



Bulletin No. 13

July 28, 2000

Influenza Vaccine 2000-2001:

DELAYED VACCINE SUPPLY & ADJUNCT RECOMMENDATIONS

What is expected with this season's influenza vaccine supply?

Delays in the distribution of influenza vaccine are expected for the 2000-2001 influenza season. It also is possible that significantly fewer than last year's 80-85 million doses might be available for distribution.

What has caused the potential vaccine delay/shortage?

- Some influenza vaccine manufacturers have reported that one of the three influenza virus components [the influenza A (H3N2) strain] used to make this year's vaccine has not grown as well as the corresponding strain used last year.
- The FDA has taken regulatory action against two of the four manufacturers licensed to distribute influenza vaccine in the U.S. Both manufacturers are working closely with the FDA, but implementation of corrective actions will require time for completion.

When will we know how much of a delay or shortage will occur?

The amount of influenza vaccine and timing of availability should become clearer over the next 2 months.

What is recommended in response to the expected delay and possible vaccine shortage?

Because many vaccine providers currently are planning their fall vaccination activities, the Advisory Committee on Immunization Practices (ACIP) has issued adjunct recommendations beyond those made by the ACIP last spring and as described in Epidemiology Bulletin No. 12.

Adjunct Influenza Vaccine Use Recommendations for the 2000-2001 Influenza Season

1. **Implementation of organized influenza vaccination campaigns should be delayed.** Health care providers, health organizations, commercial companies, and other organizations planning organized influenza vaccination campaigns for the 2000-2001 influenza season should **delay vaccination campaigns until early to mid-November.** This will minimize cancellations of vaccine campaigns.
2. **Influenza vaccination of persons at high-risk for complications from influenza** (see *Epidemiology Bulletin* No. 12) **and their close contacts should proceed routinely during regular health care visits. Routine influenza vaccination activities in clinics, offices, hospitals, nursing homes, and other health care settings (especially for persons in close contact with persons at high-risk for complications from influenza) should proceed as normal when vaccine becomes available.**
3. **The Section of Epidemiology strongly discourages the use of influenza vaccine for persons who are not at high-risk and who simply wish to be vaccinated. Given the tremendous likelihood of an influenza vaccine shortage, all vaccine providers should work in partnership to assure persons at highest risk of complications receive available vaccine.**

Will the use of antiviral medications be emphasized?

There are no new recommendations for the use of influenza antiviral drugs. Although antiviral drugs are useful for controlling influenza outbreaks in specific circumstances, these drugs are not a substitute for influenza vaccine. Even if an influenza vaccine shortage develops, widespread use of antivirals is not recommended because it is an expensive and untested strategy that could result in large numbers of persons experiencing adverse effects.

What else is being emphasized for the 2000-2001 season?

- Vaccine providers should continue to administer influenza vaccine to unvaccinated high-risk persons after mid-November and throughout the influenza season. Vaccine administered after mid-November can still provide substantial protective benefits.
- Once vaccine is available, routine influenza vaccination of high-risk persons and their contacts should proceed normally, especially for high-risk young children who are receiving influenza vaccine for the first time and require two doses.
- Minimizing wastage of vaccine is important. In particular, purchasers should refrain from placing duplicate orders with multiple companies.
- All health care workers who have close contact with persons at high-risk for complications from influenza should receive influenza vaccine.

Who is at "high-risk" for complications from influenza, and has this classification been affected by the potential vaccine shortage?

(Note: See *Epidemiology Bulletin* No. 12 for a complete list of groups at high-risk for complications from influenza.)

In general, "high-risk" includes persons 65 years of age and older, residents of nursing homes and other chronic-care facilities, persons with chronic medical conditions, and women in the second or third trimester of pregnancy. Recently the ACIP had

broadened its recommendations to include all persons 50-64 years of age. In the context of a possible vaccine shortage, it is appropriate to focus primarily on vaccinating persons with high-risk conditions rather than the entire 50-64 age group.

How will the Section of Epidemiology prioritize distribution of its vaccine supply?

The Section of Epidemiology is guaranteed neither a specific quantity of vaccine nor when it will be received. The Section will distribute its available vaccine supply to cover persons at highest risk of complications. Initially, vaccine will be distributed to public health clinics for their high-risk patients. Next, if an adequate vaccine supply is available, private providers may receive vaccine for their high-risk patients. Only after assuring high-risk individuals have access to vaccine will we consider providing vaccine for use in low risk persons.

Where can the latest vaccine information be obtained?

Influenza vaccine updates will be issued via the Epidemiology Bulletin or the following websites:

[Section of Epidemiology: www.epi.hss.state.ak.us](http://www.epi.hss.state.ak.us)

[CDC: www.cdc.gov/ncidod/diseases/flu/fluvirus.htm](http://www.cdc.gov/ncidod/diseases/flu/fluvirus.htm)