

READY FOR IMMUNIZATION TIME



GLAXOSMITHKLINE SUBMITS BIOLOGICS LICENSE APPLICATION FOR FDA APPROVAL OF BOOSTRIX™

On July 7, 2004 GlaxoSmithKline (GSK) announced it had submitted a Biologics License Application (BLA) for Boostrix [Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine, Adsorbed (Tdap)], to the US Food and Drug Administration (FDA). GSK is seeking US marketing approval for the booster vaccine, a similar formulation of which is available in Australia and a number of countries in Europe, South America and Asia, as a vaccination against diphtheria, tetanus and Pertussis. Currently, Pertussis vaccination in the U.S. is available only to children below the age of seven. Boostrix was developed to offer extended protection against Pertussis to adolescents between the ages of 10 and 18 by combining a Pertussis vaccine with the routine tetanus/diphtheria booster dose.

Immunity from childhood vaccination generally wanes after five to 10 years, leaving many adolescents susceptible to this serious and highly contagious disease.

Cases of Pertussis have increased since the mid-1970s. In fact, Pertussis is the only disease for which children are routinely vaccinated that is currently on the rise in the U.S., with approximately 10,000 cases in 2003- the highest number of cases reported to the Centers for Disease Control and Prevention (CDC) in more than 35 years. According

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We're #1!

Once again, CT leads the nation in childhood immunizations. According to the most recent National Immunization Survey (NIS) Data, CT leads the nation with a **94%** coverage rate for a complete series of childhood vaccinations which includes: 4 DTaP, 3 polio, 1 MMR, 3 Hepatitis B, and 3 Hemophilus Influenza Type B (HiB)

Childhood immunization rates are at record high levels, including significant increases in rates of immunization for chickenpox and pneumococcal pneumonia, the two most recent additions to the childhood immunization schedule. Complete NIS data can be found in the CDC's current Morbidity and Mortality Weekly Report (MMWR) on line at www.cdc.gov/mmwr/preview/mmwrhtml/mm5329a3.htm

STATE CRACKS DOWN ON VACCINES FOR CHILDREN FRAUD

Under the federal Vaccines for Children program, CT supplies free vaccine to all pediatric providers in the state to vaccinate children 0-18 years of age in their practice. In receiving free vaccine, providers agree not to charge patients or their insurers for the cost of the vaccine. In an effort to identify CT physicians who may be billing health care insurers for vaccine they received free from the state, an investigation called "Operation Free Shot" was undertaken. This collaborative effort involves participation from several members of The Health Care Fraud Task Force, coordinated by the Federal Bureau of Investigation (FBI) and the Inspector General of the U.S. Department of Health and Human services.

So far there have been two physicians in CT charged with health care fraud. The doctors are expected to pay thousands of dollars in fines and reimbursements and may face imprisonment. The investigation is ongoing. Pediatric and family physicians are advised to review their vaccine and well-child visit billing practices. If providers have any questions, please call Mick Bolduc at the State immunization Program at (860) 509-7929. ☺

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PNEUMOCOCCAL CONJUGATE VACCINE

In March 2004, the Centers for Disease Control and Prevention (CDC) recommended that the third and fourth doses of pneumococcal conjugate vaccine (PCV) be withheld due to continued production problems in the manufacturing of the vaccine. Production problems now appear to be resolved permitting the return to a 3 dose schedule.

Revised Recommendations for use of state-supplied PCV: CDC, in consultation with the American Academy of Pediatrics, the American Academy of Family Physicians, and the Advisory Committee on Immunization Practices is recommending, effective immediately, that all health-care providers return to a 3 dose schedule for pneumococcal conjugate vaccine. Additionally, providers can begin to recall all children who were deferred their third dose of PCV. The fourth dose of PCV should continue to be deferred for all healthy children until further production and supply data demonstrate that a 4 dose schedule can be sustained. Health-care providers should continue to administer a full four dose series to children at increased risk for severe pneumococcal disease due to certain immunocompromising or chronic conditions (e.g. sickle cell disease, anatomic asplenia, chronic heart or lung disease, diabetes, cerebrospinal fluid leak, and cochlear implant). Records should continue to be maintained for children whose fourth dose is deferred until such time that supplies are adequate.

As a reminder, the Immunization Program only provides PCV for VFC-eligible children 2-23 months of age. VFC eligibility includes children who are: 1) enrolled in Medicaid; 2) uninsured; 3) American Indian or Alaskan Native; or 4) underinsured (children whose health insurance does not include vaccinations).

