



# IMPORTANT NOTICE FLU EDITION

Route to:  
 Office Manager  
 Medical Staff  
 Nursing Staff  
 Immunization  
Coordinator

An Immunization Update from the Idaho Immunization Program (IIP)

## 2014-2015 SEASONAL INFLUENZA VACCINE

### Recommendations

The Advisory Committee on Immunization Practices (ACIP) recommendations for the prevention and control of seasonal influenza (2014-2015 influenza season) are as follows:

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

When immediately available, live attenuated influenza vaccine (LAIV) should be used for healthy children aged 2 through 8 years who have no contraindications or precautions. If LAIV is not immediately available, inactivated influenza vaccine should be used. Vaccination should not be delayed to procure LAIV.

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.

### 2014-2015 Influenza Vaccine Composition

The U.S. influenza quadrivalent vaccines for 2014-2015 will contain:

- A/California/7/2009 (H1N1)-like virus;
- A/Texas/50/2012 (H3N2)-line virus;
- B/Massachusetts/2/2012-like virus (Yamagata lineage); and
- B/Brisbane/60/2008-like virus (Victoria lineage).

### 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 2014-2015 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 through provider orders as it becomes available. The IIP will only be supplying the quadrivalent formulation of pediatric influenza vaccine.

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## **Ordering**

The 2014-2015 seasonal influenza vaccine can be ordered from the IIP through the Immunization Reminder Information System (IRIS) beginning August 25, 2014. The available pediatric influenza vaccine will be listed in IRIS on the Create Orders screen.

- Influenza vaccine orders do not need to follow your ordering frequency.
- **Influenza vaccine only** orders will require a current refrigerator temperature; however, a full inventory count will not be required. For an **influenza vaccine only** order, click *inventory count*, click *Enter New Count*, and then click *Save & Submit*.
  - Any other vaccines ordered must have a physical vaccine count submitted, orders placed without the physical vaccine count will be denied.
- Orders may be placed for particular brands and/or presentations; however, if the brand and/or presentation requested was not indicated on the Influenza Survey submitted by your facility and/or is not available, then the order will be denied and a fax will be sent if other brands or presentations are available.
- Orders that are reduced or denied (because the influenza vaccine is not available) 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 will be reviewed during the season as vaccine orders are processed (as with all vaccine orders). Stay current with entering doses of influenza vaccine administered into IRIS.

## **Multi-dose Vials (MDV) of Influenza Vaccine**

The IIP will be supplying two influenza vaccines in MDV. After the MDV vial has been used for the first time the Fluzone 0.5mL MDV may be used until the expiration date printed on the vial. The FluLaval 0.5mL MDV may only be administered 28 days after the first use. Please document the "beyond use date" (28 days from the date the MDV of FluLaval is initially used) on the label along with the initials of the person noting the date.

## **Vaccine Information Sheets**

2014-2015 seasonal influenza vaccine information sheets (VIS) are available to order from the IIP. Please go to the IIP's website at [www.immunizeidaho.com](http://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*.

The 2014-2015 seasonal influenza vaccine information sheets will also be available online from the Centers for Disease Control and Prevention – Vaccine Information Statements (VIS) at <http://www.cdc.gov/vaccines/hcp/vis/index.html>

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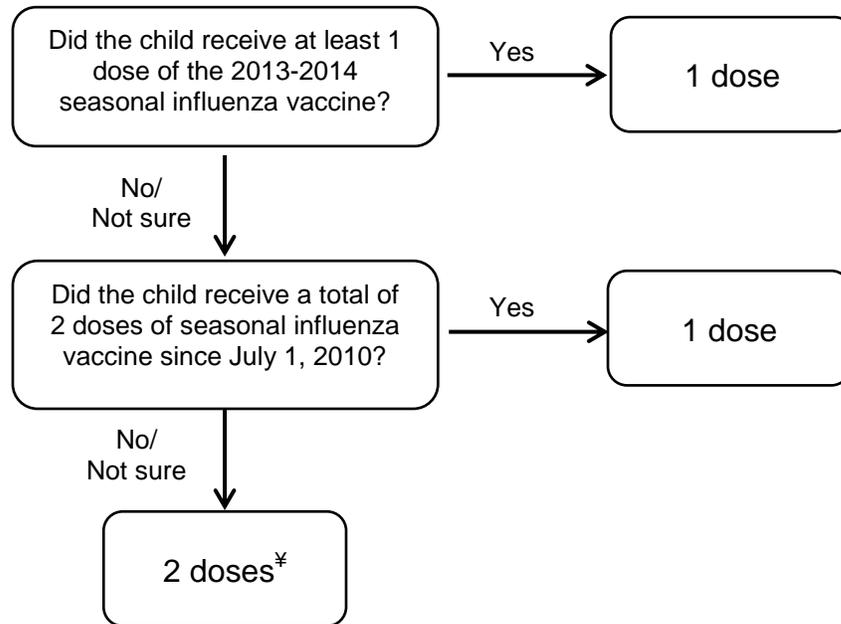
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## Dose Recommendations

Influenza vaccine dosing algorithm for children aged 6 months through 8 years for the 2014-2015 influenza season:



\*For simplicity, this algorithm takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010, to determine the number of doses needed for the 2014-15 season. 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 either 1) at least 1 dose of 2013-14 seasonal influenza vaccine, or 2) at least two seasonal influenza vaccines during any previous season, and at least 1 dose of a 2009(H1N1)-containing vaccine (i.e., seasonal vaccine since 2010-11 or the monovalent 2009[H1N1] vaccine), then the child needs only 1 dose for 2014-15. Using this approach, children aged 6 months through 8 years need only 1 dose of vaccine for 2014-15 if they have received any of the following:

- 1) At least 1 dose of the 2013-14 seasonal influenza vaccine; or
- 2) 2 or more doses of seasonal influenza vaccine since July 1, 2010; or
- 3) 2 or more doses of seasonal influenza vaccine before July 1, 2010 and 1 or more doses of monovalent 2009(H1N1) vaccine; or
- 4) 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<sup>‡</sup> for 2014-15.

<sup>‡</sup> Doses should be administered at least 4 weeks apart.

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## **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 (28-days) 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.

## **ADDITIONAL 2014-2015 SEASONAL INFLUENZA VACCINE INFORMATION**

### **Considerations for the Use of Live Attenuated Influenza Vaccine**

LAIV should not be used in the following populations:

- Persons less than 2 years of age or greater than 49 years of age;
- Those with contraindications listed in the package insert:
  - Children aged 2 through 17 years who are receiving aspirin or aspirin-containing products;
  - Persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine;
- Pregnant women;
- Immunosuppressed persons;
- Persons with a history of egg allergy;
- Children aged 2 through 4 years who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a healthcare provider stated that they had wheezing or asthma within the last 12 months.
- Persons who have taken influenza antiviral medications within the previous 48 hours.

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In addition to the groups for whom LAIV is not recommended above, the "Warnings and Precautions" section of the LAIV package insert indicates that persons of any age with asthma might be at increased risk for wheezing after administration of LAIV (22), and notes that the safety of LAIV in persons with other underlying medical conditions that might predispose them to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus] (1)) has not been established. These conditions, in addition to asthma in persons aged ≥5 years, should be considered precautions for the use of LAIV.

Persons who care for severely immunosuppressed persons who require a protective environment should not receive LAIV, or should avoid contact with such persons for 7 days after receipt, given the theoretical risk for transmission of the live attenuated vaccine virus.



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## **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.

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.

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