

# Immunize NY!

Bureau of Immunization

## Immunize NY! Seasonal Influenza 2011-2012 Special Edition

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### Frequently Used Abbreviations:

- ✓ **ACIP:** Advisory Committee on Immunization Practices
- ✓ **CDC:** U.S. Centers for Disease Control and Prevention
- ✓ **FDA:** U.S. Food and Drug Administration
- ✓ **LAIV:** Live Attenuated Influenza Vaccine
- ✓ **MMWR:** Morbidity and Mortality Weekly Report
- ✓ **NYSDOH:** New York State Department of Health
- ✓ **TIV:** Trivalent Inactivated Influenza

### CDC'S Recommendations for Prevention and Control of Seasonal Influenza

On August 25, the CDC published the MMWR *Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2011.*

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm?s\\_cid=mm6033a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm?s_cid=mm6033a3_w)

This report provides updated guidance for the use of influenza vaccines in the United States for the 2011-2012 influenza season. This year's recommendations are issued in a shortened format because there are relatively few changes from the 2010-2011 recommendations.

The report includes the following highlights:

- The 2011-2012 U.S. seasonal influenza vaccine virus strains are identical to those contained in the 2010-2011 vaccine. These include: A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens.
- Vaccination of all persons aged 6 months and older, adopted in 2010, remains the recommendation even for those who received the vaccine during the previous season.
- CDC recommends an annual influenza vaccine as the optimal way to protect against influenza. This recommendation is the same regardless of vaccine composition from the previous season.

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**ACIP recommends universal influenza vaccination. Everyone 6 months of age and older should get a flu vaccine each year.**

**Vaccination efforts should begin as soon as vaccine is available.**

**Vaccination should continue through May until vaccine expires in June.**

## CDC'S Recommendations for Prevention and Control of Seasonal Influenza

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In this MMWR report readers will find information regarding:

- Vaccine virus strains for 2011-2012;
- Vaccination schedule for children aged 6 months through 8 years;
- Considerations regarding vaccination of persons with egg allergies;
- A new formulation of trivalent inactivated vaccine that is given intradermally.

The 2010-2011 ACIP influenza vaccine recommendations should continue to be referenced for other information on influenza vaccines. This MMWR publication can be found at the CDC site: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5908a1.htm?s\\_cid=rr5908a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5908a1.htm?s_cid=rr5908a1_w).

Information about antiviral medications is available in *Antiviral Agents for the Treatment and Chemoprophylaxis of Influenza — Recommendations of the Advisory Committee on Immunization Practices (ACIP)* found at: [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm?s\\_cid=rr6001a1\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6001a1.htm?s_cid=rr6001a1_w).

### Influenza vaccination schedule for children aged 6 months through 8 years

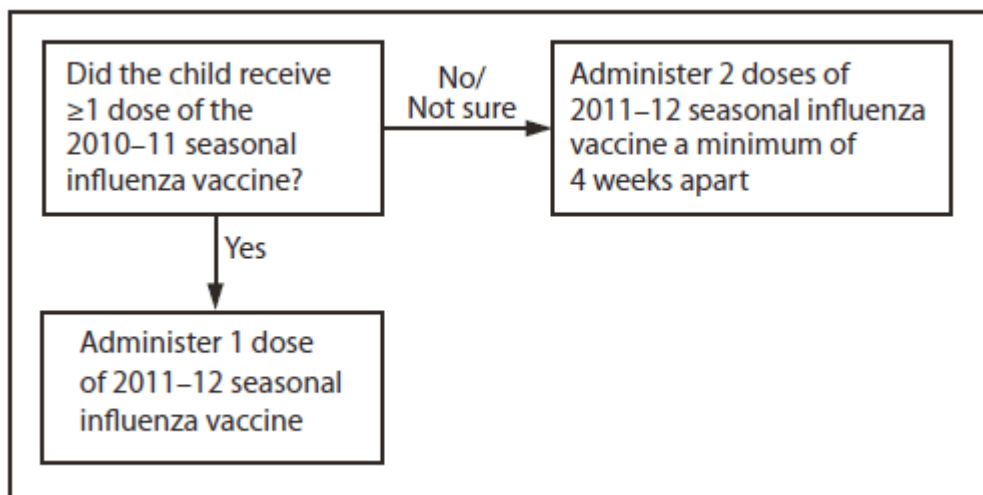
Experts have known for some time that children aged 6 months through 8 years require 2 doses of influenza vaccine during their first season of vaccination (administered a minimum of 4 weeks apart) to optimize immune response.