HEPATITIS B

Effective October 1, 2004 for the school year commencing in 2005, and each school year thereafter, each public or independent institution of higher education shall provide:

- (1) information about hepatitis B and the risks of contracting hepatitis B by college-age individuals, to all matriculated students, and
- (2) Notice of the availability and benefits of a hepatitis B vaccine

For guidance on implementation and to obtain educational materials, please call the State Immunization Program at (860) 509-7929 or visit: <http://www.immunize.org/catg.d/p4090.htm>

PEDIATRIC INFLUENZA

Influenza disease causes approximately 36,000 deaths and 114,000 hospitalizations each year. Young children have high rates of influenza-related hospitalizations and are one of the groups more likely to get complications from the flu. The Advisory Committee on Immunization Practices (ACIP) officially recommends healthy children 6-23 months of age to be vaccinated with influenza vaccine. The ACIP also recommends persons who live with or care for persons at high risk are vaccinated. **The Immunization Program will make available this September pediatric influenza vaccine to immunize all VFC-eligible children 6-23 months of age, and all VFC-eligible children and adolescents 2-18 years of age who have risk factors for influenza disease or are household contacts of people with risk factors for contracting influenza.** High-risk conditions include asthma, diabetes, and immunosuppressed individuals. In addition, those individuals who are underinsured (have health insurance that does not cover the cost of immunizations) can be referred to a Federally Qualified Health Center (FQHC) to be immunized with VFC supplied vaccine.

Both preservative-free and thimerosal-containing influenza formulations will be available. Further information on ordering influenza will be forthcoming.

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to the CDC, from 1997 to 2000, about one-third of all reported Pertussis cases occurred in adolescents 10 years of age or older. Adolescents, in whom classic signs and symptoms of Pertussis are often absent, may go undiagnosed and be the source of infection for susceptible infants and other family members.

In addition to the public health threat Pertussis poses, the disease also has economic repercussions. A cost-benefit analysis for the use of a Pertussis booster vaccine in adolescents projected that vaccination of people in the U.S. ages 10-19 during a 10-year period would prevent up to 1.8 million cases of Pertussis and save as much as \$1.6 billion in direct and indirect costs. For more information visit www.gsk.com



Need an Immunization History?

Call CIRTS at: (860) 509-7935

REGISTRY UPDATE



NEW AND IMPROVED WEBSITE!

The CT Immunization Registry and Tracking System (CIRTS) website has been updated.

New additions include:

- ⊕ **Frequently Asked Questions** which contain a link to the **CIRTS Enrollment Form**.
- ⊕ Links to other immunization registry related websites
- ⊕ Current list of Connecticut's **Immunization Action Plan Coordinators**.

Visit: <http://www.dph.state.ct.us/BCH/infectiousdise/cirts.html>

BLUE FORMS

Hate filling out blue forms? This year for children born in 1999, who are entering kindergarten, CIRTS printed **16,725** Blue School Health Assessment Forms for **180** practices. (and counting) The "blue" forms have all the immunizations pre-printed for you. Call CIRTS for your school, day care and camp forms at (860) 509-7935.



2001 RATES ARE OUT

Immunization Status on 2nd Birthday of Children Enrolled in CIRTS
Date of Birth: January 1, 2001 – December 31, 2001
*Statewide Data**

Schedule Used	Not up-to-date in CIRTS	Up-to-date in CIRTS #	%	Total Number in CIRTS Registry
HEDIS	1923	7387	79%	9310
4,3,1,3,3	6310	28,509	82%	34,819
4,3,1,3,3,1	8678	26,141	75%	34,819
OK 24 Months	7258	27,561	79%	34,819

2001 Children in CIRTS:

- The 34,819 children represent **86%** of the 40,584 births recorded in CT for 2001
- 15,054 children or **37%** of the 40,584 births are also enrolled in **Medicaid**
- 4,163 children or **10%** of the 40,584 births **refused** registry participation

HEDIS: 4 DTP/DTaP, 3 polio, 1 MMR on or after 1st birthday, 2 HIB with one on or after 1st birthday, 2 Hepatitis with one on or after 6 months of age. Children must have been enrolled continuously in the same Managed Care Plan for 11 months prior to their second birthday. For this reason, the total number of children is less than in the other schedules which look at all children regardless of continuous enrolled in any particular insurance plan. *This is the standard used by commercial and Medicaid insurance plans.*

