

Questions from Immunization Update Teleconference

1. For MMR can you give it prior to their 1st birthday?

In Connecticut we allow a 4 day grace period, so if you gave MMR within 4 days of the 1st birthday that immunization would not need to be repeated. However, one should not make a practice of giving MMR before the 1st birthday.

The only exception to giving MMR earlier than the 1st birthday, is if the child will be traveling or living abroad. In this case measles vaccine could be given as early as 6 months of age but this immunization would not be counted as part of the vaccine series.

2. For Dr. Atkinson. Slide 22. Is the rate low in the age group because of the vaccine or it is just not prevalent in that age group? Seems like moving it a few years later would solve the issue without adding the cost/inconvenience of a second vaccination.

As shown on slide 22, the rate of meningococcal disease is lower in children aged 11-12 years than children aged 15-21 years but there are still cases in the younger age group. The Advisory Committee on Immunization Practices considered data on immunogenicity in high-risk groups, bactericidal antibody persistence after immunization, current epidemiology, vaccine effectiveness (VE), and cost-effectiveness of different strategies for vaccination of adolescents before deciding upon the 2-dose recommendation.

For Dr. Bolduc. Does the booster vaccination (2nd dose) give life long immunity? Do we know this yet? Are we at risk of having an older population with varicella infection?

The length of protection/immunity from varicella-containing vaccines remains unknown. Available data from follow-up of children vaccinated in pre-licensure clinical trials indicate that protection from varicella vaccine lasts for at least 25 years (Japanese data) and 14 years (U.S. data). However, most of the data concerning vaccine efficacy and persistence of antibody in vaccinees are based on research that was conducted when natural varicella infection was highly prevalent and had not been affected by wide use of the vaccine. A recently published community-based study among children 12 months to 12 years of age suggests that 1 dose vaccine-induced immunity to varicella may wane over time. Experience with other live viral vaccines (e.g., measles, rubella), however, has shown that post vaccination, immunity remains high throughout life. For these vaccines, second doses are needed to cover the small percentage of people who fail to seroconvert after the first dose (primary vaccine failure). Follow-up studies are continuing to assess levels of immunity in vaccinees as disease incidence declines.

3. Hi. I had a question about a good resource that reviews the timing of giving PPV23 and PCV13 in high risk kids.

Click on the link below for the Morbidity and Mortality Weekly Report and see tables 11 and 12.

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5911a1.htm?s_cid=rr5911a1_e

4. Hi, another question for Mr Bolduc this time. We sometimes get Flu vaccine end of July and previously gave it as soon as available to patients in the office for their well visits. Will this count for the school requirement even though it is before Aug 1?

Yes, if you gave flu vaccine at the end of July it would count for the school requirement. Most times flu vaccine is not available before August 1st.

Oh same question for flu vaccine for day care and Sept 1

Yes, if you gave flu vaccine before September 1st it would count for the day care requirement.

5. Why is CT not following the Tdap guidelines as noted by Dr. Atkinson and allowing those with Td within 5 years not to get the Tdap when Pertussis is the problem?

Changing of the regulations started in 2007 when the 5 year spacing recommendation still applied. We would have had to make revisions to the regulations which would have resulted in pushing back the implementation date even further so a decision was made to keep them as is for now. It's important to remember that the interval between Tdap and Td can be shortened if the need for protection from pertussis outweighs the risk of possible severe reaction to the vaccine.

6. For the children that are entering 8th grade that did not have the 2nd varicella in 7th grade how does this impact us?

Connecticut has a college requirement for a 2nd dose of varicella so if the child goes to college in Connecticut s/he will be required to receive a 2nd dose of varicella. Also even though a 2nd dose of varicella is not a school requirement for 8th graders, it is an ACIP recommendation and could be given to 8th graders.

7. If a child had an adverse reaction to a previous dose of DTAP (redness of entire leg), is this a contraindication to further immunization with Tdap?

Redness of entire leg is not a contraindication to further immunization with DTaP or Tdap and therefore Tdap should be administered as required. Contraindications for using DTaP and Tdap include: a severe allergic reaction (e.g., anaphylaxis) to a vaccine component or to a prior dose, and history of encephalopathy within 7 days of receiving a previous pertussis-containing vaccine that is not due to another identifiable cause.

8. Can an adult who had a reaction to the old DPT vaccine as an infant (i.e. high fever, uncontrolled crying for over 4 hours) receive the Tdap vaccine?

Yes, an adult who had high fever or uncontrolled crying over 4 hours after receiving DTP vaccine may receive Tdap vaccine.

9. Will State cover cost of off label Tdap?

Yes the State-supplied Tdap vaccine may be administered off-label in accordance with ACIP recommendations.

10. Will the state cover the off label use of PCV13 if providers want to vaccinate the child? –Despite it not being FDA approved for that age group?

The State can only supply PCV13 for children 2-71 months of age. Any vaccine for children 6 years of age and older will have to be purchased by the provider and billed to the patient's insurance carrier.

11. CT DPH is requiring 2 doses of varicella for College entry. Will the State cover the vaccine through VCF? Currently, MMR is covered for college entry.

The State can only cover the cost of varicella vaccine for students through 18 years of age.

Why 3 month interval vs 30 days?

For children ages 12 months through 12 years, the minimum interval between doses of varicella vaccine is 3 months; for people age 13 years and older, the minimum interval is 4 weeks. Children 13 years of age and older do not have the same level of protection after the first dose of vaccine thus it is necessary to administer a second dose 30 days after the first.

12. Can a parent impose a religious exemption just for a particular vaccine – for instance I had parents last year invoke a religious exemption just for the Flu vaccine – do I have to document with the state religious exemption then for all vaccines.

Yes, a parent can request a religious exemption for just a particular vaccine. We recommend that parents complete the Religious Exemption Certificate Statement posted on the Department of Public Health website at

http://www.ct.gov/dph/lib/dph/rel_exempt_cert_form_rev_April_2011.pdf

13. medicare doesn't cover Tdap will state cover medicare patients?

The State Immunization Program does not cover adults for Tdap unless they are part of our cocooning project. Our cocooning project provides Tdap vaccine to participating hospitals and health departments to administer to close contacts of infants. For more information, call the Immunization Program at 860-509-7929.