Because the 2011-2012 vaccine strains are unchanged from the previous season, children in this age group who received at least 1 dose of the 2010–2011 seasonal vaccine require only 1 dose of the 2011-2012 seasonal vaccine.

Children in this age group who did not receive at least one dose of the 2010-2011 vaccine, or whom it is not certain whether the 2010-2011 was received, should receive 2 doses of the 2011-2012 seasonal vaccine.

Recommendations regarding the number of doses for this age group might change for the 2012-2013 season if vaccine antigens change.

### Influenza Vaccine Dosing Algorithm for Children Aged 6 Months through 8 Years ACIP, 2011-12 Influenza Season



## **CDC'S Recommendations for Prevention and Control of Seasonal Influenza**

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### Intradermal Influenza Vaccination

On May 10, the FDA issued a press release announcing Fluzone Intradermal, a new influenza vaccine in the U.S. market for the 2011-2012 influenza season. The new vaccine is a type of influenza shot that injects a small amount of antigen into the dermal layer of the skin. This vaccine uses less antigen than the regular influenza shot, but produces a comparable immune response.

Fluzone Intradermal is only approved for use in adults aged 18 through 64 years of age.

The intradermal vaccine is given with a needle that is 90 percent smaller than the needles used for giving regular influenza shots. This may be more appealing to needle-averse adults. The most common adverse reactions to intradermal vaccine include erythema, induration, swelling, pain and pruritus at the vaccination site. Headache, myalgia and malaise may also occur. Fluzone Intradermal vaccine should not be given to anyone with a severe allergic reaction (e.g. anaphylaxis) to any component of the vaccine, including egg protein.

Fluzone Intradermal will be available to health care providers for influenza vaccine administration during the 2011-2012 influenza season. ACIP has no recommended preference for influenza vaccine products. For more information on the intradermal vaccine, visit the CDC web page "Questions & Answers: Intradermal Influenza Vaccine" at: [http://www.cdc.gov/flu/protect/vaccine/qa\\_intradermal-vaccine.htm](http://www.cdc.gov/flu/protect/vaccine/qa_intradermal-vaccine.htm)

### Egg Allergy and Influenza Vaccination

Serious allergic reactions can be caused by various components of influenza vaccine. Fortunately, the risk of such reactions is low. A severe allergic reaction—such as anaphylaxis or a reaction involving angioedema, respiratory distress, lightheadedness, or recurrent vomiting, or which required emergency medical care or epinephrine (regardless which component may have caused the reaction)—is a contraindication to future receipt of the vaccine.

In previous seasons, allergy to egg has been listed as a contraindication to receipt of vaccine on package inserts. However, several recent studies have documented safe receipt of TIV in people with an egg allergy, particularly those with a history of less severe reactions to egg. Recent revisions of some TIV package inserts list only severe allergic reaction (e.g., anaphylaxis) to egg protein as a contraindication.

Some people who report allergy to eggs may not be egg-allergic. Those who are able to eat lightly cooked eggs without reaction are unlikely to be allergic. Egg-allergic persons may tolerate eggs in baked products such as breads, cookies and cakes. Tolerance to such egg-containing foods does not exclude the possibility of egg allergy. Egg allergy may be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, in addition to a skin or blood test.

Several studies of egg allergies used skin testing with vaccine, but in general this testing was not predictive of the likelihood of allergic reactions. Vaccine was generally well tolerated, whether it was administered in two doses or given as a single dose. For these reasons, skin testing with vaccine and splitting the vaccine dose are not necessary for persons with mild reactions (hives) to eggs.

Egg-allergic people who experience mild reactions to egg, specifically those who have experienced only hives, can and should receive the influenza vaccine with some additional safety measures:

- Vaccine should be given by a health care provider who is familiar with egg allergy;
- TIV should be used rather than LAIV because studies published to date only involved TIV;
- The recipient should be observed for at least 30 minutes by the health care provider to monitor for possible reactions.

