CDC'S Recommendations for Prevention and Control of Seasonal Influenza

On August 6, 2010, CDC published the MMWR "Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010.”

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5908a1.htm?s_cid=rr5908a1_w

The report provides new information and updates the 2009-2010 ACIP recommendations regarding the use of influenza vaccine for the prevention and control of seasonal influenza.

The report includes the following highlights:

- all persons aged 6 months of age and older should get flu vaccine;
- children aged 6 months--8 years whose vaccination status is unknown or who have never received seasonal influenza vaccine before (or who received seasonal vaccine for the first time in 2009--10 but received only 1 dose in their first year of vaccination) as well as children who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine, regardless of previous influenza vaccine history, should receive 2 doses of a 2010--11 seasonal influenza vaccine (minimum interval: 4 weeks).

continued on page 2

ACIP now recommends universal influenza vaccination. Everyone 6 months of age and older should get a flu vaccine each year, starting with the 2010-2011 influenza season.

Vaccination efforts should begin as soon as vaccine is available.

Vaccination should continue through March and beyond.
CDC's Recommendations for Prevention and Control of Seasonal Influenza

continued from page 1

- the 2010--11 trivalent vaccine virus strains include: A/California/7/2009 (H1N1)-like (the same strain as was used for 2009 H1N1 monovalent vaccines), A/Perth/16/2009 (H3N2)-like, and B/"Brisbane/60/2008-like antigens;
- information about Fluzone High-Dose, a newly approved vaccine for persons aged ≥65 years;
- information about other standard-dose newly approved influenza vaccines and previously approved vaccines with expanded age indications.

Receive email notification when new or updated influenza information is available.

Subscribe to the CDC's free email subscription service.

Go to: [www.cdc.gov/emailupdates/index.html](http://www.cdc.gov/emailupdates/index.html)

Click on Subscribe, then click on all topics of interest, including Seasonal Influenza!

2010-2011 Influenza Seasonal Vaccine Supply Determination as Required by Public Health Law §2112

Effective July 1, 2008, New York State Public Health Law (PHL) §2112 prohibits the administration of vaccines containing more than trace amounts of thimerosal, a mercury containing preservative, to children less than 3 years of age and women who know they are pregnant, with certain exceptions.

The Commissioner of Health has determined that as of September 1, 2010, it appears that there will be an adequate supply of thimerosal-free seasonal influenza vaccine for vaccination of pregnant women and children under the age of three years.

Therefore, health care providers (physicians, nurse practitioners, physician assistants, nurse midwives) providing influenza vaccinations to pregnant women and children under 3 years of age should purchase sufficient supplies of seasonal influenza vaccine that complies with PHL §2112.

In the event of late failure of vaccine production, the Commissioner may modify this determination. In those instances when health care providers have in good faith sought out influenza vaccine that complies with PHL § 2112, but such vaccine cannot be obtained, vaccination of children less than 3 years of age and pregnant women is still recommended because the substantial risk of complications or death from influenza disease in these groups outweighs the unproven risk of vaccination with thimerosal-containing vaccine.

An advisory about PHL §2112 was released on August 16, 2010 and can be found under “Important Health Notifications” on the NYSDOH Health Commerce System ([https://commerce.health.state.ny.us/hcsp/portal/hcs_home.portal](https://commerce.health.state.ny.us/hcsp/portal/hcs_home.portal)). For additional NYSDOH information, go to [http://www.nyhealth.gov/regulations/public_health_law/section/2112/information_for_physicians/](http://www.nyhealth.gov/regulations/public_health_law/section/2112/information_for_physicians/).
† Children who had a laboratory-confirmed 2009 pandemic H1N1 virus infection (e.g., reverse transcription–polymerase chain reaction or virus culture specific for 2009 pandemic influenza A(H1N1) virus) are likely to be immune to this virus. At provider discretion, these children can have a “Yes” entered at this box, and proceed down the path to the next box to determine whether two doses are indicated based on seasonal vaccine history. However, if no test result is available and no influenza A (H1N1) 2009 monovalent vaccine was administered, enter “no” here.

§ Interval between 2 doses is ≥4 weeks.
Guide for determining the number of doses of influenza vaccine to give to children ages 6 months through 8 years during the 2010–11 influenza season

<table>
<thead>
<tr>
<th>Did the child receive influenza vaccine prior to the 2009–10 season?</th>
<th>How many doses did the child receive in the 2009–10 season?</th>
<th>Number of doses recommended for the 2010–11 season</th>
</tr>
</thead>
<tbody>
<tr>
<td>No, yes, or unknown</td>
<td>0 or unknown</td>
<td>2²</td>
</tr>
<tr>
<td>No or unknown</td>
<td>1 or 2</td>
<td>1</td>
</tr>
<tr>
<td>No or unknown</td>
<td>1 or 2</td>
<td>2</td>
</tr>
<tr>
<td>Yes</td>
<td>1 or 2</td>
<td>1</td>
</tr>
</tbody>
</table>

1. Children who had a lab-confirmed 2009 H1N1 virus infection (e.g., reverse transcription-polymerase chain reaction or virus culture specific for H1N1 virus) are likely to be immune to this virus and can be considered to have a “1” in this column.

