



N T I M E

CDC RELEASES RECOMMENDED CHILDHOOD IMMUNIZATION SCHEDULE 2000

Each year, CDC's Advisory Committee on Immunization Practices (ACIP) reviews the recommended childhood immunization schedule to ensure it remains current with changes in manufacturers' vaccine formulations, revisions in recommendations for the use of licensed vaccines, and recommendations for newly licensed vaccines. This report presents the recommended childhood immunization schedule for 2000 and explains the changes that have occurred since January 1999.

Since the publication of the immunization schedule in January 1999, the ACIP, the American Academy of Family Physicians, and the American Academy of Pediatrics have recommended removal of rotavirus vaccine from the schedule, endorsed an all-inactivated poliovirus vaccine (IPV) schedule for polio vaccination, recommended exclusive use of acellular pertussis vaccines for all doses of the pertussis vaccine series, and added hepatitis A vaccine (Hep A) to the schedule to reflect its recommended use in selected geographic areas. Detailed recommendations for using vaccines are available from the manufacturers' package inserts, ACIP statements on specific vaccines, and the 1997 Red Book. ACIP statements for each recommended childhood vaccine can be viewed, downloaded, and printed at CDC's National Immunization Program World-Wide Web site: <http://www.cdc.gov/nip/publications/acip-list.htm>

REMOVAL OF ROTAVIRUS VACCINE FROM THE SCHEDULE:

On October 22, 1999, ACIP recommended that Rotashield (rhesus rotavirus vaccine-tetravalent [RRV-TV]) (Wyeth Laboratories, Inc., Marietta, Pennsylvania), the only U.S. licensed rotavirus vaccine, no longer be used in the United States. The decision was based on the results of an expedited review of scientific data presented to ACIP by CDC. Data from the review indicated a strong association between RRV-TV and intussusception among infants 1-2 weeks following vaccination. Vaccine use was

suspended in July pending the ACIP data review. Parents should be reassured that children who received the rotavirus vaccine before July are not at increased risk for intussusception now. The manufacturer withdrew the vaccine from the market in October.

INACTIVATED POLIOVIRUS VACCINE FOR ALL FOUR DOSES:

As the global eradication of poliomyelitis continues, the risk for importation of wild-type poliovirus into the United States decreases dramatically. To eliminate the risk for vaccine-associated paralytic poliomyelitis (VAPP), an all-IPV schedule is recommended for routine childhood vaccination in the United States. All children should receive four doses of IPV: at 2 months, 4 months, between 6 and 18 months, and between 4 and 6 years. Oral poliovirus vaccine (OPV), if available, may be used only for the following special circumstances:

1. Mass vaccination campaigns to control outbreaks of paralytic polio.
2. Unvaccinated children who will be traveling within 4 weeks to areas where polio is endemic or epidemic.
3. Children of parents who do not accept the recommended number of vaccine injections; these children may receive OPV only for the third or fourth dose or both. In this situation, health-care providers should administer OPV only after discussing the risk for VAPP with parents or caregivers.

OPV supplies are expected to be very limited in the United States after inventories are depleted. ACIP reaffirms its support for the global eradication initiative and use of OPV as the vaccine of choice to eradicate polio where it is endemic.

Wyeth-Ayerst has ceased production of OPV and there will be no future contract available for this product. CDC is planning to establish an OPV stockpile contract but it will not be available for use by the states, except in the unlikely event of an outbreak. OPV that remains in state and provider inventories will serve as a defacto stockpile for emergencies until such time as the OPV expires. OPV should continue to be maintained in a proper frozen state until such time as it expires.

Providers can order IPV from the State Immunization Program. Any expired OPV should be returned to the State Immunization Program along with a Vaccine Return Form.

ACELLULAR PERTUSSIS VACCINE:

ACIP recommends exclusive use of acellular pertussis vaccines for all doses of the pertussis vaccine series. The fourth dose may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at 15-18 months.

HEPATITIS A:

Hepatitis A vaccine (Hep A) is listed on the schedule for the first time because it is recommended for routine use in some states and regions (mostly in the western U.S.). Its appearance on the schedule alerts providers to consult with their local public health authority to learn the current recommendations for hepatitis A vaccination in their community. Additional information on the use of Hep A can be found in recently published guidelines.

