



IMPORTANT NOTICE FLU EDITION

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An Immunization Update from the Idaho Immunization Program (IIP)

2013-2014 SEASONAL INFLUENZA VACCINE

Recommendations

The Advisory Committee on Immunization Practices (ACIP) recommendations for the prevention and control of seasonal influenza (2013-2014 influenza season) are as follows:

“All persons 6 months of age and older are recommended to receive annual influenza vaccination.”

The U.S. influenza trivalent vaccine for 2013-2014 will contain:

- A/California/7/2009 (H1N1)-like virus;
- An H3N2 virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011 (H3N2)-like virus; and
- B/Massachusetts/2/2012-like virus (Yamagata lineage).

The U.S. influenza quadrivalent vaccines for 2013-2014 will contain:

- A/California/7/2009 (H1N1)-like virus;
- An H3N2 virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011 (H3N2)-like virus;
- B/Massachusetts/2/2012-like virus (Yamagata lineage); and
- B/Brisbane/60/2008-like virus (Victoria lineage).

To permit time for production of protective antibody levels, healthcare providers should begin offering influenza vaccine as soon as the vaccine is available. Vaccination should be offered throughout the influenza season.

Supply

Production and distribution of seasonal influenza vaccine is never guaranteed. Each spring the IIP requests from the Centers for Disease Control and Prevention (CDC) the number of seasonal flu doses needed based upon provider surveys, population, estimated vaccine uptake, and available funding. The final number of doses made available to the IIP is dependent upon the contracts CDC secures with vaccine manufacturers as well as vaccine production.

The requested 2013-2014 seasonal flu vaccine will be allocated by the CDC to the IIP in waves from August through December. The IIP will distribute the influenza vaccine as it becomes available.

August 2013



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Ordering

The 2013-2014 seasonal influenza vaccine can be ordered from the IIP through the Immunization Reminder Information System (IRIS) beginning August 21, 2013. The available pediatric influenza vaccine will be listed in IRIS on the Create Orders screen.

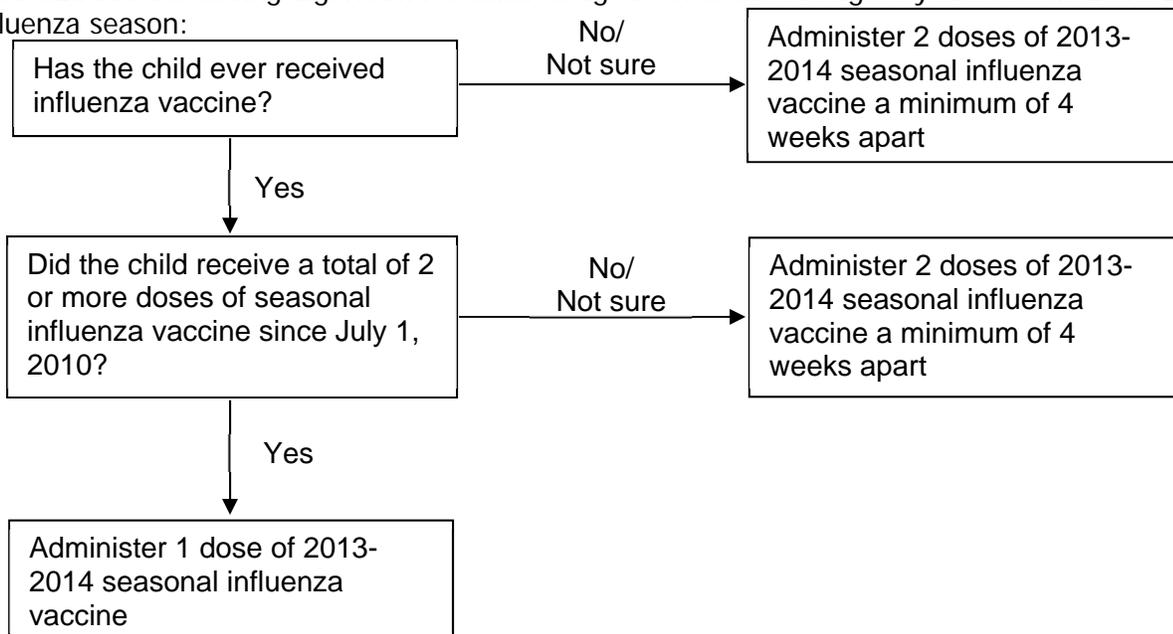
- Influenza orders do not need to follow your ordering frequency; however, current refrigerator temperature and inventory count (orders can be placed up to 14 days after submission) are required for any vaccine order.
- Orders may be placed for particular brands and/or presentations; however, if the brand and/or presentation requested was not requested on the Influenza Survey and/or is not available, then the order will be denied and a fax will be sent indicating available brands or presentations.
- Orders that are reduced will not be tracked and will not be filled at a later date. If an influenza order is denied, then a new order will need to be placed. There will be no backorders.
- Current on-hand counts are reviewed before vaccine orders are approved (as with all vaccine orders). Stay current with entering doses of influenza vaccine administered into IRIS.