2. Give dose #2 a minimum of 4 weeks after dose #1. Children age 2 years or older can receive 2 injectable doses, 2 nasal-spray doses, or 1 of each.
High-Dose Seasonal Influenza Vaccine for Use in People Ages 65 and Older

The FDA recently approved Fluzone High-Dose (Sanofi Pasteur), an inactivated influenza virus vaccine for people ages 65 years and older. This vaccine is available for use during the 2010-11 influenza season. The vaccine, given via intramuscular injection, is supplied in 0.5 ml prefilled syringes, distinguished by a gray syringe plunger rod. Each 0.5 ml dose of Fluzone High-Dose contains influenza split virus antigens that are formulated to contain a total of 180 mcg of influenza virus hemagglutinin, 60 mcg each from three influenza virus strains in the vaccine. From pre-licensure studies, Fluzone High-Dose provided statistically superior titers over vaccination with the standard dose of Fluzone in adults 65 years and older.

Solicited injection site reactions and systemic adverse events were more frequent after vaccination with Fluzone High-Dose. The most common injection site reactions (≥10%) were injection pain and erythema. The most common systemic adverse events (≥10%) were myalgia, malaise and headache. Onset of adverse events were usually within the first three days after vaccination. The majority of reactions resolved within three days.

Fluzone High-Dose vaccine for patients 65 years of age or older is a benefit covered by Medicare Part B and will be reimbursed for the upcoming 2010-2011 influenza season.

For more information visit the FDA’s website:

Seasonal Influenza Resources

CDC: http://www.cdc.gov/flu/professionals/vaccination/index.htm

CDC, Patient and Provider Education:
http://www.cdc.gov/flu/professionals/patiented.htm

NYSDOH: http://www.nyhealth.gov/diseases/communicable/influenza/seasonal/

Vaccine Information Statements:
http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu

Immunization Action Coalition: http://www.immunize.org/


Shortened Shelf Life for Sanofi Pasteur Monovalent 2009 H1N1 Influenza Vaccine in Multi-dose Vials

Sanofi Pasteur notified the CDC and FDA that monovalent 2009 H1N1 influenza vaccine, in multi-dose vials, has a shorter expiration period than indicated on the label. This vaccine should be used by September 15, 2010, regardless of the expiration date imprinted on the package. This is to ensure that the vaccine is used while it remains within its potency specification. There are no safety concerns with these lots of 2009 H1N1 vaccine. People who received Sanofi Pasteur monovalent 2009 H1N1 influenza vaccine from multi-dose vials with shortened shelf life do not need to take any action.

For more information call the CDC’s toll-free information line: 800-CDC-INFO (800-232-4636).
Provider Letter from Anne Schuchat, MD/HHS on the 2010-2011 Influenza Season

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
Atlanta, GA  30333

August 6, 2010

Dear Provider,

As last year proved beyond a doubt, influenza can be unpredictable. Consequences of the 2009 H1N1 pandemic factored into CDC’s Advisory Committee on Immunization Practices’ (ACIP) vote earlier this year to recommend universal influenza vaccination for all persons 6 months of age and older.

How does this affect you? Because all people age 6 months and older are now recommended to receive annual influenza vaccination, offering flu vaccine at any opportunity, for every patient is essential. Vaccination efforts should begin as soon as vaccine is available and continue throughout the influenza season. This year’s vaccine will include the 2009 H1N1 strain as part of the regular seasonal vaccine. Communication science research conducted this summer has shown us that consumers may have safety concerns about the 2009 H1N1 strain being included in the vaccine, which can be a barrier to seeking vaccination. We rely on you to continue to emphasize that this year’s flu vaccine is made in the same way as past flu vaccines. An average of 100 million doses of influenza vaccine have been used in the United States each year, and flu vaccines have an excellent safety record.

While everyone is now recommended to receive influenza vaccine, your high-risk patients—pregnant women, those with asthma, diabetes, or other chronic conditions—remain at risk for serious complications from influenza. CDC, and state and local public health agencies, will continue to reinforce efforts to emphasize the crucial importance of vaccine for these groups while simultaneously promoting annual influenza vaccination for everyone in the community. Realistically, your practice may be limited in the amount of vaccine doses you can provide, but you can still play a critical role in encouraging influenza vaccination for your patients and their families. You can urge your own patients to make sure they vaccinate themselves and their family members too, perhaps utilizing options that might be available through pharmacies, schools, workplaces, or other local partners. Studies show that your recommendation makes the difference in convincing patients to seek influenza vaccination.

