



# Vaccination News

## Influenza and Zoster

Fall/Winter 2008

Welcome to *Vaccination News*. This newsletter will be distributed in the spring and fall of each year to bring you the most recent information regarding adult immunizations. In this issue, you will find articles focusing on influenza vaccination for the 2008-2009 flu season and recommendations for the zoster vaccination.

### About Influenza Vaccination...

Please begin immunizing your children and adult patients for influenza. The New Hampshire Immunization Program began taking orders for influenza vaccine on September 15<sup>th</sup>. Vaccine ordered through NHIP can be used on children age 6 months through age 18 years.

In the United States, annual epidemics of influenza occur typically during the late fall through early spring seasons. Influenza viruses can cause disease among persons in any age group, but rates of infection are highest among children\*. Rates of serious illness and death are highest among persons aged ≥65 years, children aged <2 years, and persons of any age who have medical conditions that place them at increased risk for complications from influenza\*.

Annual influenza vaccination is the most effective method for preventing influenza virus infection and its complications. Influenza vaccine can be administered to any person aged ≥6 months (who does not have contraindications to vaccination). Because the safety or effectiveness of LAIV has not been established in persons with underlying medical conditions that confer a higher risk for influenza complications, these persons should only be vaccinated with TIV.

For more information on influenza, access the MMWR: Prevention and Control of Influenza, from the Centers for Disease Control and Prevention. See the box at the bottom of the page for a link to the website address.

**\*NOTE:**

All influenza recommendations in this newsletter can be found in “**MMWR: Prevention and Control of Influenza**,” which contains further information on influenza from the Centers for Disease Control and Prevention (CDC).

To access this MMWR, click on:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5707a1.htm>

### Changes and Updates

The 2008 influenza recommendations include the following principle changes or updates:

- All children 6 months through 18 years of age receive influenza vaccine annually, beginning in the 2008-2009 influenza season if possible.
- Annual vaccination of all children 6 months through 59 months of age.
- Annual vaccination of older children with conditions that place them at increased risk for complications from influenza.
- Healthy children as young as 2 years of age may now receive live attenuated influenza vaccine (LAIV).
- The 2008-09 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.
- Oseltamivir-resistant influenza A (H1N1) strains have been identified in the United States and some other countries. However, oseltamivir or zanamivir continue to be the recommended antivirals for treatment of influenza because other influenza virus strains remain sensitive to oseltamivir, and resistance levels to other antiviral medications remain high.

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# Influenza Recommendations 2008-2009

## Adults 19 and older

Annual recommendations for adults have not changed. Annual vaccination against influenza is recommended for any adult who wants to reduce the risk for becoming ill with influenza or of transmitting it to others. Vaccination also is recommended for all adults in certain groups, because these persons are either at high risk for influenza complications, or are close contacts of persons at higher risk. A complete list of these recommendations can be found in “MMWR: Prevention and Control of Influenza”(see page 1 for website address.)

## Suggestions for Meeting the Challenge of Vaccinating Your Patients

The recommendation for immunizing children 6 months to 18 with influenza vaccine will be phased in, beginning slowly this year and to be in place by 2009-2010. Although vaccination coverage has increased in recent years for many groups targeted for routine vaccination, coverage remains low among most of these groups, and strategies to improve vaccination coverage, including use of reminder/recall systems and standing orders programs, should be implemented or expanded. More suggestions include:

- Standing orders for administering influenza vaccine to Children and Adolescents
- Standing orders for administering influenza vaccine to Adults
- Ambulatory care: Offer flu clinics early in the morning, evenings and or Saturday
- Offer “walk-in” times.
- Pre-schedule appointments for the clinics
- Focus on the high risk patients, those who are in close contact with high risk persons
- Routinely recommend influenza vaccine to all patients through out the influenza season.
- For nursing homes and other residential health care facilities: Provide influenza vaccine to all current residents and when persons are admitted throughout the influenza season.

All hospital patients should be offered influenza vaccine prior to discharge.

## Influenza vaccination recommendations for Children and Adolescents 6 months of age through 18 years of age

Vaccination of all children aged 6 months–18 years should begin before or during the 2008–09 influenza season if feasible, but no later than during the 2009–10 influenza season. Vaccination of all children aged 5–18 years is a new ACIP recommendation.

Children and adolescents at high risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children and adolescents. Recommendations for these children have not changed. A complete list of recommendations for children and adolescents at higher risk for influenza complication can be found in “MMWR: Prevention and Control of Influenza” (see page 1 for website address.)

**Note:** Children aged <6 months should not receive influenza vaccination. Household and other close contacts (e.g., daycare providers) of children aged <6 months, including older children and adolescents, should be vaccinated.

## TIV and LAIV

There are two types of flu vaccine to prevent influenza:

**TIV:** Trivalent Inactivated Influenza vaccine, a vaccine with killed virus given by needle injection

The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.

