Companion Guide for IAPs

2026 CT Birth Hospital Annual Immunization Report

Questions and Clarifications

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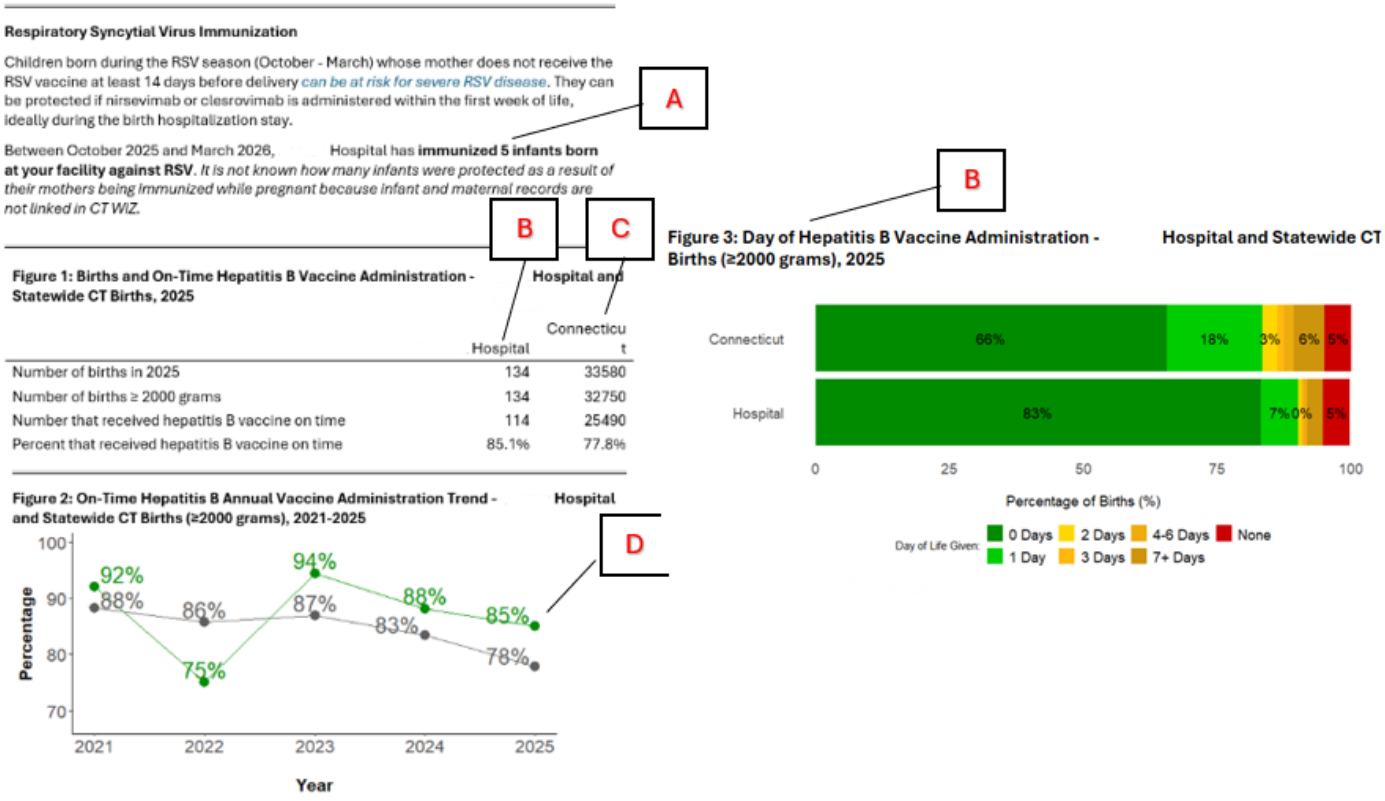
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General Information

Information in this report reflects data reported to CT WiZ, Connecticut's immunization information system, as of 04/08/2026.

Your feedback – and that of the hospitals – is important to us:

- **For questions or feedback on this report, please contact Peri.Sosensky@ct.gov.**
- For questions about CT WiZ, please contact Kaitlin.Roberts@ct.gov and Nancy.Sharova@ct.gov.



Respiratory Syncytial Virus Immunization

Children born during the RSV season (October - March) whose mother does not receive the RSV vaccine at least 14 days before delivery *can be at risk for severe RSV disease*. They can be protected if nirsevimab or clesrovimab is administered within the first week of life, ideally during the birth hospitalization stay.

Between October 2025 and March 2026, Hospital has **immunized 5 infants born at your facility against RSV**. *It is not known how many infants were protected as a result of their mothers being immunized while pregnant because infant and maternal records are not linked in CT WiZ.*

A

B

C

Figure 1: Births and On-Time Hepatitis B Vaccine Administration - Hospital and Statewide CT Births, 2025

	Hospital	Connecticut
Number of births in 2025	134	33580
Number of births ≥ 2000 grams	134	32750
Number that received hepatitis B vaccine on time	114	25490
Percent that received hepatitis B vaccine on time	85.1%	77.8%

Figure 2: On-Time Hepatitis B Annual Vaccine Administration Trend - Hospital and Statewide CT Births (≥2000 grams), 2021-2025

D

B

Figure 3: Day of Hepatitis B Vaccine Administration - Hospital and Statewide CT Births (≥2000 grams), 2025

Note: Red letter labels ([A–D]) in the sections and figures below correspond to related explanations in the companion guide, helping clarify specific data points.