Free resources such as patient education handouts, posters for your office, copies of the vaccine information statement (VIS), and updated information for you and your staff are available at www.cdc.gov/flu and www.flu.gov. For those of you who have been long-time champions of flu vaccine, we truly appreciate your efforts and hope that this new ‘universal’ recommendation makes your job that much easier. For those of you recently joining the fight to prevent the spread of influenza in your community, we hope that you will begin the practice of “any opportunity, for every patient.” Don’t forget to vaccinate yourself and your staff so you can tell patients, “I got vaccinated. You should too.” Vaccination continues to be the best protection against influenza, and your efforts will be reflected in a healthier community—yours.

Sincerely,

Anne Schuchat, MD
Rear Admiral, US Public Health Service
Assistant Surgeon General
Director, National Center for Immunization and Respiratory Diseases
Become an Influenza ILINet Surveillance Provider

As part of the Outpatient Influenza-like Illness Surveillance Program (ILINet), an ILINet provider conducts surveillance for influenza-like illness (ILI) in collaboration with the NYSDOH and the CDC. ILINet providers are part of a national network of approximately 3,400 healthcare providers reporting over 25 million patient visits each year.

ILI surveillance consists of reporting the total number of patient visits and the total number of patient visits with ILI (fever of at least 100 degrees F with a cough or sore throat) by age group each week. Reports are sent via the internet or fax to a central data repository at CDC. Reporting typically takes less than 30 minutes per week. Data reported by ILINet providers, in combination with other influenza surveillance data, provide a local, state and nationwide picture of influenza virus and ILI activity.

In addition, ILINet providers are able to submit a designated number of patient specimens to the NYSDOH Wadsworth Center for viral testing and sub-typing free of charge.

Providers (physicians, physician assistants, nurses, and nurse practitioners) of any specialty and practice type are invited to enroll.

Why Volunteer?
Influenza viruses are constantly evolving and cause substantial morbidity and mortality every season. Nationally, prior to the pandemic, annual epidemics for seasonal influenza were responsible for approximately 36,000 deaths. During the pandemic, between April 2009 and March 2010, CDC estimates that the 2009 H1N1 influenza was responsible for approximately 12,000 deaths. Data from ILINet providers was critical in monitoring the course of 2009 H1N1 influenza virus activity on a local, state and national level.

ILINet data, in combination with other influenza surveillance data, has been used to guide prevention and control activities, vaccine strain selection, and patient care.

ILINet providers receive feedback on the data submitted, summaries of regional, statewide and national influenza data, and free subscriptions to CDC’s Morbidity and Mortality Weekly Report and Emerging Infectious Diseases Journal.

The most important consideration is that the data provided is critical for protecting the public’s health.

For more information about the Influenza ILINet Surveillance program, please contact:
NYSDOH Program Coordinator Donna Gowie
(518) 473-4439, dlg04@health.state.ny.us
or
New York City Department of Health and Mental Health Program Coordinator Beth Nivin
(212) 442-9050, bnivin@health.nyc.gov
Labeling Discrepancies Regarding Latex Content in Some Vaccine Products

Discrepancies in labeling some vaccine products in prefilled syringes have recently been identified. These labeling changes were not prompted by adverse event reports. However, the tip caps of the prefilled syringes of certain vaccines (including both flu and non-flu vaccines) may contain natural rubber latex that may cause allergic reactions in latex sensitive individuals.

Impacted flu vaccines include: Agriflu, Fluarix, Fluvirin, and Fluzone. Each of the affected manufacturers is working closely with the FDA to ensure that information about the latex content of these vaccines is clearly stated in the prescribing information, package labeling, and provider communications. Some of the labeling and packaging changes may impact the timing of distribution for individual products. Providers are advised to get specific information on the products they have ordered from the distributor or manufacturer with whom they placed the order.

Did You Know?

The Influenza Vaccine Availability Tracking System (IVATS) provides information about vaccine manufacturers and distributors who have vaccine available to purchase.

Information on this website is updated throughout the influenza vaccination season.

For more information on IVATS go to: http://www.preventinfluenza.org/ivats/

Important Contact Information

NYSDOH Bureau of Immunization:   immunize@health.state.ny.us

For further information, please contact your local health department or your regional NYSDOH Bureau of Immunization:

**Western Regional Office**
Buffalo:  716-847-4385  Rochester:  585-423-8014

**Central New York Regional Office**
Syracuse:  315-477-8164

**Capital District Regional Office**
Troy:  518-408-5278  Central Islip:  631-851-3096

**Metropolitan Area Regional Office**

Providers and facilities in New York City should contact the New York City Department of Health and Mental Hygiene at 212-676-2323.