



# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH

24 September 2009

Dear Dr. <Last Name>,

In anticipation of widespread vaccination against pandemic H1N1 influenza, the Connecticut Department of Public Health Emerging Infections Program (EIP) will conduct active surveillance for **all** cases of **Guillain-Barré Syndrome (GBS)** beginning in October 2009.

In 1976, about 40 million Americans were vaccinated against a swine-origin influenza, and subsequently, an increased risk of GBS associated with vaccination was found. It remains unclear what caused the increased risk of GBS associated with the swine-origin influenza vaccine in 1976. None of the studies since then have demonstrated a substantial increase in GBS associated with influenza vaccines. There is no indication that the 2009 pandemic H1N1 vaccine will be associated with an increased risk of GBS. However, we need to be vigilant given the magnitude of the anticipated vaccination campaign.

GBS surveillance will be a collaborative effort between the Connecticut EIP and Centers for Disease Control and Prevention, along with the partnership of the Connecticut Neurological Society. Similar surveillance will be carried out in the 9 other EIP sites across the country.

We will be working with a network of neurologists, pharmacists, and hospital billing departments to identify **all potential cases of GBS**. However, since those in the neurology community are the specialists most involved in the diagnosis and treatment of GBS, you and your colleagues are crucial participants in the early detection of any increased risk of GBS during this vaccination campaign.

We ask neurologists to keep a log of all patients with a potential diagnosis of GBS. EIP staff will be contacting you, or your office staff, on a regular basis (ideally weekly) via email to inquire about possible new GBS cases. A brief, downloadable report form will accompany the email which can be faxed to the EIP office at Yale University. This fax will be sufficient to meet all state reporting requirements. EIP staff will conduct all additional follow-up to determine influenza vaccination status and collect necessary clinical information.

Our anticipated start date is October 12, 2009, dependent on when vaccine becomes available.

We recognize that your support is crucial in the successful evaluation of the safety of this new vaccine. We are grateful for your interest in this collaborative effort and look forward to working with you.

More specific details regarding GBS surveillance are forthcoming.

If you have any questions or concerns, please contact James Meek at (203) 764-4364 or [james.meek@yale.edu](mailto:james.meek@yale.edu).

Sincerely,

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