HEPATITIS B:

Special considerations apply in the selection of hepatitis B vaccine products for the dose administered at birth. (See the information on Thimerosal-free hepatitis B vaccine on the next page)

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VACCINE UPDATE

DAY CARE IMMUNIZATION REQUIREMENT CHANGES STATEWIDE

The regulations updating the Day Care Immunization entry requirements have been approved by the Legislative Review Committee and are awaiting publication in the Connecticut Law Journal. The updated regulations are as follows: Effective immediately, all new enterers born after December 31, 1996 and who are >18 months of age are required to show proof of immunity to varicella for entry into licensed family day care homes, child day care centers, or group day care homes. In addition, all currently enrolled children born after December 31, 1996 and who are >18 months of age must show proof of immunity to varicella by late February, 2000 to remain in licensed day care or else have proof that they have an appointment to be vaccinated. Proof of immunity includes documentation of age-appropriate immunization (one dose given on or after the child's first birthday) or serologic evidence of past infection, or a statement signed by a physician, physician assistant, or advanced practice registered nurse indicating that the child has already had chickenpox based on family and/or medical history. Letters informing day care operators, pediatricians, and family practitioners of this change have recently been sent out by the Immunization and Day Care Licensing Programs.

Pending School Immunization Requirements for August 2000

Current school immunization requirements in Connecticut are several years out of date with national recommendations. We began the regulatory process last year to bring them up to date with national recommendations for varicella, hepatitis B, and timing of a second dose of measles vaccine and the pre-school dose of DTaP and polio vaccines. In December 1999, the Connecticut Regulations Review Committee rejected the proposed changes for technical reasons. The committee will likely hear them again in February 2000. If they are passed, which seems likely, several important new requirements would go into effect in August 2000. Practitioners should anticipate these potential new requirements as they do school entry and 6th grade physicals now. The new requirements are likely to include:

For 7th grade entry:

1. Proof of immunity to varicella (same definition of proof of immunity as for day care entry)
2. Proof of either serologic evidence of infection with hepatitis B or receipt of at least one dose of hepatitis B vaccine.

For initial school entry (usually kindergarten):

1. Proof of having received 2 doses of measles containing vaccine;
2. Proof of having received a dose of DTaP vaccine and a dose of polio vaccine between the date of the 4th birthday and the date of school entry.

New Vaccine Information Statements

Effective January 1, 2000, any health care provider administering polio vaccine (either IPV or OPV) is required by federal law to give the patient, or in the case of a child, the parent or legal guardian, a copy of the vaccine information sheet dated 1/1/2000, titled "Polio Vaccine: What You Need to Know". In addition, if OPV is being administered, a copy of the OPV supplemental vaccine information sheet titled "Oral Polio Vaccine: What You Need to Know" must be given. These new polio statements replace previous versions dated 1/1/99 and 2/6/97 and must be given each time a vaccine is administered. To obtain a camera-ready copy of this new polio VIS, go to: <http://www.immunize.org/vis/ipv-00.pdf> or contact the State Immunization Program.

The CDC has published a 28 page booklet titled "What You Need To Know about Vaccine Information Statements." This document details the responsibilities of immunization providers regarding the use of Vaccine Information Statements (VIS's), and contains an informative question and answer section. In addition, the booklet includes a camera-ready copy of almost every VIS that CDC publishes. To order your free copy of this booklet, please call CDC's Information Center at (404) 639-8226 or download the test version (HTML format) of "What You Need to Know About Vaccine Information Statements" (copies of the VIS's not included) from the IAC's website at: <http://www.immunize.org>

ANNOUNCEMENT!!!

CDC's SATELLITE BROADCAST:

EPIDEMIOLOGY & PREVENTION OF VACCINE-PREVENTABLE DISEASES

WILL BE ON MAR. 23, MAR. 30, APR. 6, & APR. 13

12:00 PM TO 3:30 PM

*Call the State Immunization Program at (860) 509-7929
for the location nearest you*

Thimerosal-free Hepatitis B Vaccine

In an effort to reduce involuntary exposure to mercury in newborns and infants, vaccine manufacturers are moving to eliminate thimerosal from vaccines routinely administered to children. This process takes time, as Food and Drug Administration (FDA) approval is needed for new formulations of previously approved vaccines which use alternative preservatives and/or stabilizers.

The FDA recently licensed a single-antigen preservative-free hepatitis B vaccine (Recombivax HB manufactured by Merck). With the approval of a preservative-free hepatitis B vaccine, **the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP) officially recommend a return to routine hepatitis B vaccination policies for all newborn infants** in hospitals in which these policies and practices have been discontinued.