Persons who have reactions to egg that involve symptoms other than hives— such as angioedema, respiratory distress, lightheadedness, or recurrent vomiting; or who required emergency medical care, particularly those that occurred immediately or within a short time following egg exposure (minutes to hours)—are more likely to experience serious side effects to egg proteins. Prior to receiving vaccine, these people should be referred to a health care professional with expertise in the management of allergic conditions for further risk assessment.

## **CDC'S Recommendations for Prevention and Control of Seasonal Influenza**

### Egg Allergy and Influenza Vaccination

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All vaccines should be given in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available. Providers should be familiar with office emergency plans.

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### **Timing of Seasonal Influenza Vaccination on Effectiveness in Pregnancy**

A recent study in the *American Journal of Obstetrics & Gynecology* suggests that early season vaccination of pregnant women reduces influenza illness and death in pregnant and postpartum women as well as their infants less than 6 months of age. The study also concludes that early season vaccination increased both the effectiveness and cost effectiveness of vaccination. The study is posted online at: <http://download.journals.elsevierhealth.com/pdfs/journals/0002-9378/PIIS0002937811004558.pdf>

The August 19 *Influenza Vaccination Coverage Among Pregnant Women* MMWR summarizes a different study that indicates that the higher influenza vaccination level achieved during 2009-10 among pregnant women was sustained. The role of healthcare providers in promoting influenza vaccination is emphasized. For more information visit: [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6032a2.htm?s\\_cid=mm6032a2\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6032a2.htm?s_cid=mm6032a2_w).

### **Did You Know?**

It takes about two weeks **after** vaccination for antibodies to develop in the body and provide protection against influenza virus infection.

**Vaccinate as soon as vaccine is available for optimum protection against influenza!**

### **2011-2012 Influenza Seasonal Vaccine Supply Determination as Required by Public Health Law §2112**

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 there will be an adequate supply of thimerosal-free seasonal influenza vaccine for vaccination of pregnant women and children under the age of 3 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.**

A 2011 PHL §2112 advisory was released in August and can be found on the NYSDOH Health Commerce System at: [https://commerce.health.state.ny.us/hcsportal/hcs\\_home.portal](https://commerce.health.state.ny.us/hcsportal/hcs_home.portal). For additional information visit: [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/).

## High-Dose Seasonal Influenza Vaccine for Use in People Ages 65 and Older

Fluzone High-Dose (Sanofi Pasteur) is an FDA-approved inactivated influenza virus vaccine for people ages 65 years and older. This vaccine is available for the 2011-2012 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. This is four times the amount of antigen found in the regular dose of 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. ACIP has no recommended preference for influenza vaccine products.

Solicited injection site reactions and systemic adverse events were more frequent after vaccination with Fluzone High-Dose. The most common injection site reactions ( $\geq 10\%$ ) were injection pain and erythema. The most common systemic adverse events ( $\geq 10\%$ ) 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 2011-2012 influenza season.

For more information, visit: <http://www.fda.gov/downloads/biologicsbloodvaccines/.../ucm195479.pdf>

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## Annual Vaccination is Recommended Regardless of Strain Changes

Since 1969, the viruses selected for inclusion in the influenza vaccine have remained the same eight times (including the 2011-2012 season). Each time, CDC has stressed the importance of getting vaccinated each season.

An influenza vaccine given during one season may not provide adequate protection through later seasons.

The decline in protection against influenza that occurs after vaccination or after influenza infection may be influenced by several factors, including a person's age, the antigen used in the vaccine, and the person's health situation.

This decline in protection has the potential to leave some people more vulnerable to infection, illness and possibly serious complications from the same influenza viruses a year after being vaccinated. For optimal protection against influenza, annual vaccination is recommended.

