

# VACCINE ADVISORY

From the Texas Department of State Health Services Immunization Branch

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*The goal of the Vaccine Advisory is to disseminate, in a timely manner, practical information related to vaccines, vaccine-preventable diseases, and the vaccine programs managed by the Immunization Branch. The Immunization Branch welcomes readers' input to improve the contents of this document.*

October 9, 2006

## Advisory No. 2. The 2006-2007 Influenza Season

News Release

October 5, 2006

Texas Department of State Health Services

### DSHS Encourages Flu Shots

Texas Department of State Health Services (DSHS) officials are encouraging people to get their flu shots early. Federal health officials expect plenty of flu vaccine this season.

Texas Commissioner of State Health Services Eduardo Sanchez, M.D., said the flu and its complications can be serious, even deadly.

“My last day as commissioner is tomorrow (Oct. 6),” he said. “My parting advice to Texans is simple: get a flu shot.” Sanchez has accepted a position with The University of Texas Health Science Center at Houston’s School of Public Health.

The Centers for Disease Control and Prevention (CDC) reports that flu vaccine manufacturers are expecting to produce and distribute more than 100 million doses of influenza vaccines in the United States through early January 2007. CDC says most of the vaccine is expected to be distributed in October and November.

DSHS recommends that those at increased risk of severe flu complications get their flu shot as early as possible in October and November. Those in the increased risk groups are children age 6 months through 4 years, people 50 and older, residents of long-term care facilities, pregnant women and those with chronic medical conditions. People who live with or take care of those at increased risk of flu complications also are encouraged to get the vaccine early.

Flu season typically runs October through March, and vaccinations can be given at any time during this period. A nasal-spray flu vaccine is an option for healthy people age 5 years to 49 years who are not pregnant.

Flu is a viral respiratory illness. Symptoms include a sudden, often high, fever; headache; extreme tiredness; dry cough; sore throat; runny or stuffy nose; and muscle aches. The illness is spread when an infected person coughs, sneezes or talks, releasing the contagious virus into the air. Complications of flu can include bacterial pneumonia, ear and sinus infections, dehydration and worsening of chronic conditions such as congestive heart failure, asthma or diabetes.

A new vaccine is produced each year, based on predictions of what strains of flu virus will be circulating. The viruses covered by the 2006-2007 flu vaccine are A/New Caledonia (H1N1), the A/Wisconsin (H3N2), B/Malaysia and similar strains.

The flu shot takes about two weeks to become effective.

*(News media: for more information contact Emily Palmer, DSHS Assistant Press Officer, 512-458-740*

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## **1. ACIP Recommendation for the 2006 - 2007 Influenza Season**

The Advisory Committee on Immunization Practices (ACIP) now recommends annual influenza vaccination for the following groups at increased risk for severe complications from influenza, or for influenza-associated clinic, emergency department, or hospital visits:

- Children aged 6-59 months;
- Women who will be pregnant during the influenza season;
- Persons aged > 50 years
- Children and adolescents (aged 6 months-18 years) who are receiving long-term aspirin therapy and, therefore, might be at risk for experiencing Reye syndrome after influenza virus infection;
- Adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma (hypertension is not considered a high-risk condition);
- Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunodeficiency (including immunodeficiency caused by medications or by human immunodeficiency virus [HIV]);

- Adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk for aspiration and
- Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions.

In addition, the ACIP recommends influenza vaccination for persons who live with or care for persons at high risk, including

- Healthy household contacts and caregivers of children aged 0--59 months and persons at high risk for severe complications from influenza and
- Health-care workers.

The ACIP lists principal changes contained in the 2006 recommendations, which include:

- Recommending vaccination of children aged 24--59 months and their household contacts and out-of-home caregivers against influenza. This change extends the recommendations for vaccination of children so that all children aged 6--<59 months receive annual vaccination.
- Highlighting the importance of administering 2 doses of influenza vaccine for children aged 6 months--<9 years who were previously unvaccinated;
- Advising health-care providers, those planning organized campaigns, and state and local public health agencies to a) develop plans for expanding outreach and infrastructure to vaccinate more persons than the previous year and b) develop contingency plans for the timing and prioritization of administering influenza vaccine, if the supply of vaccine is delayed and/or reduced;
- Reminding providers that they should routinely offer influenza vaccine to patients throughout the influenza season;
- Recommending that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza A in the United States until evidence of susceptibility to these antiviral medications has been re-established among circulating influenza A viruses; and
- Using the 2006--07 trivalent influenza vaccine virus strains: A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens. For the A/Wisconsin/67/2005 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/Hiroshima/52/2005 virus; for the B/Malaysia/2506/2004-like antigen, manufacturers may use the antigenically equivalent B/Ohio/1/2005 virus.

