



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

IMPORTANT MESSAGE

Prevention and Control of Influenza with Vaccines

Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010

CDC published *Prevention and Control of Influenza with Vaccines Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2010* on August 6, 2010. The Bureau of Immunization is please to call your attention to this important information. The summary of this document is reprinted below in its entirety, and the full document can be accessed at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5908a1.htm?s_cid=rr5908a1_w.

This report updates the 2009 recommendations by CDC's Advisory Committee on Immunization Practices (ACIP) regarding the use of influenza vaccine for the prevention and control of influenza (*CDC. Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices [ACIP]. MMWR 2009;58[No. RR-8]* and *CDC. Use of influenza A (H1N1) 2009 monovalent vaccine---recommendations of the Advisory Committee on Immunization Practices [ACIP], 2009. MMWR 2009;58:[No. RR-10]*). The 2010 influenza recommendations include new and updated information. Highlights of the 2010 recommendations include 1) a recommendation that annual vaccination be administered to all persons aged ≥6 months for the 2010--11 influenza season; 2) a recommendation that 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) during the 2010--11 season; 3) a recommendation that vaccines containing the 2010--11 trivalent vaccine virus strains 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 be used; 4) information about Fluzone High-Dose, a newly approved vaccine for persons aged ≥65 years; and 5) information about other standard-dose newly approved influenza vaccines and

*** VFC BLAST FAX 08/11/2010 * VFC BLAST FAX 08/11/2010 ***

previously approved vaccines with expanded age indications. Vaccination efforts should begin as soon as the 2010--11 seasonal influenza vaccine is available and continue through the influenza season. These recommendations also include a summary of safety data for U.S.-licensed influenza vaccines. These recommendations and other information are available at CDC's influenza website (<http://www.cdc.gov/flu>); any updates or supplements that might be required during the 2010--11 influenza season also will be available at this website. Recommendations for influenza diagnosis and antiviral use will be published before the start of the 2010--11 influenza season. Vaccination and health-care providers should be alert to announcements of recommendation updates and should check the CDC influenza website periodically for additional information.

Primary changes and updates in the recommendations include:

- Routine influenza vaccination is recommended for all persons aged ≥ 6 months. This represents an expansion of the previous recommendations for annual vaccination of all adults aged 19--49 years
- For the 2010--11 influenza season, children aged 6 months--8 years who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine should receive 2 doses of a 2010--11 seasonal influenza vaccine, regardless of previous influenza vaccination history. Children aged 6 months--8 years for whom the previous 2009--10 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive 2 doses of a 2010--11 seasonal influenza vaccine.
- The 2010--11 trivalent vaccines will contain A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine virus is derived from a 2009 pandemic influenza A (H1N1) virus.
- A newly approved inactivated trivalent vaccine containing 60 mcg of hemagglutinin antigen per influenza vaccine virus strain (Fluzone High-Dose [sanofi pasteur]) is an alternative inactivated vaccine for persons aged ≥ 65 years. Persons aged ≥ 65 years can be administered any of the standard-dose TIV preparations or Fluzone High-Dose. Persons aged < 65 years who receive inactivated influenza vaccine should be administered a standard-dose TIV preparation.
- Previously approved inactivated influenza vaccines that were approved for expanded age indications in 2009 include Fluarix (GlaxoSmithKline), which is now approved for use in persons aged ≥ 3 years, and Afluria (CSL Biotherapies), which is now approved for use in persons aged ≥ 6 months. A new inactivated influenza vaccine, Agriflu (Novartis), has been approved for persons aged ≥ 18 years.

The bureau developed two reference documents to assist providers in determining the appropriate doses of seasonal influenza vaccine required for all persons ≥ 6 months of age. The document titled "*Recommended Vaccine Doses for the 2010-2011 Influenza Season*" includes all ages. A second document specific to children 6 months through 8 years of age titled "*2010-2011 Seasonal Influenza Vaccine Doses Recommended for Children*" provides a decision tree to assist with determining the appropriate doses for these age groups. These documents are available on the bureau website at: <http://www.immunizeflorida.com/publications/flyers.htm>.