**LAIV:** Live Attenuated Influenza Vaccine, a vaccine with weakened live viruses given by nasal spray.

This nasal spray vaccine is approved for use in healthy people 2 years to 49 years of age. But because of a theoretical risk of passing the weakened live virus in LAIV to patients with severely weakened immune systems (for example, people with hematopoietic stem cell transplants), the flu shot is preferred for vaccinating health care workers in close contact with severely immunocompromised patients when that patient is being cared for in a protective environment. These health care workers may still get LAIV, but they must avoid contact with such patients for 7 days after getting vaccinated.



# Influenza Vaccination Recommendations for Health Care Workers

## Definition of a Health Care Worker (HCW)

Health Care Workers are defined as physicians, nurses, EMTs, paramedics, dental professionals, school nurses, health professional students, laboratory technicians, volunteers, housekeeping staff, janitorial staff, dietary staff, administrative staff, and first responders who work in health care facilities. In other words, any person who breathes the same air as the patients. Recommendations for influenza vaccine apply to Health Care Workers in acute care hospitals, nursing homes, skilled nursing facilities, physician's offices, urgent care centers, outpatient clinics. Persons who provide home health care and emergency medical services should also be vaccinated to protect their patients.

Often, health care workers will ask: **“I’m healthy. Why should I get vaccinated against the flu?”**

Even if you are healthy, as a health care worker it’s especially important that you get a flu vaccine each year. It is important to improve HCW vaccination rates because increased influenza vaccination rates means decreased mortality and morbidity of the patients. Unvaccinated HCWs can be a key cause of influenza outbreaks in health care settings. Also, influenza vaccination decreases HCW absenteeism.

- 1) **Protect yourself:** If you get the flu, you can miss a week or more of work and pay.
- 2) **Protect your loved ones:** If you get the flu, you can spread it to your family and loved ones. Older people, young children and people with chronic illness are especially vulnerable to getting seriously sick from the flu.
- 3) **Protect your patients and your co-workers:** If you get the flu, you can spread it to people you work with, and to patients that you care for.

Most healthy adults may be able to infect others beginning one (1) day before symptoms develop and up to five (5) days after becoming sick. That means that you may be able to pass on the flu to someone else before you know you are sick, as well as, while you are sick.

## Suggestions for immunizing HCWs.

1. Make influenza vaccination convenient
2. Offer vaccine clinics at various times covering all times of the day.
3. Take the vaccine to employees; Take a cart around your facility.
4. Reduce or remove cost barriers by providing vaccine free-of-charge.
5. Remind HCWs that the CDC recommends influenza vaccination annually.
6. Educate HCWs that flu vaccines cannot cause influenza and that the influenza virus is easily transmitted and they are putting their patients, themselves and their families at risk.

For more information, click on: <http://www.hhs.gov> or <http://www.hhs.gov/ohps/programs/initiatives/vacctoolkit/questions.html>

Posters Promoting Health Care Personnel Vaccination

[They Count On You to Get an Influenza Vaccine](#) (CDC)

[Are You Ready? Influenza Season Is Here](#) [PDF – 5.12 MB] (Veterans Administration)

# Approved Influenza Vaccines for Different Age Groups United States, 2008–09

Vaccine	Trade Name and Manufacturer	Presentation	Mercury Content (mcg Hg/0.5 mL dose)	Age Group	Number of Doses and Route
TIV*	Fluzone sanofi-pasteur	0.25 mL pre-filled syringe	0	6-35 mos	1 or 2 †
		0.5 mL pre-filled syringe	0	>36 mos	1 or 2 †
		0.5 mL vial	0	>36 mos	1 or 2 †
		5.0 mL multi-dose vial	25	>6 mos	1 or 2 † <b>Intramuscular</b>
TIV*	Fluvirin Novartis Vaccine	5.0 mL multi-dose vial	24.5-<1.0	>4 yrs	1 or 2 †
		0.5 mL pre-filled syringe		>4 yrs	1 or 2 † <b>Intramuscular</b>
TIV*	Fluarix GlaxoSmithKline	0.5 mL pre-filled syringe	<1.0	>18 yrs	1 <b>Intramuscular</b>
TIV*	FluLaval GlaxoSmithKline	5.0 mL multi-dose vial	25	>18 yrs	1 <b>Intramuscular</b>
TIV*	Afluria CSL Biotherapies	0.5 mL pre-filled syringe	0.25	>18 yrs	1
		5.0 mL multi-dose vial		>18 yrs	1 <b>Intramuscular</b>
LAIV	FluMist** MedImmune	0.2 mL sprayer	0	2-49 yrs	1 or 2 †† <b>Intranasal</b>

\*Trivalent inactivated vaccine (TIV). A 0.5-mL dose contains 15 mcg each of A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Florida/4/2006-like antigens.

