



DIVISION OF PUBLIC HEALTH

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Date: August 25, 2010

To: Physicians  
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Local Health Departments  
Tribal Health Clinics  
Federally Qualified Health Centers  
Visiting Nurse Agencies

From: Jeffrey P. Davis, MD  
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Re: 2010-2011 Recommendations for Use of Seasonal Influenza Vaccines

The 2010 Advisory Committee on Immunization Practices (ACIP) recommendations for the prevention and control of seasonal influenza with vaccines were formally issued on August 6, 2010. This document can be downloaded from the MMWR website at [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr). Updated ACIP information on the vaccine supply and timing of distribution of influenza vaccine that affect the target groups will be posted on the Centers for Disease Control and Prevention (CDC) website at [www.cdc.gov/flu](http://www.cdc.gov/flu) as needed. The 2010-11 Vaccine Information Statements (VIS) for Influenza are available at [www.cdc.gov/vaccines/pubs/vis/default.htm](http://www.cdc.gov/vaccines/pubs/vis/default.htm).

It is important to be aware of the current recommendations and periodically visit the CDC website for additional information and updates. Access to updated or supplemental information is often necessary throughout the influenza season and the months leading up to it. CDC and other public health agencies will assess the vaccine supply on a continuing basis throughout the manufacturing period and will inform both providers and the general public in the event of substantial delays or inadequate supply.

Since publication of the August 6<sup>th</sup> MMWR, the CDC has revised its recommendation for the use of the seasonal CSL influenza vaccine which has been associated with increased frequency of fever and febrile seizures among children aged 6 months through 4 years and fever in children 5 through 8 years of age. This recent change underscores the importance of visiting the CDC website routinely for information on changes and updates. This vaccine is now routinely recommended for children aged 9 years and older.

Four companies are producing seasonal trivalent inactivated influenza vaccine (TIV) during the 2010-11 influenza season. The name of the company and the vaccine/s they produce are: sanofi pasteur (FluZone<sup>®</sup> and Fluzone High Dose<sup>®</sup>), Novartis Vaccine (Fluvirin<sup>™</sup> and Agriflu<sup>™</sup>), GlaxoSmithKline (Fluarix<sup>™</sup> and FluLaval<sup>™</sup>) and CSL Biotherapies (Afluria<sup>®</sup>). One company, MedImmune, Inc., is manufacturing the live, attenuated seasonal influenza vaccine (LAIV) FluMist<sup>™</sup> for the U. S. market.

**Influenza vaccines for different age groups --- United States, 2010--11 season**

Vaccine	Trade name	Manufacturer	Presentation	Mercury content (mcg Hg/0.5 mL dose)	Age group
TIV	Fluzone	sanofi pasteur	0.25 mL prefilled syringe	0.0	6--35 mos
			0.5 mL prefilled syringe	0.0	≥36 mos
			0.5 mL vial	0.0	≥36 mos
			5.0 mL multidose vial	25.0	≥6 mos
TIV High Dose	Fluzone High-Dose	sanofi pasteur	0.5 mL prefilled syringe	0.0	≥65 yrs
TIV	Fluvirin	Novartis Vaccine	5.0 mL multidose vial	24.5	≥4 yrs
			0.5 mL prefilled syringe	<1.0	
TIV	Agriflu	Novartis Vaccine	0.5 mL prefilled syringe	0.0	≥18 yrs
TIV	Fluarix	Glaxo SmithKline	0.5 mL prefilled syringe	0.0	≥3 yrs
TIV	FluLaval	Glaxo SmithKline	5.0 mL multidose vial	25.0	≥18 yrs
TIV	Afluria*	CSL Biotherapies	0.5 mL prefilled syringe	0.0	≥9 yrs
			5.0 mL multidose vial	25.0	
LAIV	FluMist	MedImmune	0.2 mL sprayer, divided dose	0.0	2--49 yrs

\*If no other age-appropriate, licensed inactivated seasonal influenza vaccine is available for a child aged 5 years through 8 years old who has a medical condition that increases their risk for influenza complications; providers may use Afluria. However, providers should discuss the benefits and risks of influenza vaccination with the parents or caregivers before administering Afluria.

