

2008-2009 recommendations for use of influenza vaccine

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The Wisconsin Department of Health Services (DHS) issued a memo September 12, 2008, regarding the recommendations for influenza immunization for the upcoming flu season to Wisconsin physicians and others. The memo, which is reprinted here, was signed by Jeffrey P. Davis, MD, DHS's chief medical officer and state epidemiologist for communicable diseases; Jonathan L. Temte, MD, PhD, chair of the Wisconsin Council on Immunization Practices; and this author, on behalf of the Wisconsin Adult Immunization Coalition.

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2008-2009 Recommendations for use of Influenza Vaccine

The 2008 Advisory Committee on Immunization Practices (ACIP) recommendations for the Prevention and Control of Influenza was issued on August 8, 2008, and includes a listing of the groups recommended to be immunized this year. This document can be downloaded from the MMWR Web site at www.cdc.gov/mmwr. Updated ACIP information on the vaccine supply and timing of distribution of influenza vaccine that affect the target groups will be posted on the Centers for Disease Control and Prevention (CDC) Web site at www.cdc.gov/flu as needed.

Doctor Gold is Senior Vice President and Chief Medical Officer of MetaStar, Inc. This material was prepared by MetaStar, Inc., the Quality Improvement Organization for Wisconsin, under a contract with the Centers for Medicare & Medicaid Services (CMS). The contents do not necessarily reflect CMS policy.

The 2008-2009 Vaccine Information Statements (VIS) for Influenza are available at www.cdc.gov/vaccines/pubs/vis/default.htm.

Currently we do not expect vaccine-related delays or shortages, but because of the fragile nature of influenza vaccine production and distribution, we recommend that you do not schedule your influenza clinics until you have received your supply of vaccine. In the event of a shortfall in production or a delay in the delivery of adequate supplies of vaccine, you will be in a better position to communicate with providers in your area to assure appropriate coverage starting with the high-risk groups. If such an event should occur, a Prioritization Plan will be distributed. If needed, this Plan will provide a sequence of priority groups for you to follow to assure that high-risk individuals receive influenza vaccine first. Because the annual supply and timing of distribution of influenza vaccine cannot be guaranteed, we continue to stress the importance of local partnerships. The recent history of vaccine delivery delays and shortages underscores the need for these local coalitions to help coordinate redistribution and use of influenza vaccine.

It is important that you are aware of the current recommendations and periodically visit the CDC Web site for additional information and updates. Access to updated or supplemental information is often necessary throughout the influenza season and the months leading up to it. CDC and other public health agencies will assess

the vaccine supply on a continuing basis throughout the manufacturing period and will inform both providers and the general public in the event of substantial delays or inadequate supply.

During the 2007-2008 influenza season, 113 million doses of influenza vaccine were distributed in the United States. It is anticipated that >130 million doses will be produced for the 2008-2009 influenza season. The 4 companies that will produce trivalent inactivated influenza vaccine (TIV) and the name of the vaccine they produce are: sanofi pasteur (FluZone®), Novartis Vaccine, formerly Chiron (Fluvirin™), GlaxoSmithKline (Fluarix™ and FluLuval™) and CSL Biotherapies (Afluria®). One company, MedImmune, Inc., will manufacture the live, attenuated influenza vaccine (LAIV) FluMist™ for the US market.

FluZone® (manufactured by sanofi pasteur) is approved for use in persons ≥6 months old including those with high-risk conditions. Fluvirin™ (manufactured by Novartis) is labeled in the United States for use in persons ≥4 years old, Fluarix™ and FluLuval™ (both manufactured by GlaxoSmithKline) and Afluria® (manufactured by CLS Biotherapies) are labeled for use in persons ≥18 years old including those with high-risk conditions. FluMist™ (manufactured by MedImmune, Inc.) is approved for use among healthy, nonpregnant persons 2-49 years old.

