



CONTAGIOUS COMMENTS

Department of Epidemiology

Influenza and the Vaccine Shortage

Ann-Christine Nyquist, MD, MSPH

Influenza, as we learned last year, is impossible to predict and unfortunately, availability of annual vaccine continues to be unpredictable. Early this year, new ACIP recommendations for vaccination planned for increasing the overall US population we vaccinate. This month we suddenly are faced with a 50% decrease in the nation's supply of influenza vaccine with the suspension of the Chiron manufacturing license and loss of 50 million doses.

To address this urgent shortfall, interim influenza vaccination recommendations for the 2004-05 influenza season, which supersede prior recommendations, were made for the 2004-05 season by the ACIP in MMWR dispatch (MMWR Vol 53, October 5, 2004). Additional information is available at <http://www.cdc.gov/flu> or through the CDC public response hotline, telephone 888-246-2675.

Common Community Questions and Answers Fielded by Infectious Diseases and Epidemiology

1. What are the new recommendations / priority groups for influenza vaccination this season for pediatric health care providers?

- All children aged 6-23 months. (Note: These children should receive two doses of vaccine separated by 4 weeks if supplies allow. If any child received at least one dose of influenza vaccine last season they will only need one dose this year.)
- Persons aged 2-64 years with underlying chronic medical conditions (for example, chronic pulmonary disorders such as asthma, chronic cardiac disorders, chronic metabolic diseases including diabetes, renal dysfunction, hemoglobinopathies).
- Children aged 6 months-18 years on chronic aspirin therapy.
- Out-of-home caregivers (i.e., daycare providers) and the household contacts of children aged < 6 months. (Influenza vaccine is not FDA approved for children less than 6 months, so to protect them, it is key to protect the family.)

2. What about my office staff and health care providers and influenza vaccination?

Health care workers involved in direct "hands on" patient care are a priority vaccine group. At The Children's Hospital, we are not vaccinating office staff or support staff who do not have hands on patient care. Of paramount importance for all health care workers will be good hand hygiene and not working while ill. As previously planned in the hospital, we will have "respiratory etiquette" stations set up in clinics, ED, and radiology entrance areas containing alcohol-based hand rubs to clean your hands, and masks to wear if you have respiratory symptoms.

3. What about the new live intranasal vaccine (LAIV) called FluMist?

Approximately 1.1 million doses will be available this season for healthy persons aged 5-49 years of age. The ACIP states that use of inactivated influenza vaccine is preferred over FluMist for vaccinating household members, health-care workers, and others who have close contact with severely immunosuppressed persons (e.g., BMT patients) during those periods in which the immunosuppressed person requires care in a protective environment. No preference exists for inactivated influenza vaccine use by health-care workers or other persons who have close contact with persons with lesser degrees of immunosuppression (e.g., persons with diabetes, persons with asthma taking corticosteroids, or persons infected with human immunodeficiency virus), and no preference exists for inactivated influenza vaccine use by health-care in close contact with all other groups at high risk. If a health-care worker receives LAIV, that worker should refrain from contact with severely immunosuppressed patients as described previously for 7 days after vaccine receipt.

4. What can we do if we can't get vaccine to vaccinate our highest risk patients?

The vaccine supply over the coming influenza season will be changing daily. The CDC has recommended that persons who are not in the priority groups forgo or defer vaccine in this time of shortage of vaccine. General good advice includes good handwashing, encouraging people to stay home from work and school when they are sick to help control influenza outbreaks. Chemoprophylaxis throughout the influenza season or during peak influenza activity might be appropriate for persons at high risk who could not be vaccinated. Amantadine and rimantadine are FDA approved for prophylaxis in children older than 1 year of age, but will provide some protection only against influenza A. Oseltamivir (Tamiflu) is approved for treatment among persons aged >1 year and for chemoprophylaxis among persons aged >13 years and will provide coverage for influenza A and B.

More information is available in the MMWR "Prevention and Control of Influenza" recommendations of the ACIP, MMWR 2004;53(No. RR-6) <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm>

5. Should we ration the influenza vaccine we have?

The CDC states that all the priority groups are considered to have equal importance and you should not stockpile vaccine but vaccinate the priority groups when you have the opportunity.

The Epidemiology/Infection Control Department at TCH will continue to help update and provide links to the CDC and other important web sites at The Children's Hospital website at <http://www.thechildrenshospital.org>