## 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/>

American Academy of Pediatrics: <http://www.aap.org/immunization/illnesses/flu/influenza.html>

## Influenza Vaccination Coverage Among Health Care Personnel

Vaccination of health care personnel (HCP) against influenza has been shown to reduce illness and absenteeism and to reduce transmission of influenza to HCP, their families, and their patients. ACIP and the Healthcare Infection Control Practices Advisory Committee recommend that all HCP be vaccinated annually against influenza. Nonetheless, influenza vaccination coverage among HCP in the U.S. has increased slowly over the past decade; during the 2009-10 influenza season, 61.9% of HCP received seasonal influenza vaccination. The August 19 *Influenza Vaccination Coverage Among Health Care Personnel* MMWR summarizes results for the 2010-2011 season and indicates that overall influenza vaccination coverage among HCP was 63.5% during the 2010-2011 influenza season. For more information, visit: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6032a1.htm>.

### Did You Know?

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

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

## NYSDOH Looking for Providers for Its Influenza Surveillance Network

The NYSDOH is recruiting providers to participate in the Outpatient Influenza-like Illness Surveillance Network (ILINet). In collaboration with CDC, ILINet providers are part of a national network of more than 3,400 health care providers who conduct surveillance for influenza-like illness.

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 and typically take less than 30 minutes of effort per week. Data reported by ILINet providers, in combination with other influenza surveillance data, provide a local, state and nationwide picture of influenza activity.

ILINet providers are permitted 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. Data from ILINet providers, in combination with other influenza surveillance data, is 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 ILINet Surveillance program, please contact:

NYSDOH Program Coordinator Donna Gowie

(518) 473-4439, [dlg04@health.state.ny.us](mailto:dlg04@health.state.ny.us)

or

New York City Department of Health and Mental Health Program Coordinator Beth Nivin

(347) 396-2616, [bnivin@health.nyc.gov](mailto:bnivin@health.nyc.gov)

## Did you know?

All significant health events that may have been related to a dose of vaccine, particularly those that lead to hospitalization, disability, or death, should be reported to the Vaccine Adverse Event Reporting System (VAERS).

Health care providers do not need to be certain the event was vaccine related in order to report it. It is not necessary to report minor adverse reactions, such as local reactions or low-grade fever.

For more information about VAERS visit <http://vaers.hhs.gov> or call (800) 822-7967.

### 2011-2012 Influenza Vaccine Pocket Information Guide

The National Influenza Vaccine Summit's laminated influenza vaccine pocket guides are available for ordering again this year. The *2011-12 Influenza Vaccine Pocket Information Guide* was revised to reflect the most current recommendations and includes:

- rationale for why it is important to get this year's vaccine, even though the vaccine viruses did not change from the previous year,
- which children need two doses of vaccine,
- vaccination of persons with egg allergy,
- the addition of an intradermal form of inactivated vaccine, and
- the different age indications for the various vaccine products.

Pocket guides are intended for use by health care providers only and are available at no cost to your agency or organization. To order influenza and/or pneumonia vaccine pocket guides in quantity, visit the Immunization Action Coalition website: <http://www.immunize.org/pocketguides/>. Please order early - shipping is planned for September.

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

Subscribe to the CDC's free email subscription service:

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

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

## **TIV & Pneumococcal Vaccine (PCV13) and Febrile Seizures**

On August 26, the CDC announced the updating of the 2011-2012 Vaccine Information Statement (VIS) for TIV. The updated VIS includes a sentence regarding febrile seizures and simultaneous administration of TIV and PCV13 vaccines. The 2011-2012 inactivated influenza vaccine VIS states that “young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever.”

The CDC added a brief note in the "VIS News" (<http://www.cdc.gov/vaccines/pubs/vis/vis-news.htm#flu>) and a link from the TIV download on the VIS homepage (<http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu>). These should give providers enough information to field simple questions from patients who ask about this statement.

More detailed information will soon be available on CDC’s website, and will be updated as additional data become available. To be notified as soon as the information is updated, subscribe to the CDC Email Subscription Service as detailed in the *Did You Know* box on page 7 of this newsletter. Be sure to check “Vaccine Information Statements (VIS)” when you subscribe to receive updates.

### **Important Contact Information**

NYSDOH Bureau of Immunization email:  
[immunize@health.state.ny.us](mailto: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  
Oneonta: 607-432-2890

*Metropolitan Area Regional Office*  
New Rochelle: 914-654-7149  
Central Islip: 631-851-3096

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