the U.S. Public Health Service's statement regarding contraindications. Exemptions on religious grounds may also be obtained.

Exempted students should be alerted to the fact that they may be excluded from school in the face of a threat from disease for one incubation period (up to three weeks) following the last identified case. It is not uncommon for outbreaks to continue for three or more generations, thereby causing the student to be excluded for several months. Students who chose to receive vaccine in the face of an outbreak would still be required to be excluded from school activities for one incubation period to insure that they were not incubating the illness at the time of immunization.

If you need more information, please contact the Immunization Program at 566-4141.



## GUIDELINES FOR 1989-90 INFLUENZA VACCINE USE

The most recent U.S. Public Health Service Immunization Practices Advisory Committee (ACIP) recommendations for use of 1989-90 influenza vaccine (MMWR 1989;38:297-311) are summarized below:

Influenza Vaccine <sup>1</sup> Dosage, By Age of Patient: 1989-90 Season					
Age Group	Product <sup>2</sup>	Dosage <sup>3</sup>	Number of Doses	Route <sup>4</sup>	
6-35 mos.	Split virus only	0.25 ml	1 or 2 <sup>a</sup>	1M	
3-12 yrs.	Split virus only	0.50 ml	1 or 2 <sup>a</sup>	1M	
> 12 yrs.	Whole or split virus	0.50 ml	1	1M	

1 Contains 15 Hg each of A/Taiwan/1/86-like (H1N1), A/Shanghai/11/87-like (H3N2), and B/Yamagata/16/88-like hemagglutinin antigens in each 0.5 mL. Manufacturers include: Connaught (Fluzone<sup>R</sup> whole or split, distributed by E. R. Squibb & Sons); Parke-Davis (Fluogen<sup>R</sup> split); and Wyeth-Ayers Laboratories (Influenza Virus Vaccine, Trivalent<sup>R</sup> split). For further product information, call Connaught, (800) 822-2463; Parke-Davis, (800) 223-0432; and Wyeth-Ayers, (800) 321-2304.

2 Because of the lower potential for causing febrile reactions, only split -virus (subvirion) vaccine should be used in children. Immunogenicity and side effects of split- and whole- virus vaccines are similar in adults when vaccines are used according to the recommended dosage.

3 It may be desirable to administer influenza vaccine to high-risk children when they receive routine pediatric vaccines, but in a different site. Although studies have not been conducted, simultaneous administration should not lessen immunogenicity or enhance adverse reactions.

4 The recommended site of vaccination is the deltoid muscle for adults and older children. The preferred site for infants and young children is the anterolateral aspect of the thigh.

a Two doses are recommended for children  $\leq 12$  years old who are receiving influenza vaccine for the first time.

### Groups at Increased Risk for Influenza-Related Complications

- Adults and children with chronic cardiovascular or pulmonary system conditions severe enough to have required regular medical follow-up or hospitalization during the preceding year, including children with asthma.
- Residents of nursing homes and other chronic care facilities housing patients of any age with chronic medical conditions.
- Otherwise healthy persons 65 years old and older.
- Adults and children with chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including symptomatic HIV infection) that required regular medical follow-up or hospitalization during the preceding year.
- Children and teenagers (aged 6 months - 18 years) on long-term aspirin therapy.

## Groups Capable of Transmitting Influenza to High-Risk Persons

1. Physicians, nurses, and other personnel in both hospital and outpatient-care settings who have extensive contact with high-risk patients in all age groups, including infants.
2. Providers of home care to high-risk persons (e.g., visiting nurses, volunteer workers).
3. Household members (including children) of high-risk persons.

The ACIP strongly recommends annual influenza immunization for persons in the groups outlined above, unless a contraindication exists. The Committee recommends that the vaccine be given in clinics, nursing homes, other chronic care facilities, physicians' offices, and hospitals in late October and November. Vaccine can be given earlier (September-October) if influenza activity begins earlier than normal regionally or if high-risk patients who are discharged from the hospital or outpatient clinics earlier in the fall may not be seen again until after November.