RSV Immunizations Administration Data

Calculation: How is the estimated number of infants who received an RSV immunization at our facility during the 2025-2026 RSV season determined? **[A]**

This estimate is simply the number of nirsevimab and clesrovimab doses administered by your facility to infants born at your facility between 10/1/2025-3/31/26.

Recommendation: What are the American Academy of Pediatrics (AAP) recommendations for the use of RSV immunizations in children in the first year of life?

According to the AAP, infants born during the RSV seasonal administration window (October 1 through March 31) should get a dose of clesrovimab or nirsevimab within one week of birth – ideally during the birth hospitalization – if the pregnant parent is not known to have had a maternal RSV vaccine at least 14 days before delivery.

Hepatitis B Vaccine Administration Data

Calculation: How is the on-time hepatitis B vaccine birth dose percentage at our facility estimated? **[B]**

The percentage is calculated by dividing the numerator by the denominator as described here:

- Numerator: Number of hepatitis B vaccine doses administered at your facility on day 0 or 1 of life to infants weighing ≥2000g in 2025
- Denominator: All births at your facility of infants weighing ≥2000g in 2025

Calculation: How is the statewide on-time hepatitis B vaccine birth dose percentage estimated? **[C]**

The percentage is calculated by dividing the numerator by the denominator as described here:

- Numerator: Number of hepatitis B vaccine doses administered statewide on day 0 or 1 of life to infants weighing ≥2000g in 2025
- Denominator: All births in the state of infants weighing ≥2000g in 2025

Recommendation: What is the ideal administration window for hepatitis B vaccine?

According to AAP, medically stable infants weighing ≥2,000 grams should receive the hepatitis B vaccine within 24 hours of birth.

The birth dose of hepatitis B is vital to protect infants from hepatitis B virus infection. If an infant is infected with hepatitis B at birth, they have a 90% chance of becoming chronically

infected with hepatitis B, which can lead to liver cancer, cirrhosis, and liver failure as an adult. A universal hepatitis B birth dose policy acts as a safety net to prevent hepatitis B infection in at-risk newborns.

What should I do if my percentage isn't where I want it to be, or is not greater than or equal to 90%?

Here are some resources that may be helpful for increasing the hepatitis B on time percentage at your facility:

- Hepatitis B: What Hospitals Need to Do
  - See Section: Addressing the Problem: Practical Tools (p. 24)
- AAP: Improving Birth Dose Hepatitis B Vaccination Rates: A Quality Improvement Intervention
  - See Conclusion: *Multidisciplinary collaboration, scripting, and provider and staff education regarding the risks of hepatitis B virus, benefits of HepB vaccine, and strategies to discuss HepB vaccination with parents significantly increased vaccination rates…*

How are Vaccinations Reported from Birthing Hospitals to CT WiZ?

Information on vaccinations administered by your facility may come to CT WiZ in one of the three ways. The method of reporting affects the what the dose is recorded in CT WiZ.

1. ConnVRS – CT WiZ Interface

The patient record, HBIG and hepatitis B vaccinations come over to CT WiZ as "Historical" from the ConnVRS interface with CT WiZ.

2. Electronic Health Record (EHR) – CT WiZ Interface

To prevent duplicates, we request birthing hospitals send the legal name on all births from their HL7/EHR interface with CT WiZ. If they are listed as "baby boy" and "baby girl", their record is held in their EHR and not sent to CT WiZ until they have a legal name. The HL7/EHR hepatitis B and RSV immunizations messages come over as "Administered". These onboarded birthing hospitals conduct inventory management in the CT WiZ user interface.

3. CT WiZ User-Interface (UI) Direct Entry

Most UI direct entry in CT WiZ is conducted for ordering and inventory management. If your hospital also reports doses administered in the UI, the CT WiZ trainings are below to ensure the doses are reported and inventory is reconciled.

Review CT WiZ trainings as below including:

- **Patient Management** (Running Coverage Assessment Reports, CT WiZ Reports Manual, Correct Data Entry Errors, Add Historical and Current Immunizations, and more). You may wish to run the '**User Vaccination Details Report'** and select hepatitis B or RSV and cross check it against your system.
- **Inventory Management** (Placing Orders, Return Vaccines, Reconcile Your Inventory, Transfer Vaccines, Document Wasted Vaccines, and more).

How are Vaccinations Reported from Pediatricians or Clinics via UI or EHR to CT WiZ?

The patient records and vaccinations given in the birth hospital may be reported from their pediatrician/clinic at their first newborn visit via UI or EHR interface with CT WiZ.

These vaccinations would come over as "Historical" and reflect the previous birthing hospital clinic as "Patient Record". These records undergo de-duplication in CT WiZ if/when the birth hospital also reported them.

What Should I Do if I Believe There Has Been a Reporting Error to CT WiZ or I Want to Improve My Reporting?

Reach out to your facility's EHR vendor to investigate if there are issues with the interface between your EHR and CT WiZ.

- Submit a Helpdesk ticket for assistance with CT WiZ by selecting "Immunizations (CT WiZ)", "EHR Data Exchange", "Issues with existing HL7 interface with CT WiZ".

Monthly Data Quality Reports

As the patient records and immunizations may be reported from multiple sources, the records go through de-duplication in CT WiZ and by DPH.

- For more information regarding reporting and data accuracy, review your monthly CT WiZ Data Quality Assurance (DQA) Provider Production Summary Report.
- If you identify a potential duplicate, please flag this in CT WiZ for DPH to review (see: How do I correct data entry errors and flag possible duplicate patients in CT WiZ?).