† Two doses administered at least 1 month apart are recommended for children aged 6 months–8 years who are receiving TIV for the first time and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year. § For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. ¶ Live attenuated influenza vaccine (LAIV). A 0.2-mL dose contains 10<sup>6.5–7.5</sup> fluorescent focal units of live attenuated influenza virus reassortants of each of the three strains for the 2008–09 influenza season: A/Brisbane/59/2007(H1N1), A/Brisbane/10/2007(H3N2), and B/Florida/4/2006.

\*\* FluMist is shipped refrigerated and stored in the refrigerator at 2°C to 8°C after arrival in the vaccination clinic. The dose is 0.2 mL divided equally between each nostril. Health-care providers should consult the medical record, when available, to identify children aged 2–4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2–4 years should be asked: “In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?” Children whose parents or caregivers answer “yes” to this question and children who have asthma or who had a wheezing episode noted in the medical record during the preceding 12 months, should not receive FluMist.

†† Two doses administered at least 4 weeks apart are recommended for children aged 2–8 years who are receiving LAIV for the first time, and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year.

## Did you know?

- Droplets from a sneeze or cough can travel 3 feet or more.
- You can shed flu virus a day before you feel sick.
- You cannot get the flu from a flu shot.
- All health care workers should get vaccinated every year.
- CDC recommends the flu shot for pregnant women, a group at high risk of influenza complications.



## Vote & Vax

The Vote and Vax Project initiated in 2004, is a collaboration between the Robert Wood Johnson Foundation and the nonprofit agency SPARC (Sickness Prevention Achieved through Regional Collaboration). The founders of Vote & Vax recognized the opportunity to safely and conveniently provide flu vaccinations on Election Day. Working with state and local public health providers, vaccination clinics were launched at polling places across the country. SPARC continues to provide individual attention and technical assistance to local public health departments who are interested in initiating Vote & Vax Clinics.

On the local level, thousands of New Hampshire residents vote in elections each fall, many of whom are at risk for influenza and its serious complications. Through partnerships with the Granite State Immunization Partnership (GSIP) and the New Hampshire Immunization Program, the Manchester and Nashua Health Departments were able to provide Vote & Vax clinics on November 6, 2007.

Plans are underway to offer flu vaccine again this year during the presidential election to be held on November 4, 2008.

### REMEMBER:

Administer **flu vaccine** through out the flu season, **October through May**

### FIND A FLU CLINIC WEBSITE

<http://www.dhhs.state.nh.us/DHHS/CDCS/flu.htm>

## Zoster Vaccine: Recommendations

(Adapted from the MMWR Prevention of Herpes Zoster, May 15, 2008/ Vol.57)

- ACIP recommends routine vaccination of all persons aged >60 years with 1 dose of zoster vaccine, who do not have any contraindications or precautions to the vaccine.
- ACIP recommends persons who report a previous episode of zoster may receive the vaccine.
- ACIP recommends persons with chronic medical conditions (e.g., chronic renal failure, diabetes mellitus, rheumatoid arthritis, and chronic pulmonary disease) can be vaccinated unless those conditions are contraindications or precautions.
- It is not necessary to screen patients about their history of varicella (chickenpox) prior to Zoster vaccination.
- It is not necessary to conduct serologic testing for varicella immunity prior to Zoster vaccination.

More complete information on Zoster Vaccine regarding efficacy, contraindications, administration, vaccine handling and storage and reimbursement can be found at the following links.

Prevention of Herpes Zoster Recommendations MMWR May 15, 2008:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e0515a1.htm?s\\_cid=rr57e0515\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e0515a1.htm?s_cid=rr57e0515_e).

Information for Health Care Providers:

<http://www.cdc.gov/vaccines/vpd-vac/shingles/default.htm#vacc>

Merck patient assistance program: Merck's patient assistance program is for those who are income eligible.

The link is: <http://www.merck.com/merckhelps/patientassistance/home.html>

Link to eDispense for Medicare part D: eDispense is a program that allows a practice to enroll with Medicare and then access the patients Part D Plan. This program will give the practice information on the patient's coverage. The practice can be reimbursed through this program for Zostavax. The link to enroll in eDispense is: <https://enroll.edispense.com> and shipping supply information can be found at [www.merckvaccines.com](http://www.merckvaccines.com).

For more vaccination information, visit the NH Immunization Program on the DHHS website at [www.dhhs.nh.gov/DHHS/IMMUNIZATION/default.htm](http://www.dhhs.nh.gov/DHHS/IMMUNIZATION/default.htm), call the NH Immunization Program at 603-271-4482, or visit the Centers for Disease Control and Prevention website at [www.cdc.gov](http://www.cdc.gov).