Vaccine Information Sheets

2013-2014 seasonal influenza vaccine information sheets (VIS) are available to order from the IIP. Please go to the IIP's website at www.immunizeidaho.com and click on the Resource Order Form link on the healthcare provider page or click on the Related Links tab in IRIS, then click Idaho Immunization Program Resource Order Form.

Dose Recommendations

Influenza vaccine dosing algorithm for children aged 6 months through 8 years for the 2013-2014 influenza season:



August 2013



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For simplicity, this algorithm takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010. This recommendation is harmonized with that of the American Academy of Pediatrics. Using this approach, children aged 6 months through 8 years need only 1 dose of vaccine in 2013-2014 if they received a total of 2 or more doses of seasonal vaccine since July 1, 2010. Children who did not receive a total of 2 or more doses of seasonal vaccine since July 1, 2010, require 2 doses in 2013-2014.

As an alternative approach in settings where vaccination history from before July 1, 2010 is available, if a child aged 6 months through 8 years is known to have received at least 2 seasonal influenza vaccines during any previous season, and at least 1 dose of a 2009(H1N1)-containing vaccine (i.e., 2010–11, 2011–12, or 2012-13 seasonal vaccine or the monovalent 2009[H1N1] vaccine), then the child needs only 1 dose for 2013–14. Using this approach, children aged 6 months through 8 years need only 1 dose of vaccine in 2013–14 if they have received any of the following:

1. 2 or more doses of seasonal influenza vaccine since July 1, 2010;
2. 2 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of monovalent 2009(H1N1) vaccine; or
3. 1 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of seasonal influenza vaccine since July 1, 2010. Children in this age group for whom one of these conditions is not met require 2 doses in 2013–2014.

Concurrent Administration of Influenza Vaccine with Other Vaccines

- Inactivated vaccines do not interfere with the immune response to other inactivated vaccines or to live vaccines.
- Inactivated or live vaccines can be administered simultaneously with LAIV.
- However, after administration of a live vaccine, at least 4 weeks should pass before another live vaccine is administered.
 - The 4-day “grace period” may not be applied to the 28-day interval between live vaccines not administered at the same visit.

August 2013

ADDITIONAL 2013-2014 SEASONAL INFLUENZA VACCINE

Several new, recently-licensed vaccines will be available for the 2013-14 season and are acceptable alternatives to other licensed vaccines indicated for their respective age groups when otherwise appropriate:

Available from the IIP:

- A quadrivalent live attenuated influenza vaccine (LAIV4; Flumist® Quadrivalent [MedImmune]) has replaced the trivalent (LAIV3) formulation. FluMist® Quadrivalent is indicated for healthy, non-pregnant persons aged 2 through 49 years.



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- A quadrivalent inactivated influenza vaccine (IIV4; Fluarix® Quadrivalent [GlaxoSmithKline]) will be available. Fluarix® Quadrivalent is indicated for persons aged 3 years and older.

Available from vaccine manufacturers; Not available from the IIP:

- A quadrivalent inactivated influenza vaccine (IIV4; Fluzone® Quadrivalent [Sanofi Pasteur]) will be available in addition to the previous trivalent formulation. Fluzone® Quadrivalent is indicated for persons aged 6 months and older.
- A trivalent cell culture-based inactivated influenza vaccine (ccIIV3; Flucelvax® [Novartis]), which is indicated for persons aged 18 years and older.
- A recombinant hemagglutinin (HA) vaccine (RIV3; FluBlok® [Protein Sciences]), which is indicated for persons aged 18 through 49 years.