4,3,1,3,3: 4 DTP/DTaP, 3 polio, 1 MMR on or after first birthday, 3 Hepatitis, 3 HIB

4,3,1,3,3,1: 4 DTP/DTaP, 3 polio, 1 MMR on or after first birthday, 3 Hepatitis, 3 HIB, and 1 Varicella on or after first birthday

OK 24 months: 4 DTP/DTaP, 3 polio, 1 MMR on or after first birthday, 3 Hepatitis with one on or after 6 months of age, and 1-4 HIB given age appropriately

**Individual practice's immunization rates will be mailed directly from the Department of Public Health or dropped off by your IAP Coordinator.*

Local IAP Coordinators

Bridgeport
 Conrado Barzaga
 (203) 396-8384

Danbury
 Irene Litwak
 (203) 730-5240

East Hartford
 Rory Angulo
 (860) 291-7390

Hartford
 Leticia Marulanda
 (860) 547-1426 X7033

Meriden
 Kate Baker
 (203) 630-4251

Middletown
 Loreen Gawel
 (860) 344-3471

Naugatuck Valley
 Maritza Rosado
 (203) 924-9548

New Britain
 Ramona Anderson
 (860) 612-2777

New Haven
 Jennifer Rich
 (203) 946-7097

New London
 Susan Curcio
 (860) 447-8322

Northeast Region
 Danielle Baillargeon
 (860) 928-6541 X2013

Norwalk
 Pam Bates
 (203) 854-7728

Stamford
 Susan Leifer
 (203) 977-5098

Torrington
 Sue Sawula
 (860) 489-0436

Uncas
 Ginny Haas
 (860) 823-1189

Waterbury
 Randy York
 (203) 346-3907

West Haven
 Betty Murphy
 (203) 937-3665

Windham
 Karin Davis
 (860) 423-4534

The EpiCenter

-A new element of IAP On Time, The "EpiCenter" will feature various topics of interest, trivia, quotes, cartoons, and other stuff that we hope you will enjoy.

Q: I am a day care operator. If a parent chooses to claim a religious exemption from vaccinations, am I obligated to accept the child in my day care?

A: Yes. All state-licensed day care homes and facilities must comply with state regulations. If a parent submits a signed statement of objection to vaccines for religious reasons, the day care facility must accept the child.

DEPARTMENT OF PUBLIC HEALTH IMMUNIZATION PROGRAM MORBIDITY REPORT

Disease	1/1/04-07/30/04	Total 2003
Measles	0	0
Mumps	0	1
Rubella	0	0
Congenital Rubella Syndrome	0	0
Diphtheria	0	0
Tetanus	0	0
Pertussis	14	77
Hib	0	0
Varicella	1,118	1,583

IOM REPORT SAYS MMR AND THIMEROSAL-CONTAINING VACCINES NOT ASSOCIATED WITH AUTISM

On May 18, 2004, the Institute of Medicine (IOM) of the National Academies released "Immunization Safety Review: Vaccines and Autism," the third IOM report about vaccines and autism. The report states that based on a thorough review of clinical and epidemiological studies, neither the mercury-based vaccine preservative thimerosal nor the measles-mumps-rubella (MMR) vaccine is associated with autism. "The overwhelming evidence from several well-designed studies indicates that childhood vaccines are not associated with autism," said committee chair Marie McCormick, Sumner and Esther Feldberg Professor of Maternal and Child Health, Harvard School of Public Health, Boston. "We strongly support ongoing research to discover the cause or causes of this devastating disorder. Resources would be used most effectively if they were directed toward those avenues of inquiry that offer the greatest promise for answers. Without supporting evidence, the vaccine hypothesis does not hold such promise." A pre-publication version of "Immunization Safety Review: Vaccines and Autism" is available online

http://books.nap.edu/catalog/10997.html?onpi_newsdoc05182004

To read the IOM press release, go to:

<http://www4.nationalacademies.org/news.nsf/isbn/030909237X?OpenDocument>

To read a press release from the American Academy of Pediatrics, "Scientific Panel Rejects Vaccines as Cause of Autism," go to: <http://www.aap.org/advocacy/releases/mayvaccineautism.htm>

To read a press release from the American Medical Association, "AMA welcomes new IOM Report rejecting link between Vaccines and Autism," go to:

<http://www.ama-assn.org/ama/pub/article/1617-8580.html>

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Keeping Connecticut Healthy

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