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HEALTH

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TO: Healthcare Providers, Clinical Laboratories, Hospitals, Long-Term Care Facilities, Pharmacies, and Local Health Departments

FROM: NYSDOH Bureau of Immunization

HEALTH ADVISORY:

INFLUENZA PREVENTION AND CONTROL: 2014–2015

For healthcare facilities, please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all patient care areas.

PURPOSE

The New York State Department of Health (NYSDOH) is providing this advisory to assist health care providers in preparing for the 2014–2015 influenza season. This advisory highlights the current recommendations regarding the prevention and control of influenza.

PREVENTION AND CONTROL OF INFLUENZA WITH VACCINES

On August 15, 2014, the Centers for Disease Control and Prevention (CDC) published the yearly recommendations of the Advisory Committee on Immunization Practices (ACIP) on the prevention and control of influenza with vaccines. (MMWR; August 15, 2014; 63(32); 691-697). The document is accessible at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm. This advisory summarizes the 2014 ACIP recommendations on influenza prevention and control; full details are available in the MMWR publication accessible at the link above.

Highlights of the ACIP recommendations include:

- Annual influenza vaccination of all persons aged ≥6 months continues to be recommended.
- Vaccination providers should offer influenza vaccination *as soon as vaccine is available* and throughout the influenza season. It takes about two weeks after vaccination for protective antibodies to develop, therefore, vaccination before the influenza season begins offers the best protection against disease. Vaccination through the spring months will also offer protection since influenza viruses often continue to circulate.
- CDC has stated a preferential recommendation for the use of live attenuated influenza vaccine (LAIV) in healthy children 2 through 8 years of age, who had no contraindications or precautions, to be implemented as feasible for the 2014-15 season but no later than the 2015-16 season.
- For 2014–15, U.S.-licensed influenza vaccines will contain the same vaccine virus strains as those in the 2013–14 vaccine.
- It's important to get an influenza vaccine every year, even if the viruses in the vaccine have not changed for the current season.

VACCINE FORMULATION AND COMPOSITION

- U.S. trivalent influenza vaccines will contain:
  - A/California/7/2009 (H1N1)-like virus
  - A/Texas/50/2012 (H3N2)-like virus and
  - B/Massachusetts/2/2012-like (Yamagata lineage) virus
- Quadrivalent vaccines will also include an additional vaccine virus: B/Brisbane/60/2008-like (Victoria lineage) virus.
- Various influenza vaccine products are anticipated to be available during the 2014–15 season. Complete product information is available in the MMWR publication.

PREFERENTIAL RECOMMENDATION FOR LAIV FOR CHILDREN 2 THROUGH 8 YEARS

- ACIP reviewed the evidence pertaining to the relative efficacy of LAIV and inactivated influenza vaccine (IIV) for healthy children, and concluded that LAIV is more efficacious than IIV against laboratory-confirmed influenza among younger children (based on studies including children aged 6 through 71 months).
- Risks for adverse events (including fever, wheezing, and serious adverse events) appear to be similar for LAIV and IIV.
- If LAIV is not immediately available, IIV should be used. Vaccination should not be delayed in order to procure LAIV.

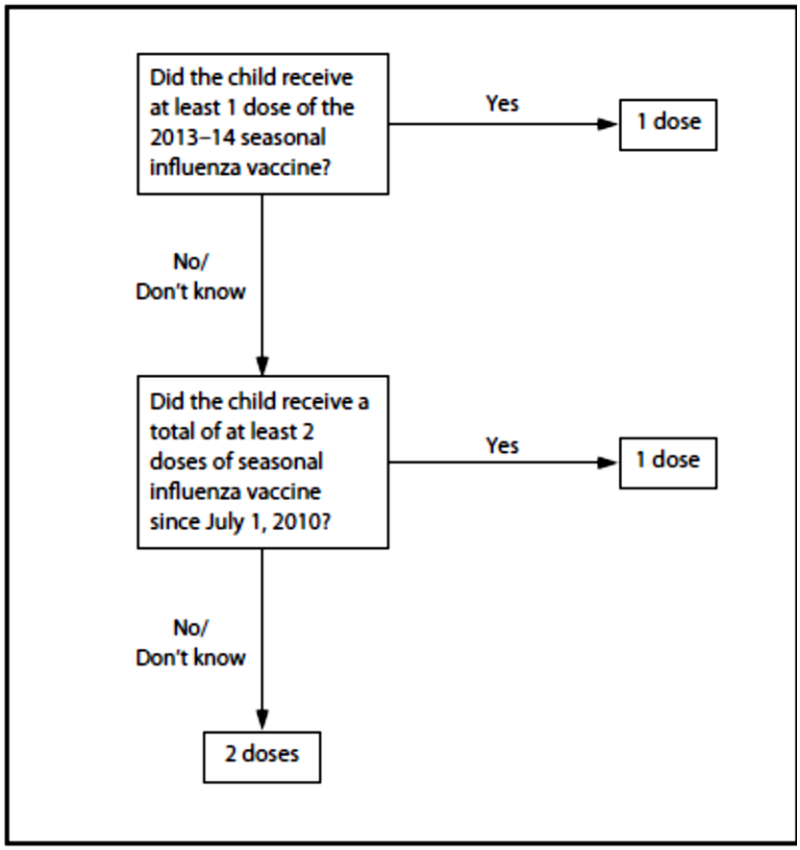
THE PEDIATRIC POPULATION AND INFLUENZA VACCINE DOSING

Children aged 6 months through 8 years require 2 doses of influenza vaccine (administered ≥4 weeks apart) during their first season of vaccination to optimize immune response. In addition, children in this age range that have never previously received vaccine containing the 2009 influenza A(H1N1) pandemic virus strain will need 2 doses of influenza vaccine due to the antigenic novelty of that strain. Two approaches are recommended for determination of the necessary doses for the 2014–15 season; both are acceptable.