For the 2010-11 influenza season we recommend that providers begin offering vaccination as soon as vaccine is available. Vaccination efforts should continue throughout the influenza season. Because of the fragile nature of influenza vaccine production and distribution in the event of a shortfall in production or a delay in the delivery of adequate supplies of vaccine, you will be notified of any prioritization of high-risk groups. If such an event should occur a Prioritization Plan will be distributed. If needed, this Plan will provide a sequence of priority groups for you to follow to assure that high-risk individuals receive influenza vaccine first. Because the annual supply and timing of distribution of influenza vaccine cannot be guaranteed, we continue to stress the importance of local partnerships. The recent history of vaccine delivery delays and shortages emphasizes the need for these local coalitions to help coordinate redistribution and use of influenza vaccine.

**The 2010-11 ACIP recommendations include five principle changes or updates:**

1. Routine influenza vaccination is recommended for all persons aged ≥6 months. This represents an expansion of the previous recommendations.
2. The composition of the 2010-11 trivalent vaccine includes the following three virus strains: A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine is derived from the 2009 pandemic influenza A (H1N1) virus. The TIV and LAIV vaccines will contain these three antigens.
3. All children aged 6 months through 8 years who receive seasonal influenza vaccine for the first time should receive 2 doses of either TIV or LAIV (doses need to be separated by ≥4 weeks). During the 2010-11 influenza season children aged 6 months through 8 years who did not receive at least 1 dose of an influenza A (H1N1) 2009 monovalent vaccine should receive 2 doses of a 2010-11 seasonal influenza vaccine, regardless of previous influenza vaccination history. (see attached algorithm)

4. A new TIV vaccine called Fluzone High Dose manufactured by sanofi pasteur containing 60 mcg of each strain of virus hemagglutinin antigen (15 mcg of each strain for the standard presentation) is an alternative for persons aged  $\geq 65$  years. The ACIP has not stated a preference for use of this high dose vaccine in lieu of the standard TIV presentation.
5. Previously approved inactivated influenza vaccines were approved for use among individuals in expanded age ranges. Fluarix is now approved for use among persons aged  $\geq 3$  years, and Afluria is now approved for use among persons aged  $\geq 9$  years. A new inactivated influenza vaccine Agriflu (Novartis) has been approved for persons aged  $\geq 18$  years.

**Additional points to emphasize:**

- It is important continue to offer seasonal influenza vaccine throughout the influenza season and schedule immunization clinics throughout the influenza season to include December and later.
- FluMist is now shipped to the end user at a temperature of 35°F-46°F (2°C-8°C). FluMist should be stored at 35°F-46°F (2°C-8°C) upon receipt and should remain at that temperature until the expiration date is reached. Do not freeze FluMist. The dose of FluMist™ is 0.2 mL, divided equally between each nostril.

**Childhood influenza vaccination issues and recommendations**

- Either TIV or LAIV can be used when vaccinating healthy, nonpregnant persons aged 2-49 years.
- Vaccination of children younger than age 9 years who are receiving seasonal influenza vaccine for the first time can begin as soon as vaccine becomes available. This practice increases the opportunity for both doses to be administered during the same influenza vaccination season and before the onset of influenza activity.
- The only vaccine that children aged 6-35 months should only receive a 0.25 mL dose of a split-virus vaccine formulation. Currently only sanofi pasteur provides this vaccine.
- Fluvirin™ (Novartis) is approved only for persons aged  $\geq 4$  years and Fluarix™ (GlaxoSmithKline) is labeled for use in persons  $\geq 3$  years and FluLuval™ (GlaxoSmithKline) is labeled for use in persons  $\geq 18$  years. Afluria® (CSL Biotherapies) are labeled for use in persons aged  $\geq 9$  years. FluMist™ (MedImmune Inc.) is approved for healthy, non-pregnant individuals aged 2-49 years.
- Influenza vaccine without thimerosal used as a preservative will be available in limited supply during the 2010-11 influenza season. The supply of this vaccine will be increased as manufacturing capabilities are expanded. Elimination of thimerosal in other vaccines has already been achieved and has resulted in substantially lowered cumulative exposure to thimerosal. The ACIP states that persons for whom inactivated vaccine is recommended may receive any age and risk factor appropriate vaccine preparation, depending on availability.
- The first and second doses of vaccine do not have to match; TIV or LAIV can be used to complete the two dose requirement. Doses should be separated by at least 4 weeks.