The complete 2006 ACIP recommendations regarding the use of influenza vaccine and antiviral agents may be found on the ACIP website at [www.cdc.gov/nip/publications/acip-list.htm#flu](http://www.cdc.gov/nip/publications/acip-list.htm#flu) <<http://www.cdc.gov/nip/publications/acip-list.htm#flu>>

## 2. National Supply Update

Influenza vaccine manufacturers have informed the CDC that more influenza vaccine should be available this year than ever before. They expect to produce more than 100 million doses of vaccine, which is 17 million more doses than has been distributed in any past season (83 million) and about 19 million more doses than were distributed last year (81 million). If

vaccine produced in Canada is licensed for distribution in the U.S., there may be more than 110 million doses available. Manufacturers have begun to ship vaccine and expect to deliver approximately 75 million doses in October and November. It is always possible that unanticipated problems could emerge, but it does appear that supply will be robust.

There is a second issue that presents a management challenge to all of us seeking to achieve high immunization coverage, the phased distribution of this vaccine. Influenza vaccine requires 8 - 9 months to produce and vaccine becomes available lot by lot over time. This year manufacturers and major distributors are filling vaccine orders incrementally, with multiple shipments per provider, and plan to deliver some vaccine to all providers who ordered it by the end of October. This approach minimizes maldistribution and allows providers to begin vaccinating early in the vaccination period. Early in the season some providers may appear to have more vaccine than others because there are multiple manufacturers and distributors, each with different distribution plans, and orders may not be completely filled until after November. This phased, incremental distribution of vaccine supply can create a misimpression of delay.

While flu vaccine orders are generally placed during the first quarter, health care providers seeking flu vaccine may contact the major distributors to check availability. A link to the updated list of flu vaccine distributors is [http://216.239.51.104/search?q=cache:M-oe422PREQJ:www.hida.org/document.asp%3Fdocument\\_id%3D10082+flu+vaccine+distributors&hl=en&gl=us&ct=clnk&cd=1](http://216.239.51.104/search?q=cache:M-oe422PREQJ:www.hida.org/document.asp%3Fdocument_id%3D10082+flu+vaccine+distributors&hl=en&gl=us&ct=clnk&cd=1).

### 3. National News Updates

**FluLaval Approved.** The U.S. Food and Drug Administration (FDA) on October 5 approved FluLaval, an influenza vaccine to immunize people 18 years of age and older against the disease caused by strains of influenza virus judged likely to cause seasonal flu in the Northern Hemisphere in 2006-2007. With the addition of FluLaval, there are now five FDA-licensed vaccines for the United States for the upcoming influenza season. Details can be found at <http://www.fda.gov/bbs/topics/NEWS/2006/NEW01478.html>.

### 4. Texas Vaccines for Children Program

The Texas Vaccines for Children Program (TVFC) provides vaccine in accordance with ACIP recommendations to eligible children free of charge. Please refer to the attached memo for a complete listing of children eligible for TVFC influenza vaccine.

Providers enrolled in the TVFC program are asked to place influenza vaccine orders beginning in October. The program has received a limited quantity of vaccine and has begun shipping to TVFC providers. Providers will receive a portion of their order immediately, with the balance to be shipped once the program has received additional supply.



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### 5. Medicare

Medicare has devoted an issue of the Medicare Trailblazer Newsletter to detailed guidance on coverage and claims submission for influenza and pneumococcal vaccines.



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## 6. Texas school requirements for the influenza vaccine

Currently the influenza vaccine is not required for school or daycare attendance.

