State of Alaska Epidemiology **Bulletin**

Department of Health and Social Services
Valerie J. Davidson, Commissioner

3601 C Street, Suite 540
Anchorage, Alaska 99503 http://www.epi.Alaska.gov

Division of Public Health
Jay C. Butler, MD, Chief Medical Officer and Director
Local (907) 269-8000
24 Hour Emergency (800) 478-0084

Editors:
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH

Bulletin No. 22 September 8, 2015

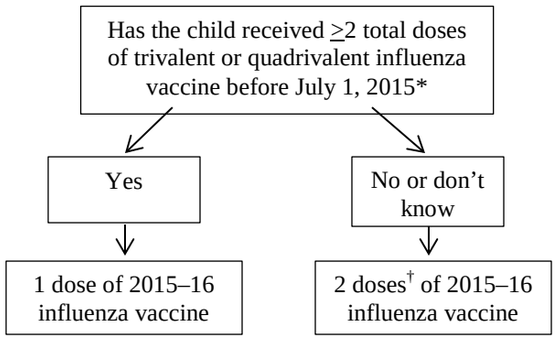
Influenza Vaccine Recommendations and Administration for the 2015–16 Season

Recommendations for Vaccination

Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have contraindications. To permit time for production of protective antibody levels, vaccination should optimally occur before onset of influenza activity in the community. Health care providers should begin offering influenza vaccine as soon as it is available and throughout the influenza season.

Eleven different influenza vaccines will be available for private purchase during the 2015–16 season.[1,2] The Alaska Immunization Program will supply five presentations of influenza vaccine this season (Table).[2] Updated vaccine dosage guidelines for children aged 6 months through 8 years are provided below (Figure).

Figure. Vaccine Dosing Algorithm for Children Aged 6 Months through 8 Years[1]



** The two doses need not have been received during the same season or consecutive seasons.*[1]
† Doses should be administered ≥4 weeks apart.[1]

General Recommendations[1]

- All persons aged ≥6 months without contraindications should receive influenza vaccine.
- Influenza vaccination should not be delayed to procure a specific preparation if an appropriate one is available.
- Ideally, all vaccines should be administered in settings where personnel and equipment for rapid recognition and treatment of anaphylaxis are available.

Recommendations for Persons with an Egg Allergy[1]

- Persons able to eat lightly-cooked (e.g., scrambled) eggs without reaction can be vaccinated per usual protocol.
- Persons who have experienced only hives after egg exposure should receive inactivated influenza vaccine (IIV) or recombinant hemagglutinin influenza vaccine (RIV3).[1,2] Such persons should be observed for reactions for 30 minutes after vaccination.
- Persons who report having had reactions to eggs such as angioedema, respiratory distress, lightheadedness, or recurrent emesis within a short time after egg exposure:
  - May receive RIV3 if they are aged ≥18 years and have no contraindications.[1,2]
  - If RIV3 is not available, adminiatration of IIV by a physician with experience in recognizing and managing severe allergic reactions should be considered.[1,2]

References

1. CDC. Prevention and control of influenza with vaccines: recommendations of the ACIP, United States, 2015–16. *MMWR* 2015;64(30):818-25. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm?s_cid=mm6430a3_e
2. Alaska Section of Epidemiology Bulletin, "Influenza Vaccines Available during the 2015-16 Season". No. 21. Available at: http://www.epi.alaska.gov/bulletins/docs/b2015_21.pdf

Table. Alaska State-supplied Influenza Vaccines for the 2015–16 Influenza Season[1,2]

Vaccine	Trade Name	Manufacturer	Presentation	Age-Group	Mercury content µg /0.5 mL dose	Ovalbumin content* µg /0.5 mL dose	# of Doses†	Route
IIV4±	**Fluzone® Quadrivalent**	Sanofi Pasteur	0.25 mL prefilled syringe	6 through 35 months	0	**	1 or 2	IM††
IIV4±	**Fluzone® Quadrivalent**	Sanofi Pasteur	5 mL multidose vial	≥6 months	25	**	1 or 2	IM††
IIV3±	**Fluzone® High-Dose Trivalent**	Sanofi Pasteur	0.5 mL prefilled syringe	≥65 years	0	**	1	IM††
IIV4±	**Fluarix® Quadrivalent**	GlaxoSmithKline	0.5 mL prefilled syringe	≥36 months	0	≤0.05 (per 0.5 mL)	1 or 2	IM††
LAIV4±	**FluMist® Quadrivalent±±**	MedImmune	0.2 mL intranasal sprayer	2 through 49 years	0	<0.24 (per 0.2mL)	1 or 2	IN

***Data on maximum ovalbumin content are supplied in package inserts of certain vaccines. Persons with a history of mild allergy to egg (specifically, those who experience hives) should receive IIV or RIV3 with additional precautions (see above).*

†Table 1 describes the decision criteria for determining the number of doses needed for children aged 6 months through 8 years.

±IIV3 will contain an A/California/7/2009 (H1N1)-like virus, an A/Switzerland/9715293/2013 (H3N2)-like virus, and a B/Phuket/3073/2013-like (Yamagata lineage) virus. IIV4 and LAIV4 will contain these vaccine viruses, and a B/Brisbane/60/2008-like (Victoria lineage) virus.

***Information is available upon request from Sanofi Pasteur by telephone 1-800-822-2463 or e-mail MIS.Emails@sanofipasteur.com*

††IM=Intramuscular. The recommended vaccination site is the deltoid muscle for adults and older children, and the anterolateral aspect of the thigh for infants and young children.

±± The dose is 0.2 mL, divided equally between each nostril (IN=Intranasal). Providers should carefully screen children aged 2 through 4 years for asthma or wheezing episodes in the last 12 months. FluMist® is indicated for healthy, non-pregnant persons aged 2 through 49 years. Persons who care for severely immunosuppressed persons who require a protective environment should not receive FluMist® due to theoretical risk for transmission of the live-attenuated virus in the vaccine.

(Note: This Epidemiology Bulletin provides summary information only. For complete information, consult the Advisory Committee on Immunization Practices (ACIP)[1] recommendations and vaccine manufacturer package inserts, available at: http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM093833)

(Contributed by: Kira Mori, BA, Gerri Yett, RN, MSN, CHES and Matt Bobo, MPH, Alaska Section of Epidemiology, Immunization Program.)