1a. The primary approach (see illustration on next page) considers only doses of seasonal influenza vaccine received since July 1, 2010 and which include receipt of vaccine containing 2009 influenza A (H1N1) pandemic antigen (included in all seasonal influenza vaccines since the 2010–11 season).

b. Because the strains contained in the 2014–15 seasonal influenza vaccines are identical to those contained in the 2013–14 vaccines, only 1 dose is required for any child aged 6 months through 8 years who previously received ≥1 dose of 2013–14 seasonal influenza vaccine.

c. Children receiving vaccine for the first time this season, who have unknown influenza vaccination history, or who received only 1 dose of 2009 influenza A (H1N1)-containing vaccine prior to the 2013-14 season will need 2 doses of the 2014–15 seasonal influenza vaccine.



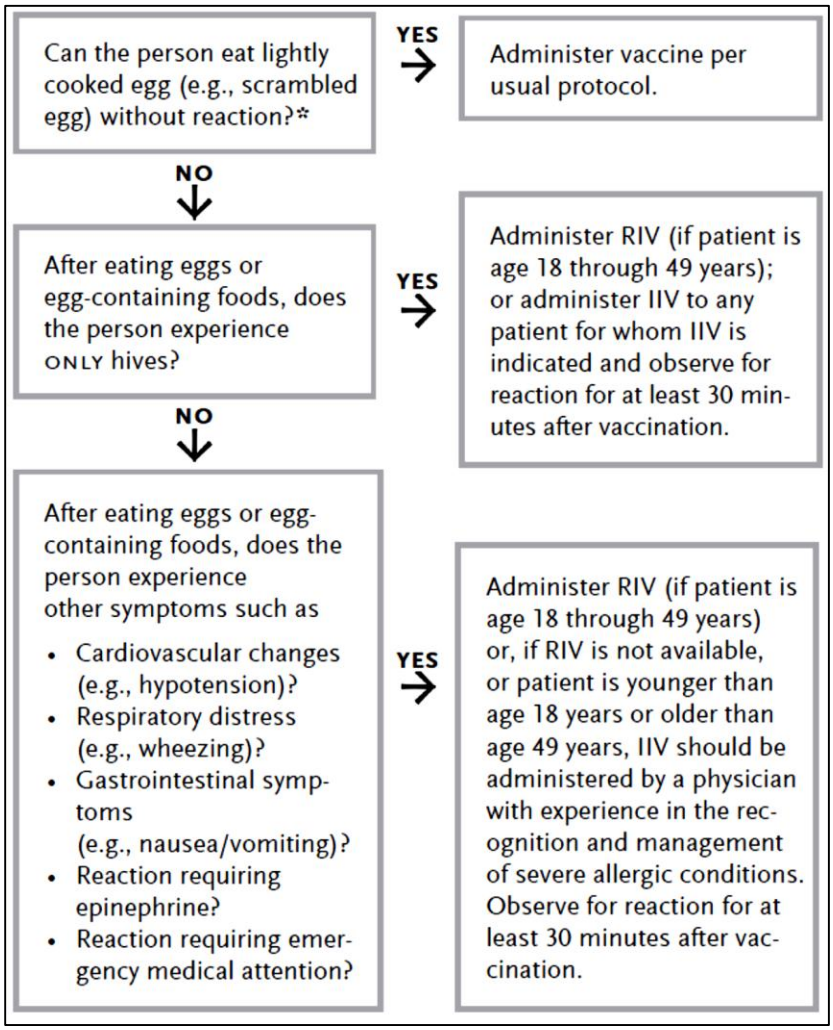
2. An alternative approach may be used where adequate vaccination history from before the 2010–11 season is available. A full description of the alternative approach is available in the MMWR publication for interested providers.

INFLUENZA VACCINE ADMINISTRATION IN THE EGG-ALLERGIC POPULATION

With the exceptions of trivalent recombinant influenza vaccine (RIV3 [FluBlok], Protein Sciences) and cell culture-based inactivated influenza vaccine (ccIIV3 [Flucelvax], Novartis), currently available influenza vaccines are prepared by propagation of virus in embryonated chicken eggs. Detailed recommendations for patients with a history of egg allergy have remained the same as last year and can be found in the above-referenced document. (See illustration on the next page)

Key points include:

- Egg-allergic people who experience mild reactions to egg, specifically those who have experienced only hives, can and should receive the influenza vaccine IIV, ccIIV3 or RIV.
- 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, such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment before receipt of vaccine.
- 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.



ADDITIONAL INFORMATION

Other resources on influenza are available on the NYSDOH public website at http://www.health.ny.gov/diseases/communicable/influenza/seasonal/ and on the CDC website at http://www.cdc.gov/flu/.
For additional information please contact the Bureau of Immunization at 518-473-4437.