State of Alaska Epidemiology Bulletin

Department of Health and Social Services
William J. Streur, Commissioner
Ward B. Hurlburt, MD, MPH, CMO

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

Division of Public Health
Kerre Shelton, Director

Local (907) 269-8000
24 Hour Emergency (800) 478-0084

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

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Influenza Vaccine Recommendations and Administration for the 2014–15 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.

Thirteen different influenza vaccines will be available for private purchase during the 2014–15 season.[1,2] The Alaska Immunization Program will supply three formulations of influenza vaccine this season (Table 2).[2] Updated vaccine dosage guidelines for children aged 6 months through 8 years are provided below (Table 1).

All vaccines should be administered in settings where personnel and equipment for rapid recognition and treatment of anaphylaxis are available.

Table 1. Vaccine Dosage Guidelines for Children Aged 6 Months through 8 Years updated for 2014–15.[1]

Administer *ONE dose* if the child received:	Administer *TWO doses*:
• ***(New)*** At least one dose of 2013–14 seasonal influenza vaccine; **or** • Two or more doses of seasonal influenza vaccine **since** July 1, 2010; **or** • Two or more doses of seasonal influenza vaccine **before** July 1, 2010 ***and*** one or more doses of monovalent 2009(H1N1) vaccine; **or** • One or more doses of seasonal influenza vaccine **before** July 1, 2010 ***and*** one or more doses of seasonal influenza vaccine **since** July 1, 2010.	• If the child has unknown influenza vaccination history; **or** does not meet any of the conditions listed in the first column of this table • Separate doses by ≥4 weeks

General Recommendations

All persons aged ≥6 months should receive influenza vaccine. Influenza vaccination should not be delayed to procure a specific preparation if an appropriate one is available.

Use of LAIV for healthy children aged 2 through 8 years.[1]

- LAIV is more efficacious than IIV in preventing influenza infection in younger children.[1]
- When LAIV4 is immediately available, LAIV4 should be used for healthy children aged 2 through 8 years who have no contraindications or precautions.

Recommendations for Persons with an Egg Allergy[1]

- Persons able to eat lightly-cooked (e.g., scrambled) eggs without reaction should 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 18–49 years and have no contraindications.[1,2]
  - If RIV3 not available, IIV should be administered by a physician with experience in recognizing and management of severe allergic conditions.[1,2]

References

1. CDC. Summary Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP – United States, 2014–15. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm
2. Alaska Section of Epidemiology, Influenza Vaccines for the 2014-15 Season. *Bulletin* No. 17. Available at: http://www.epi.alaska.gov/bulletins/docs/b2014_17.pdf

Table 2. Alaska State-Supplied Influenza Vaccines for the 2014–15 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	6–35 months	0	**	1 or 2	IM††
IIV4±	**Fluzone® Quadrivalent**	Sanofi Pasteur	5 mL multidose vial	≥6 months	25	**	1 or 2	IM††
LAIV4±	**FluMist® Quadrivalent±±**	MedImmune	0.2 mL intranasal sprayer	2–49 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.*

±*IIV4and LAIV4 will contain an A/California/7/2009(H1N1)-like virus, an A/Texas50/2012(H3N2)-like virus, a B/Massachusetts/2/2012-like (Yamagata lineage) virus, and a B/Brisbane/60/2008-like (Victoria lineage) virus.*

***Information not included in package insert but 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.*

±±*FluMist® is shipped refrigerated and, after receipt at the shipping destination, is stored in the refrigerator at 35°–46°F (2°–8°C). The dose is 0.2 mL, divided equally between each nostril (IN=Intranasal). FluMist should not be administered to persons with asthma. Providers should carefully screen children 2 through 4 years for asthma or wheezing episodes in the last 12 months. FluMist ®is indicated for healthy, non-pregnant persons aged 2–49 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)