Within approved indications and recommendations, no preferential recommendation is made for any type or brand of licensed influenza vaccine over another.

Influenza Vaccination for Pregnant Women

- Women who are or will be pregnant during influenza season should receive IIV. Live attenuated influenza vaccine (LAIV) is not recommended for use during pregnancy.
- Postpartum women can receive either LAIV or IIV.
- Pregnant and postpartum women do not need to avoid contact with persons recently vaccinated with LAIV.

Influenza Vaccination of Persons with a History of Egg Allergy

1. Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine. Because relatively little data are available for use of LAIV in this setting, IIV or RIV should be used. RIV is egg-free and may be used for persons aged 18-49 years who have no other contraindications. However, IIV (egg- or cell-culture based) may also be used, with the following additional safety measures:
 1. Vaccine should be administered by a healthcare provider who is familiar with the potential manifestations of egg allergy; and
 2. Vaccine recipients should be observed for at least 30 minutes for signs of a reaction after administration of each vaccine dose.
2. Persons who report having had reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention may receive RIV3, if aged 18 through 49 years and there are no other contraindications. If RIV3 is not available or the recipient is not within the indicated age range, then such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment before receipt of vaccine.
3. All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available.

August 2013



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4. Some persons who report allergy to egg might not be egg-allergic. Those who are able to eat lightly cooked egg (e.g., scrambled egg) without reaction are unlikely to be allergic. Egg-allergic persons might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy. Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.
5. For individuals who have no known history of exposure to egg, but who are suspected of being egg-allergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained prior to vaccination. Alternatively, RIV3 may be administered if the recipient is aged 18 through 49 years.
6. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to future receipt of the vaccine.

How long does a flu vaccine protect me from getting the flu?

Multiple studies conducted over different seasons and across vaccine types and influenza virus subtypes have shown that the body's immunity to influenza viruses (acquired either through natural infection or vaccination) declines over time. The decline in antibodies is influenced by several factors, including the antigen used in the vaccine, age of the person being vaccinated, and the person's general health (for example, certain chronic health conditions may have an impact on immunity). When most healthy people with regular immune systems are vaccinated, their bodies produce antibodies and they are protected throughout the flu season, even as antibody levels decline over time. People with weakened immune systems may not generate the same amount of antibodies after vaccination; further, their antibody levels may drop more quickly when compared to healthy people.

August 2013

For everyone, getting vaccinated each year provides the best protection against influenza throughout flu season. It's important to get a flu vaccine every year, even if you got vaccinated the season before and the viruses in the vaccine have not changed for the current season.

Revised Influenza Vaccine Abbreviations

Vaccine	Abbreviation	Trade Name
Inactivated influenza vaccine	IIV	several manufacturers
Trivalent inactivated influenza vaccine	IIV3	several manufacturers
Quadrivalent inactivated influenza vaccine	IIV4	Fluarix
Live attenuated influenza vaccine	LAIV	FluMist

RECOMMENDED PEDIATRIC INFLUENZA VACCINE

Available from the Idaho Immunization Program
for the 2013-2014 Season*

VACCINE	TRADE NAME	MANUFACTURER	PRESENTATION	MERCURY CONTENT (mcg Hg/0.5mL dose)	AGE GROUP	NUMBER OF DOSES	ROUTE	NDC	CPT CODE	CVX CODES (for electronic exports)
IIV3	Fluzone®	Sanofi Pasteur	0.25mL pre-filled syringe	0	6-35 months	1 or 2	IM**	49281-0113-25	90655	140
			0.5mL pre-filled syringe	0	≥ 36 months	1 or 2	IM**	49281-0113-50	90656	140
			0.5mL single dose vial	0	≥ 36 months	1 or 2	IM**	49281-0113-10	90656	140
			5.0mL multi-dose vial	25	≥ 6 months	1 or 2	IM**	49281-0392-15	90657	141
IIV3	FluVirin®	Novartis	0.5mL pre-filled syringe	< 1.0	≥ 4 years	1 or 2	IM**	66521-0116-02	90656	140
IIV4	Fluarix® Quadrivalent	GlaxoSmithKline	0.5mL pre-filled syringe	0	≥ 3 years	1 or 2	IM**	58160-0900-52	90685	150
LAIV4	FluMist® Quadrivalent§	MedImmune	0.2mL sprayer	0	2-18 years§§	1 or 2	IN	66019-0300-10	90672	149

