

Immunization News

Fall Flu Update



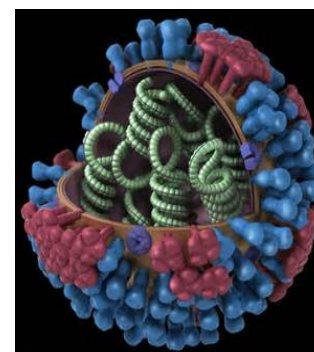
2016-2017 Influenza Strains

The vaccines strains included in the 2016-2017 *trivalent* vaccines will be:

- A/California/7/2009 (H1N1)- like virus
- A/Hong Kong/4801/2014 (H3N2) -like virus
- B/Brisbane/60/2008-like virus

The *quadrivalent* formulation will contain:

- an additional B/Phuket/3073/2013 –like virus.



Special points of interest:

- 2016-2017 flu strains
- Persons at high risk for complications
- New recommendations
- New flu vaccines
- Timing of vaccination
- Dosing schedule for children

Persons at Risk for Medical Complications Attributable to Severe Influenza

- all children aged 6 through 59 months
- all persons aged ≥ 50 years
- adults and children who have chronic pulmonary (including asthma) or cardiovascular (except isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
- persons who have immunosuppression (including immunosuppression caused by medications or by HIV infection)
- women who are or will be pregnant during the influenza season
- children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy
- residents of nursing homes and other long-term care facilities
- American Indians/Alaska Natives
- persons who are extremely obese (BMI ≥ 40)

Primary Changes and Updates in the Recommendations

- Due to the low effectiveness against influenza A(H1N1) pdm09 in the United States during the 2013–14 and 2015–16 seasons, ACIP made the interim recommendation that **LAIV4 should not be used during the 2016-2017 flu season. As a result, the state will not supply LAIV this flu season.**
- Recommendations for influenza vaccination of persons with egg allergy have been modified, including:
 - 1-**Removal of the recommendation that egg-allergic recipients should be observed for 30 minutes postvaccination for signs and symptoms of an allergic reaction. Providers should consider observing all patients for 15 minutes after vaccination to decrease the risk for injury should they experience syncope, per the ACIP General Recommendations on Immunization
 - 2-**A recommendation that persons with a history of severe allergic reaction to egg (i.e., any symptom other than hives) should be vaccinated in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices), under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.

New Vaccine Licensures

An MF59-*adjuvanted* trivalent inactivated influenza vaccine (aIIV3), **Fluad** (Seqirus,) was licensed by FDA in November 2015 for persons aged ≥65 years. Regulatory information is available at <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/ucm473989.htm>.

aIIV3 is an acceptable alternative to other vaccines licensed for persons in this age group.



A quadrivalent formulation of **Flucelvax** (*cell culture-based* inactivated influenza vaccine [ccIIV4], (Seqirus) was licensed by FDA in May 2016, for persons aged ≥4 years. Regulatory information is available at: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm502844.htm>.

ccIIV4 is an acceptable alternative to other vaccines licensed for persons in this age group.



ACIP and CDC do not express a preference for any particular vaccine product.

Groups Recommended for Vaccination

Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications.



Timing of Vaccination

Vaccination should occur before onset of influenza activity in the community. Health care providers should offer vaccination by the end of October, if possible. Children aged 6 months through 8 years who require 2 doses should receive their first dose as soon as possible after vaccine becomes available, and the second dose ≥ 4 weeks later.

The majority of adults have a protective antibody response within 2 weeks after vaccination. Vaccination should continue to be offered as long as influenza viruses are circulating and vaccine is available. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations when



Dosing Schedule for Children

Because of the change in vaccine composition for the 2016–17 season, children aged 6 months through 8 years will need to have received ≥ 2 doses of influenza vaccine previously to require only 1 dose for the 2016–17 season.

The two previous doses need not have been given during the same season or consecutive seasons. Children in this age group who have not previously received a total of ≥ 2 doses of trivalent or quadrivalent influenza vaccine before July 1, 2016 require 2 doses for the 2016–17 season. The interval between the 2 doses should be at least 4 weeks





**"Always Working For a Safer
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