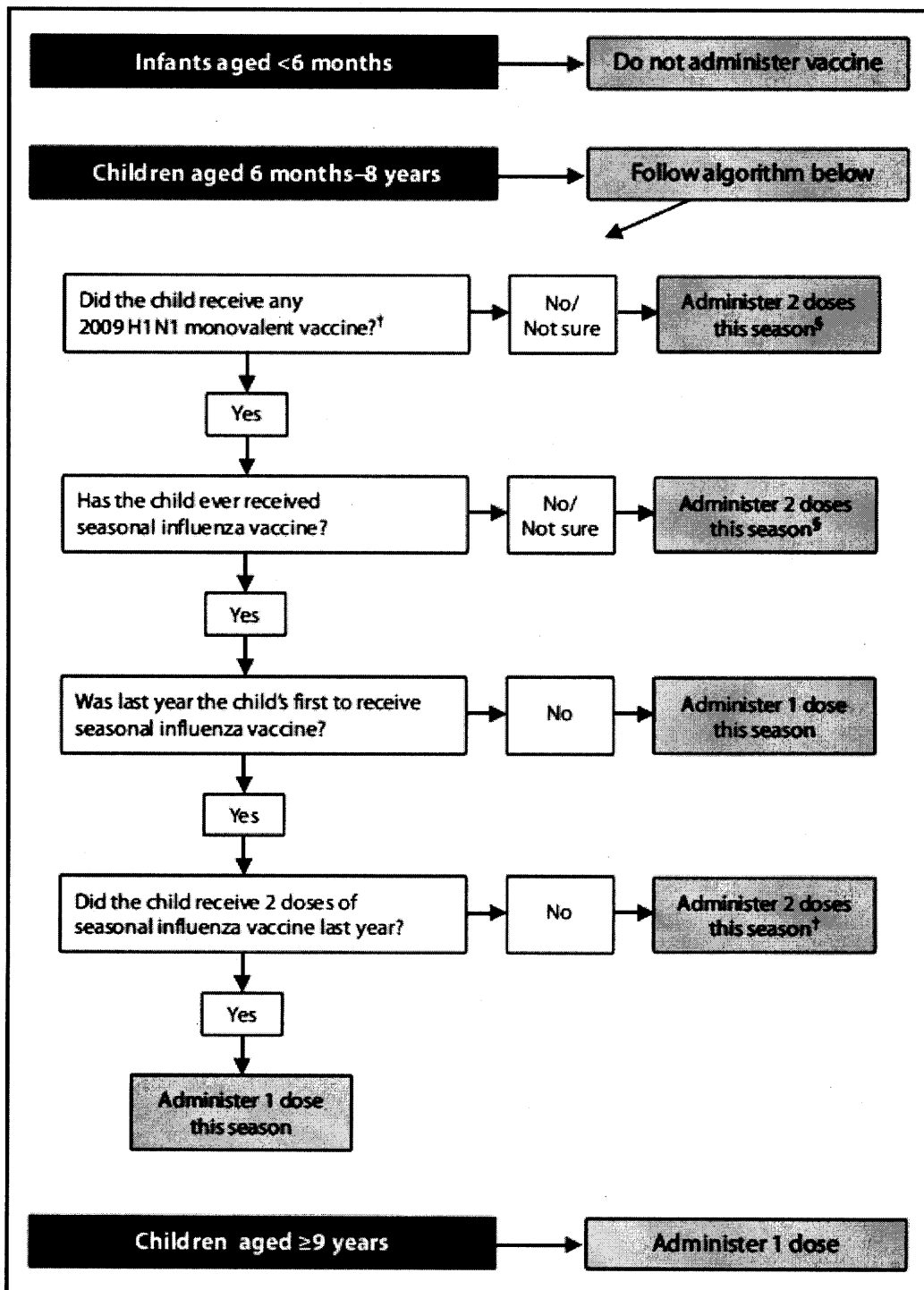
If you have any questions please call the Regional Immunization Program Advisor in your area listed below.

**Immunization Program Advisors:**

Jim Zanto	Eau Claire Regional Office	715-836-2499
Susan Nelson	Green Bay Regional Office	920-448-5231
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Jane Dunbar	Rhineland Regional Office	715-365-2709

Please share this information with other interested parties.

## Number of 2010-2011 seasonal influenza vaccine doses recommended for children



† Children who had a laboratory-confirmed 2009 pandemic H1N1 virus infection (e.g., reverse transcription--polymerase chain reaction or virus culture specific for 2009 pandemic influenza A(H1N1) virus) are likely to be immune to this virus. At provider discretion, these children can have a "Yes" entered at this box, and proceed down the path to the next box to determine whether two doses are indicated based on seasonal vaccine history. However, if no test result is available and no influenza A(H1N1) 2009 monovalent vaccine was administered, enter "no" here.

§ Interval between 2 doses is  $\geq 4$  weeks.