**The 2008-2009 ACIP
recommendations include
the following changes and**

points of reemphasis

1. Beginning with the 2008-2009 influenza season, all children aged 6 months-18 years should be vaccinated against influenza annually. The expansion of vaccination should begin in 2008 if feasible, but should be implemented by no later than the 2009-2010 influenza season.
2. Annual vaccination of all children aged 6 months through 4 years (59 months) continues to be a priority as these children are at higher risk for influenza complications.
3. A new recommendation that either TIV or LAIV be used when vaccinating healthy persons aged 2 through 49 years.
4. Reemphasis of the importance of administering 2 doses of influenza vaccine to all children aged 6 months-8 years if they have not been vaccinated previously at any time with either LAIV or TIV.
5. Children 6 months-8 years who received only 1 dose in their first year of vaccination should receive 2 doses the following year.
6. Reemphasis of the need for providers to continue to offer influenza vaccine throughout the influenza season and schedule immunization clinics throughout the influenza season to include December and later.
7. The composition of the 2008-2009 trivalent vaccine includes the following 3 virus strains: A/Brisbane/59/2007 (HI I)-like, N/Brisbane/10/2007 (H3 2)-like and B/Florida/4/2006-like antigens. The TIV and LAIV vaccines will contain these 3 antigens.
8. FluMist™ is now shipped to the end user at a temperature of 35°F-46°F (2°C-8°C). FluMist™ should be stored at 35°F-46°F (2°C-8°C) upon receipt and should remain at that temperature until the expiration date is reached. Do not freeze FluMist™. The dose of FluMist™ is 0.2 mL, divided equally between each nostril.

9. Health care administrators should consider the level of vaccination coverage among health care personnel (HCP) to be one measure of a patient safety quality program and should consider obtaining signed declinations from personnel who decline influenza vaccination for reasons other than medical contraindications.

Childhood Influenza Vaccination Issues and Recommendations

In July 2004, influenza vaccine was added to the routine childhood immunization schedule. Recommendations now include influenza vaccination of all healthy children aged 6-59 months because children aged 6-23 months are at high risk for influenza-related hospitalizations and children aged 24-59 months are at increased risk for influenza-related clinic and emergency department visits.

When immunizing children, several factors must be considered or reemphasized:

- Either TIV or LAIV can be used when vaccinating healthy persons aged 2-49 years. Children aged 6 months-8 years who have not received vaccination against influenza previously should receive 2 doses of influenza vaccine (doses separated by ≥ 4 weeks) the first year they are vaccinated. Administer 2 doses (separated by at least 4 weeks) to children younger than 9 years old who are receiving influenza vaccine for the first time or were vaccinated for the first time during the previous influenza season but only received 1 dose.
- Vaccination of children younger than 9 years old who are receiving influenza vaccine for the first time can begin as soon as vaccine becomes available. This practice increases the opportunity for both doses to be administered in the same influenza vaccination season

and before the onset of influenza activity.

- Children aged 6-35 months should only receive a 0.25 mL dose of a split-virus vaccine formulation. Currently only sanofi pasteur provides this vaccine.
- Fluvirin™ (Novartis) is approved only for persons aged ≥ 4 years and Fluarix™ and FluLaval™ (GlaxoSmithKline) and Afluria® (CSL Biotherapies) are labeled for use in persons aged ≥ 18 years. FluMist™ (MedImmune Inc.) is approved for healthy individuals between the ages of 2-49 years old.
- Influenza vaccine without thimerosal used as a preservative will be available in limited supply for the 2008-2009 influenza season. The supply of this vaccine will be increased as manufacturing capabilities are expanded. Elimination of thimerosal in other vaccines has already been achieved and has resulted in substantially lowered cumulative exposure to thimerosal. The ACIP states that persons for whom inactivated vaccine is recommended may receive any age and risk factor appropriate vaccine preparation, depending on availability.
- The first and second doses of vaccine do not have to match; TIV or LAIV can be used to complete the 2 dose requirement. Doses should be separated by at least 4 weeks.

If you have any questions please call the Regional Immunization Program Advisor in your area listed below.

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