Although the State Immunization Program has been and will continue to supply a hepatitis B vaccine formulation that contains thimerosal (Engerix-B manufactured by SmithKline Beecham), we have now procured thimerosal-free Recombivax and are able to make it available to you. **Hospital neonatal units can now resume ordering hepatitis B vaccine from the State Immunization Program to vaccinate newborns before discharge from the hospital.** The presence of thimerosal in hepatitis B vaccine was only a concern for infants less than 6 months of age. Rather than wait until they are 6 months old, health care providers may want to now initiate immunization of infants who were born since July 1999 when hepatitis B administration of infants was halted. Because production and, thus, supplies of thimerosal-free hepatitis B vaccine are limited at present, we can only assure a supply sufficient to begin immunizing children born November 1, 1999 or more recently. It is

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expected that production will soon increase and that a second thimerosal-free product will be available in the near future. **Thus, at this time, thimerosal-free hepatitis B vaccine should only be ordered to re-initiate newborn vaccination or to initiate outpatient vaccination of infants born November 1, 1999 or more recently.**

The State Immunization Program will continue to maintain supplies of thimerosal-containing hepatitis B vaccine (Engerix-B) for the time being. **Any child at least 6 months of age as well as adolescents through 18 years of age can continue to receive thimerosal containing hepatitis B vaccine (Engerix-B).**

REGISTRY UPDATE

Progress with the statewide immunization registry (CIRTS) is ongoing as registry staff continue to install the old version of the software in many areas of the state. Eventually, the new software will be installed to replace the old system. In the meantime, practices which have already chosen to connect with the old system will have the benefit of having a head start on tracking children in their practice. Virtually all 16 IAP sites in the state are on-line with CIRTS. These include local health departments and VNA's. The IAP coordinators in these sites will continue to use this old version of the software until the new version is ready.

Once on line with the new system, immunization providers can look forward to the following benefits:

- Identifying children who are behind in their immunizations;
- Automatically generate follow-up reminder notices to parents of children who are behind;
- Print out immunization histories on patients who transfer from one practice to another resulting in fewer calls to previous providers;
- Electronically print out immunization histories on officialschool and daycare forms resulting in less time spent on manually filling out school and day care forms;
- Electronically order vaccines from the state and report inventory and doses administered based on the data entry of immunizations;
- Decrease the risk of over immunization;
- Determine the immunization coverage levels for children in their practice;
- Generate pre-appointment reminders to parents for upcoming scheduled immunizations.

Any immunization provider who is interested in going on-line with the statewide immunization registry should contact the State Immunization Program.

CDC ISSUES NEW RECOMMENDATION ON VACCINATION OF COLLEGE STUDENTS AGAINST MENINGOCOCCAL DISEASE

The Advisory Committee on Immunization Practices (ACIP) now recommends that college students, particularly freshmen living in dormitories, be educated about meningococcal disease, the potential benefits of vaccination, and be provided access to the vaccine.

In October 1999, the ACIP voted to recommend that those who provide medical care to college freshmen dormitory residents inform students and parents about meningococcal disease. In addition, they are encouraged to make the vaccine available to those who wish to reduce their risk of disease. Other undergraduate students wishing to reduce their risk of meningococcal disease can also choose to be vaccinated.

The panel based its recommendation on recent studies showing that certain college students, particularly freshmen living in dormitories, have up to a 22-fold increased risk for meningitis. Cases of meningitis among teens and young adults 15 to 24 years of age, the age of most college students, have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims 300 lives. Between 100 and 125 meningitis cases occur on college campuses alone and as many as 15 students die from the disease.

Meningococcal meningitis is a rare, but potentially fatal infection with early symptoms that resemble the flu, making diagnosis difficult. If not treated early, it can lead to swelling of the membrane surrounding the brain and spinal column resulting in severe permanent disabilities such as hearing loss, brain damage, seizures, limb amputation, and even death.

Meningitis is transmitted through air droplets and by direct contact with infected persons. Most cases occur in late winter and early spring. Symptoms can include high fever, severe headache, stiff neck, confusion, nausea, vomiting, exhaustion and/or a rash.

The meningococcal vaccine is effective against four strains of the bacteria that cause meningitis in the United States—types A, C, Y and W-135—which account for nearly two thirds of the meningitis cases among college-age students. As with any vaccine, vaccination for meningitis may not protect 100 percent of all susceptible individuals.

For more information on the new ACIP recommendation and meningococcal meningitis, visit the National Immunization Program's website at <http://www.cdc.gov/nip>

CDC VACCINE SAFETY INITIATIVE

CDC/NIP will re-direct approximately \$4 million to begin a new vaccine safety initiative in 2000. The concept includes four activities. First, CDC hopes to contract with an independent outside organization to establish a panel of experts who will help assess the plausibility of vaccine safety allegations in a timely way. The panel will examine data and explore issues of causality, looking at possible connections between vaccination and serious adverse events. Second, CDC will improve health communication and educational tools for providers and parents. Third, more research will be conducted to better assess theories and claims involving a relationship between regressive autism and vaccines. Fourth, the Vaccine Adverse Event Reporting System (VAERS) will be enhanced to include more follow-up and investigation of reports of serious adverse reactions to vaccines.