While not making a strong recommendation for the following groups, the ACIP states that persons providing essential community services (e.g., police and fire department staff) may be considered for immunization during severe influenza epidemics and that any person wishing to reduce his/her chances of influenza may be given the vaccine by his/her physician, unless a contraindication exists.

[Adapted from California Morbidity, #26, July 7, 1989]

**Notice to Physicians**, if you run out of Communicable Diseases Report Forms (PD-23's), please call 566-5058 for more.



## MALARIA PREVENTION INFORMATION SYSTEM

Malaria is a health risk to those who travel to malaria-endemic areas. Travelers should be advised to reduce contact with Anopheles mosquitoes by remaining in well screened areas between dusk and dawn, wearing clothes that cover most of the body, sleeping under mosquito nets, and using insect sprays and repellents. They also need to be placed on an appropriate regimen of prophylactic anti-malaria drugs.

Recommendations for the prevention of malaria must be revised periodically because of geographic changes in the occurrence of drug-resistant *P. falciparum* malaria, the development of new information on the efficacy and toxicity of drugs used for prophylaxis, and/or the availability of new drugs.

The Centers for Disease Control has a malaria prevention information system for travelers available 24 hours a day at (404) 639-1610. The system provides general information about malaria and malaria prevention and detailed recommendations on malaria prevention in specific geographic areas (Africa, the Indian subcontinent, Mexico, Central America and the Caribbean, South America, China and Southeast Asia, and Oceania).

Information on prevention of malaria in children and pregnant or breastfeeding women is also available. Callers can select any one or all of the informational messages and should be prepared to write down the names and dosages of drugs.

Adapted from MMWR 1988; 37:336.

**Correction:** the number of syphilis P&S cases as of 9/9/88 was reported in error in the August 1989 issue. The correct number was 356.



**EXPERIMENTAL THERAPIES  
FOR HIV DISEASE**

A data bank available to the public has recently been established by the U.S. Department of Health and Human Services. This data bank is a central resource for current information on clinical trials of experimental HIV-related therapies.

The computerized data bank contains a list of clinical trials of experimental treatments for

AIDS and related illnesses, a description of the purpose of the experimental drug protocol, and eligibility criteria for patients. The data bank will be available through a free telephone hotline (1-800-TRIALS-A). Callers can receive this information immediately over the telephone. Upon request, callers can also obtain a free printout of a custom search of the clinical trials data base. The printout will be mailed in an unmarked envelope.

The information will also be available through a directly accessible online data base on the National Library of Medicine computer system.

20

**REPORTS OF SELECTED COMMUNICABLE DISEASES,\*  
CONNECTICUT, YEAR-TO-DATE, 1988 - 1989**

DISEASE	As of 9/8/89*	As of 9/9/88	% CHANGE FROM 1988
AIDS	303	283	+7.1%
GONORRHEA	7,330	7,740	-5.3%
SYPHILIS P&S	769	464	+65.7%
MEASLES	210	11	+1809.0%
RUBELLA	0	0	0.0%
TUBERCULOSIS	110	93	+18.3%
HEPATITIS A	231	198	+16.7%
HEPATITIS B	120	168	-28.6%
SALMONELLOSIS	686	803	-14.6%
SHIGELLOSIS	188	82	+129.3%

\* Figures Subject To Change

James L. Hadler, M.D., M.P.H., Chief  
Matthew L. Cartter, M.D., Editor Eric Mintz, M.D., M.P.H.  
Sally Carr, Center for Health Communication  
Anita Steeves, Center for Health Communication

**EPIDEMIOLOGY SECTION  
PREVENTABLE DISEASES DIVISION**  
State of Connecticut Department of Health Services  
150 Washington Street  
Hartford, CT 06106

Bulk Rate  
U.S. Postage  
PAID  
Permit No 4313  
Hartford, Conn