

September 2011

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

FROM: NYSDOH Bureau of Immunization

**HEALTH ADVISORY: RECOMMENDATIONS OF THE ADVISORY COMMITTEE
ON IMMUNIZATION PRACTICES FOR INFLUENZA PREVENTION, 2011-2012**

**Please distribute to the Infection Control Department, Medical Director,
Director of Nursing, Emergency Department, Employee Health, and all patient care areas**

The New York State Department of Health (NYSDOH) is providing this advisory on current recommendations regarding the prevention and treatment of influenza to assist public and private health care providers in preparing for the 2011 - 2012 influenza season.

The Centers for Disease Control and Prevention (CDC) published the yearly recommendations of the Advisory Committee on Immunization Practices (ACIP) on August 26, 2011: *Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices*. MMWR 2011; August 26, 2011 / 60(33); 1128 - 1132.

The 2011 - 2012 influenza vaccine virus strains contained in both trivalent influenza vaccine (TIV) and live attenuated influenza vaccine (LAIV) are: 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. These are the *same* antigens used in the 2010 - 2011 vaccine, however, it is expected that the body's level of immunity from a vaccine received last season is expected to have *declined* by this time. Therefore, patients should be vaccinated *now* to raise their immune levels against the three viruses that research indicates are likely to circulate again. Annual vaccination of all persons 6 months of age and older, continues to be recommended.

The CDC recommends that people get vaccinated against influenza *as soon as vaccine becomes available* in their community. It takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection; it is expected that this protection will last through the influenza season and additional doses of vaccine will not be needed later in the season.

The ACIP recommendations for the 2011 - 2012 influenza season include the following updates:

- **CHILDREN AGED 6 MONTHS THROUGH 8 YEARS:** Children aged 6 months through 8 years require 2 doses of influenza vaccine (administered a minimum of 4 weeks apart) during their first season of vaccination to optimize immune response. Vaccination providers should note that, in previous seasons, children aged 6 months through 8 years who received only 1 dose of influenza vaccine in their first year of vaccination required 2 doses the following season. However, because the 2011 - 12 vaccine strains are unchanged from the 2010 - 11 season, children in this age group who received at least 1 dose of the 2010 - 11 seasonal vaccine will require only 1 dose of the 2011 - 12 vaccine. Children in this age group who did not receive at least 1 dose of the 2010 - 11 seasonal influenza vaccine, or for whom it is not certain whether the 2010 - 11 seasonal vaccine was received, should receive 2 doses of the 2011 - 12 seasonal influenza vaccine. Recommendations regarding the number of doses for this age group might change for the 2012 - 13 season if vaccine antigens change.
- **INTRADERMAL INFLUENZA VACCINE:** A new intradermally administered TIV preparation, Fluzone Intradermal, was licensed in May 2011. This vaccine is indicated for persons aged 18 through 64 years and contains less antigen than intramuscular TIV preparations (9 μg rather than 15 μg of each strain per dose) in a smaller volume (0.1mL rather than 0.5 mL). The vaccine is administered intradermally via a single-dose, prefilled microinjection syringe. The preferred site for administration is over the deltoid muscle. This vaccine is an alternative to other TIV preparations for those in the indicated age range, with no preferential recommendation.
- **FLUZONE HIGH-DOSE:** For people 65 years old and older, Fluzone High-Dose will continue to be available as an alternative to TIV for persons aged ≥ 65 years. Studies are underway to assess the relative effectiveness of Fluzone High-Dose compared to standard dose inactivated influenza vaccine. As during the 2010-2011 season, the ACIP has not expressed a preference for any licensed inactivated influenza vaccine over another for use in people age 65 and older.
- **RECOMMENDATIONS IN EGG ALLERGIC PATIENTS:** Each of the following recommendations applies when considering influenza vaccination of persons who have or report a history of egg allergy.
 1. Persons who have experienced only hives following exposure to egg should receive influenza vaccine with the following additional measures:
 - a) Because studies published to date involved use of TIV, TIV rather than LAIV should be used.
 - b) Vaccine should be administered by a health-care provider who is familiar with the potential manifestations of egg allergy.
 - c) Vaccine recipients should be observed for at least 30 minutes for signs of a reaction following administration of each vaccine dose.

2. Persons who report having had reactions to egg involving angioedema, respiratory distress, lightheadedness, or recurrent emesis, or persons who required epinephrine or other emergency medical intervention, particularly those that occurred immediately or within minutes to hours after egg exposure are more likely to have a serious systemic or anaphylactic reaction upon reexposure to egg proteins. Before receipt of vaccine, such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment.
3. All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available. ACIP recommends that all vaccination providers be familiar with the office emergency plan. Some persons who report allergy to egg might not be egg allergic. Those who are able to eat lightly cooked egg (e.g., scrambled eggs) without reaction are unlikely to be allergic. Conversely, egg-allergic persons might tolerate egg in baked products (e.g., bread or cake); tolerance to egg-containing foods does not exclude the possibility of egg allergy. Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.
4. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to receipt of influenza vaccine.

More Information:

Additional detailed information is available in the document and is accessible at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm?s_cid=mm6033a3_w.

Other resources on influenza are available on the NYSDOH public website at

<http://www.health.state.ny.us/diseases/communicable/influenza/seasonal/> and on the website of the Centers for Disease Control and Prevention (CDC) at <http://www.cdc.gov/flu/>.

For additional information please contact the Bureau of Immunization at 518-473-4437.