Abbreviations: IIV3= Inactivated Influenza Vaccine, Trivalent; IIV4=Inactivated Influenza Vaccine, Quadrivalent; LAIV4=Live-attenuated Influenza Vaccine; IM=intramuscular injection; IN=intranasal.

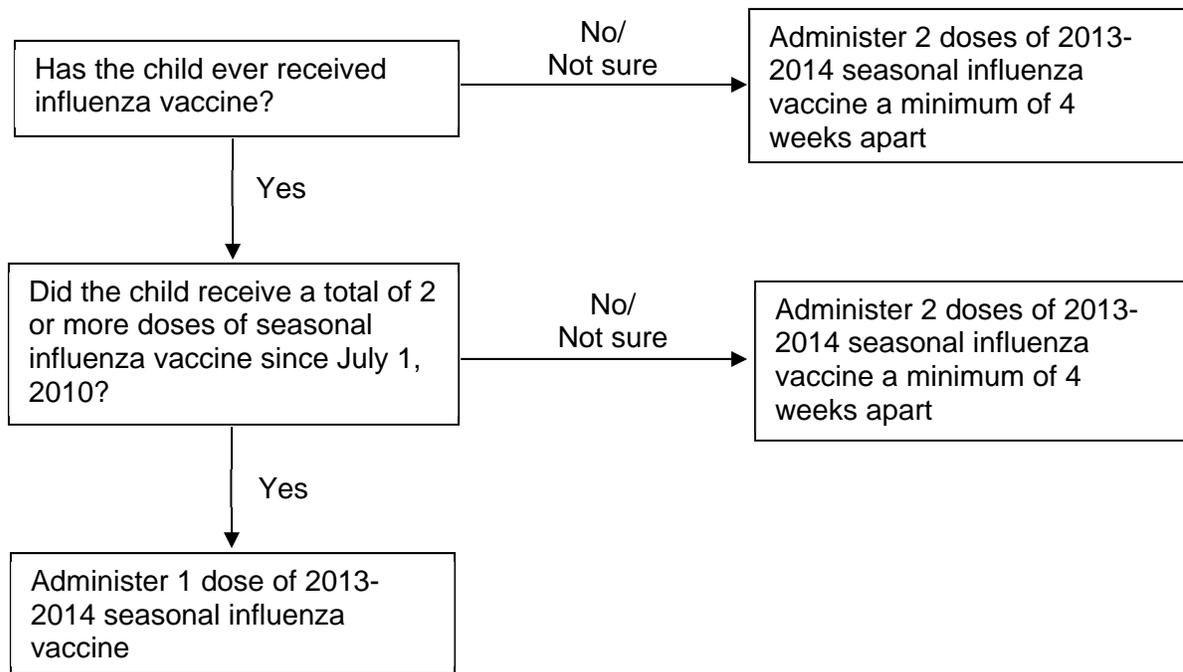
* Immunization providers should check Food and Drug Administration--approved prescribing information for 2013--14 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, and precautions. Package inserts for US-licensed vaccines are available at <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm>

** For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Specific guidance regarding site and needle length for intramuscular administration may be found in the ACIP General Recommendations on Immunization.

§ FluMist® is shipped refrigerated and stored in the refrigerator at 35°F--46°F (2°C--8°C) after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Healthcare providers should consult the medical record, when available, to identify children aged 2--4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2--4 years should be asked: "In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record within the past 12 months should not receive FluMist®.

§§ FluMist® is indicated for healthy, non-pregnant persons aged 2-49 years. Individuals who care for severely immunosuppressed persons who require a protective environment should not receive FluMist® given the theoretical risk of transmission of the live attenuated vaccine virus.

Influenza Vaccine Dosing Algorithm
For children 6 months through 8 years of age
For the 2013-2014 influenza season:



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