## 7. ImmTrac

ImmTrac users may use the code “Influenza” to report administration of the flu vaccine to children under 18 years of age. Although ImmTrac will record the administration of flu vaccine, the ImmTrac immunization scheduler will not currently generate recommendations for flu vaccine. For more information about ImmTrac, go to: [www.ImmTrac.com](http://www.ImmTrac.com).

## 8. Surveillance Update

The official reporting period for the 2006-2007 influenza season begins October 1, 2006 and continues through May 19, 2007. The State of Texas utilizes a sentinel surveillance system for influenza. Activity is determined based on data from multiple sources, including reports of influenza-like illness from clinical practitioners who participate in the Sentinel Provider Surveillance Network (SPSN), specimens submitted to the DSHS laboratory for viral culture, and outbreak reports from hospitals, long-term care facilities, and schools. Although it is possible that flu activity has begun within Texas, to date, no laboratory confirmed flu has been identified. The Centers for Disease Control and Prevention (CDC) reports no sustained flu activity in the nation at this time. For more information about influenza surveillance in Texas, go to: <http://www.dshs.state.tx.us/idcu/disease/influenza/surveillance/>

## 9. Resources

For providers:

- **CDC Influenza webpage:** [www.cdc.gov/flu](http://www.cdc.gov/flu).
- **DSHS Immunization Branch Website.** <http://www.dshs.state.tx.us/immunize/flu.shtm>
- **MMWR Recommendations for Health Care Personnel**

Influenza Vaccination of Health-Care Personnel: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC) and the ACIP. February 24, 2006.  
<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm>

- **The Vaccine Information Statements (VIS)**

The VIS for live and attenuated influenza vaccines are available through the DSHS Immunization branch. The following Web page provides the current VIS as well as the DSHS addenda for both VIS. Go to: <http://www.dshs.state.tx.us/immunize/VISCHART.shtm> and scroll down to numbers 8 and 11.

- **Flu News**

The *Flu News* webpage posts breaking news, and is linked to the *What's New?* Web page, which lists all documents recently posted or updated on the CDC flu web site, including but not limited to press releases, recommendations, and surveillance reports. <<http://www.cdc.gov/flu/news.htm>>

- **National Influenza Vaccine Summit**

The American Medical Association and CDC cosponsor the *National Influenza Vaccine Summit Newsletter*, formerly known the *CDC Flu Vaccine Bulletin*, with recent developments in vaccine supply, production, and distribution. It can be found at [www.ama-assn.org/go/influenzasummit](http://www.ama-assn.org/go/influenzasummit) <<http://www.ama-assn.org/go/influenzasummit>>.

- The **Influenza Vaccination Pocket Information Guide** is a quick reference tool that gives front-line healthcare personnel useful information about the use of both inactivated (injectable) and live (intranasal) influenza vaccines. The Immunization Action Coalition has this item listed as “sold out,” but a pdf copy is available at <http://www.immunize.org/fluguide/>. New for 2006 is a pocket guide for pneumococcal polysaccharide vaccine (PPV) to help encourage vaccination of high-risk patients for pneumococcal disease. These can be ordered at: [www.immunize.org/pocketguides](http://www.immunize.org/pocketguides). A pdf version of this guide is available through this link.

For public and educators:

- **CDC's Flu Gallery** contains educational materials for promoting influenza vaccination. The Gallery contains printed materials such as flyers and posters, in color and black and white, English and Spanish. It is available at: <http://www.cdc.gov/flu/professionals/flugallery/index.htm>.
- **Guidance to Individuals Seeking Flu Vaccination**

Individuals are encouraged to seek influenza vaccination from their usual healthcare provider, especially those who fall into any of the risk groups. Other resources are also available.

- a. The **American Lung Association** hosts a web-based Flu Clinic Locator, which searches for clinics by zip code. The Flu Clinic Locator may be found at [www.flucliniclocator.org/](http://www.flucliniclocator.org/) <<http://www.flucliniclocator.org/>>. All organizations with clinics open to the public are welcomed to post their clinics on the site. Organizations listed must agree to follow CDC guidelines and to update postings if they make changes.
- b. Local health departments and DSHS health service regional offices may also host clinics or maintain lists of local clinics on their websites. Call or check the website of your local health department for more information.

*We hope you generously forward this advisory to others who may benefit from this information.*

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