Educational Opportunity:

Sanofi Pasteur is presenting two web-based audio conferences on the Fluzone High-Dose vaccine on August 10th and 11th. For contact information please visit:
http://www.ImmunizeFlorida.org/flu/Fluzone_HD_Invite.pdf.

****The bureau makes every attempt to provide all vaccine-preventable immunization programs, without endorsement, for those interested in immunizations.

The Bureau of Immunization anticipates the publication of the Vaccine Information Statements (VIS) for this year in the upcoming weeks and will provide timely updates as they become available in addition to any educational programs that will help providers implement plans for the prevention of influenza disease.

Vaccine Information Statement

The Vaccine Information Statements (VIS) for Seasonal Live, Intranasal and Seasonal Inactivated Influenza vaccine are available at:
<http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu>.

Vaccines for Children (VFC) Program Influenza Vaccine

The bureau expects to begin receiving 2010 influenza vaccine allocations this month. The amount of seasonal flu vaccine we receive will determine the amount we will be able to distribute to each provider. As vaccine becomes available, providers that pre-booked the vaccine will receive an initial partial shipment early in the vaccination season, followed by additional shipments as the season progresses. Once pre-booked vaccine orders are filled, the VFC Program will provide the ability to order additional vaccine, if supply allows.

The purpose of this guidance is to provide information to you about influenza vaccine ordering and distribution processes for the 2010-11 influenza season, and to assist you in planning for and managing your practice's influenza vaccination program.

This guidance was developed based on two underlying assumptions about flu vaccine distribution and one public health principle. The two assumptions are: (1) influenza vaccine products will arrive at McKesson in waves as they have in the past, with 2-4 waves for each product; and (2) the first waves will begin between mid-August and early September and final waves will reach McKesson by early November. The public health principle is that getting vaccine out to providers as early as possible provides the broadest public access to influenza vaccine and allows our nation's immunization program to protect as many children, adolescents, and adults against influenza as possible.

The timeframe for filling and shipping flu vaccine orders is 3-4 business days, depending on the day of the week that the order was transmitted. In addition, as last year, McKesson will use a separate pick/pack/ship line for flu vaccine orders to accomplish influenza vaccine distribution as quickly as possible in response to provider orders received from grantees. This means that flu vaccines will typically arrive separately from other vaccines, even if flu and non-flu vaccines are ordered at the same time.

This year, the VFC Program will supply preservative-free influenza vaccine to our 2,000 participating public and private providers. The vaccine is available in three formulations:

- 0.25 ml dose, preservative-free, for VFC-eligible children age 6-35 months
- 0.50 ml dose, preservative free, for VFC-eligible children 36 months through 18 years of age
- Live, intranasal (FluMist ®), for VFC-eligible children 2 years through 18 years of age

The Florida VFC Program will use influenza vaccine from different manufacturers, however, because of uncertainty with shipping schedules from manufacturers, the vaccine will be distributed by presentation not by manufacturer or brand name.

As with all vaccine orders, providers must open flu vaccine packages immediately, check the temperature monitor reading, inspect the vaccine, compare the vaccine and the packing list, and store at appropriate temperatures. If vaccines have been compromised or if temperature monitors are out-of-range, not present in the box, or a warm indicator is not activated or turned on, providers should notify McKesson Specialty Customer Care dedicated vaccine viability telephone line immediately at **877-TEMP123 (877-836-7123)** as with other vaccine shipments. According to the current language in the centralized vaccine distribution contract, CDC is financially liable for any vaccine that is not called into Customer Care within two hours of the provider signing the receipt, even if the cause of the problem was not due to provider or grantee error. Of note, the vaccine viability telephone line is printed on the temperature monitors that are included in all vaccine shipments.

For Additional Information

Please contact John Keegan for educational opportunities, Laura Rutledge, R.N., for vaccine recommendations at (850) 245-4342, or Robert Griffin, VFC Program Coordinator, or your VFC Program representative for vaccine supplies at (800) 483-2543.