

2013 Program Report Card: Immunization Program (DPH)

Quality of Life Result: All Connecticut (CT) residents are healthy across the life span.

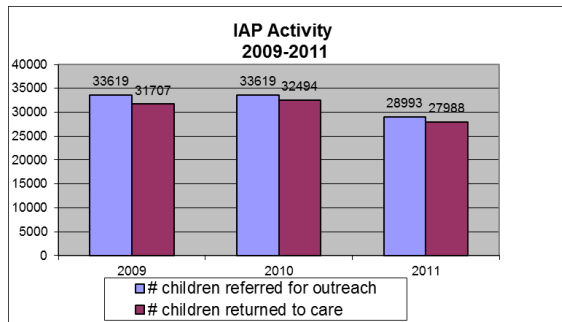
Contribution to the Result: The Immunization Program (IP): 1) makes selected vaccines available to the residents of CT; 2) educates medical personnel and the public on the importance of vaccinations; 3) conducts surveillance for vaccine-preventable diseases to evaluate the impact of vaccination efforts and to identify groups still at risk for vaccine-preventable diseases; and 4) works with health care providers to assure that all children are immunized according to schedule.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
Actual FY 12	\$9,044,950	\$35,990,790	\$0	\$45,035,740
Estimated FY 13	\$17,937,336	\$36,732,382	\$0	\$54,669,718

Partners: Health care providers; day care centers; K-12 school administrators and nurses; state higher education institutions; children from birth to 18 and their parents; DPH epidemiology and laboratory programs; pharmaceutical companies; Centers for Disease Control and Prevention (CDC); CT Chapter of the American Academy of Pediatrics; local and state government; and health officials.

How Much Did We Do?

Children Referred for Outreach and Linked to a Provider of Immunizations.

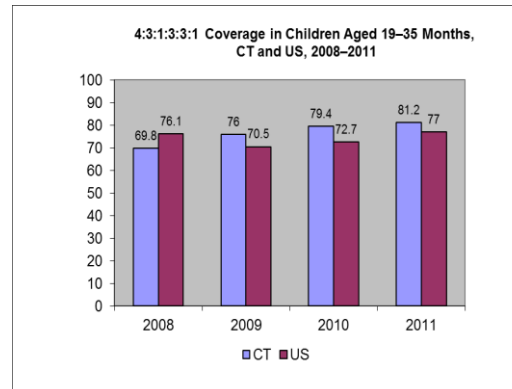


Story behind the baseline: Children behind on their immunizations are referred to Immunization Action Plan (IAP) coordinators contracted by DPH with federal CDC funds, working in selected areas of need throughout the state. Eleven sites are funded. The IAP coordinators are successful in returning children to care for their immunizations. In 2011, a total of 28,993 children in CT were referred to the 11 IAP sites, 27,988 (or 94%) were found and returned to their medical home to complete their immunizations.

Trend: ▲

How Well Did We Do It?

Immunization Coverage of Children Aged 19-35 Months



Story behind the baseline: CDC's National Immunization Survey (NIS) tracks the progress toward increasing and maintaining vaccination coverage levels for universally recommended vaccines among children 19-35 months of age at 90%. The results of the 2011 NIS indicate that vaccination coverage for children in Connecticut increased compared with 2010. CT's coverage rate for children who are 19-35 months of age ranked 6th nationally in the country among all fifty states.

Trend: ▲

Is Anyone Better Off?

Impact of Vaccines on Annual Disease Burden (U.S. and CT)

Disease	2011 U.S. Annual Morbidity	CT Reported Cases	
		2011	2012
Small pox	0	0	0
Diphtheria	0	0	0
Measles	870	1	1
Mumps	404	0	0
Pertussis	18,719	68	178
Polio	0	0	0
Rubella	4	0	0
Tetanus	36	0	0
Haemophilus Influenza type b	14	0	0
Varicella	14,513	307	259

Story behind the baseline: The number of reported cases of vaccine preventable diseases has decreased in 2012. The dramatic increase in pertussis cases nationally and in CT may be due to waning immunity among adolescents and adults who commonly transmit disease to infants. The continued reduction of varicella cases (chickenpox) can be attributed to the vaccine requirement for preschool and school-aged children implemented in August 2011.

Trend: ▲

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Proposed Actions to Turn the Curve:

The Immunization Program's new web-based immunization registry went into production as of April 2012. This new enhanced immunization system will allow providers to generate real-time individual immunization records, and patient reminder/recall notices that will enable providers to track children and keep them up-to-date on their immunizations. The Immunization Program (IP) will initiate provider training and begin deployment of the new web based application in the first quarter of 2013.

Data Development Agenda:

The IP received federal Affordable Care Act (ACA) funding in August 2011 to enhance interoperability between electronic health records (EHR) and our immunization registry. The project started during August, 2011 and will end in August, 2013. The project objectives include updates to the immunization registry to enable electronic communication with provider electronic health record systems and piloting this connectivity with up to 10 providers by August 2013.

Updates to the new CT Immunization Registry and Tracking System (CIRTS) are expected to be completed in March 2013. Work with a pilot EHR system is under way. This will result in reducing the duplicate data entry burden on providers, improve completeness of immunization histories available to clinicians and public health, and will improve timeliness of immunization data submission to the CIRTS.

The DPH is currently working towards enabling providers and hospitals to attest to the Stage 1 Meaningful Use public health immunization reporting measure as required under the CMS Medicare and Medicaid EHR Incentive Program. It is anticipated that by the end of March, 2013, DPH will remove the letter of exemption that is currently available on the DPH website which exempts providers and hospitals from the public health reporting requirements of the Meaningful Use legislation (CMS EHR Incentive Program).