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Bulletin No. 23 September 9, 2005

## 2005-06 Influenza Season: Questions & Answers

**NOTE:** See companion *Epidemiology Bulletin* No. 22, *2005-06 Influenza Season: Indications & Administration*, for additional information on use of influenza vaccine. [http://www.epi.hss.state.ak.us/bulletins/docs/b2005\\_22.pdf](http://www.epi.hss.state.ak.us/bulletins/docs/b2005_22.pdf)

### DO WE EXPECT ANOTHER INFLUENZA VACCINE SHORTAGE THIS YEAR?

No. At the time of this *Bulletin's* publication, influenza vaccine production appeared to be on schedule; no shortage is anticipated.

### WHAT CAUSED THE SHORTAGES OR DELAYS IN THE INFLUENZA VACCINE SUPPLY DURING THREE OF THE LAST FIVE INFLUENZA SEASONS?

Influenza viruses change from year to year, so influenza vaccines must be updated annually to include the viruses that will most likely circulate in the upcoming season. A tight timeline exists to select the influenza vaccine virus strains and prepare, manufacture and distribute the vaccine. Due to the time constraints, any problems encountered during the process may cause shortages or delays. In addition, the number of companies that manufacture influenza vaccine for the U.S. is small, so problems with production for any company can have substantial impact on supply.

### HOW MUCH INFLUENZA VACCINE WILL BE AVAILABLE FOR THE 2005-06 INFLUENZA SEASON?

#### United States:

An estimated 86–94 million doses of inactivated influenza vaccine and 3 million doses of live attenuated vaccine should be available during the 2005-06 season. Due to uncertainties regarding production of influenza vaccine, the exact number of available doses remains unknown. As shown below, four manufacturers expect to provide influenza vaccine to the U.S. market this season.

#### 2005-06 Manufacturer Vaccine Projections

Manufacturer	Type of Vaccine	Projected # of Doses (in millions)
Sanofi Pasteur	Inactivated	60
Chiron Corporation	Inactivated	18-26
GlaxoSmithKline	Inactivated	8
MedImmune Vaccines	Live attenuated	3

#### Alaska:

The Alaska Immunization Program has received and will be distributing 90,500 doses of inactivated vaccine. In addition, 18,000 doses of preservative-free (“pediatric”) vaccine will be distributed for use in children 6-35 months of age. Some private providers also purchase an unknown amount of vaccine directly from the manufacturer.

### WHEN WILL ALASKA PROVIDERS RECEIVE VACCINE?

The Alaska Immunization Program will process initial vaccine shipments from September 12 – 23. In addition, some Alaska providers already have received privately purchased vaccine directly from the manufacturer.

### WHEN SHOULD VACCINATION BE CONDUCTED?

**General Timing:** The optimal time for influenza vaccination is usually during October – November. In facilities housing older persons (e.g., nursing homes), vaccination before October typically should be avoided because antibody levels in such persons can begin to decline within a limited time after vaccination.

**Vaccination through October 24:** Prior to October 24, vaccine should be *aggressively* targeted to reach persons at highest risk of complications from influenza disease.

#### “Tier 1” priority groups

- Persons aged  $\geq 65$  years
- Residents of long term care facilities
- Persons 2-64 with comorbid conditions
- Children age 6-23 months
- Pregnant women
- Healthcare personnel who provide direct patient care
- Household contacts and out-of home caregivers of children aged <6 months

Persons who do not fall into the Tier 1 classification should be discouraged from receiving vaccine before October 24. However, providers should exercise judgement if a non-Tier 1 patient presents in their practice who is unlikely to be seen again during the influenza season. In such an instance, immunization may be considered. **Mass vaccination clinics should not be scheduled prior to October 24.**

**Vaccination on or after October 24:** All persons are eligible for influenza vaccination after October 24.

#### WHY WAS OCTOBER 24 CHOSEN AS A TIERING DATE?

Demand for influenza vaccine falls off quickly after November, even in the setting of a shortage. The date was set to balance two competing priorities: (1) assuring an ample opportunity to vaccinate persons at highest risk of complications from influenza, providers who care for them, and close contacts of children <6 months of age, and (2) allowing ample time to vaccinate other priority groups and those desiring vaccination before demand declines.

#### WHAT ABOUT USE OF LIVE INACTIVATED INFLUENZA VACCINE (LAIV)?

Vaccination with the live, nasal-spray flu vaccine (FluMist®) is always an option for *healthy* persons aged 5-49 years who are not pregnant. This vaccine is not subject to prioritization and can be given to healthy 5-49 year olds at any time. Detailed information about LAIV is available at <http://www.cdc.gov/flu/about/qa/nasalspray.htm> and <http://www.flumist.com/>

#### DOES INFLUENZA VACCINE CONTAIN THIMEROSAL?

Thimerosal preservative-containing inactivated influenza vaccines, distributed in multi-dose containers in the U.S. contain 25 mcg of mercury/0.5-mL dose. Thimerosal is not found in LAIV or in the preservative-free formulation of influenza vaccine distributed for use in children 6-35 months of age. The thimerosal content of all vaccines distributed by the Alaska Immunization Program may be viewed on the Epidemiology Program website at:

<http://www.epi.hss.state.ak.us/id/iz/VaxThimerosalContent.pdf>