



Department of Health

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TO: Healthcare Providers, Clinical Laboratories, Hospitals, Long-Term Care Facilities, Pharmacies, and Local Health Departments

FROM: NYSDOH Bureau of Immunization

INFORMATIONAL MESSAGE

INFLUENZA PREVENTION AND CONTROL: 2015-2016

For healthcare facilities: please distribute immediately to the Infection Control Department, Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory Service, and all patient care areas.

PURPOSE

The New York State Department of Health (NYSDOH) is providing this advisory to assist health care providers in preparing for the 2015-16 influenza season. This informational message highlights some of the current recommendations regarding the prevention and control of influenza.

PREVENTION AND CONTROL OF INFLUENZA WITH VACCINES

On August 7, 2015, the Centers for Disease Control and Prevention (CDC) published the annual recommendations of the Advisory Committee on Immunization Practices (ACIP) on the prevention and control of influenza with vaccines. (MMWR; August 7, 2015; 64(30); 818-825). The document is accessible at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6430a3.htm>. This advisory summarizes the 2015 ACIP recommendations on influenza prevention and control; full details are available in the MMWR publication accessible at the link above.

Highlights of the ACIP recommendations include:

- Vaccine formulation and composition for the 2015-16 U.S.-licensed influenza vaccines.
- Routine annual influenza vaccination of *all persons aged ≥6 months* who do not have contraindications.
- Offering influenza vaccination *as soon as vaccine is available*, by October if possible, and throughout the influenza season.
- Removal of the preferential recommendation for the use of live attenuated influenza vaccine (LAIV) in healthy children 2 through 8 years of age.
- An updated and simplified algorithm for determining the appropriate number of doses of flu vaccine for children aged 6 months through 8 years of age.
- New and updated influenza vaccine product approvals.

VACCINE FORMULATION AND COMPOSITION

- U.S.-licensed trivalent influenza vaccines will contain:
 - A/California/7/2009 (H1N1)-like virus
 - A/Switzerland/9715293/2013 (H3N2)-like virus and
 - B/Phuket/3073/2013-like (Yamagata lineage)
- Quadrivalent vaccines will also include an additional vaccine virus: B/Brisbane/60/2008-like (Victoria lineage) virus.
- Various influenza vaccine products will be available during the 2015-16 season. Complete product information is available in the MMWR publication.

GROUPS RECOMMENDED FOR VACCINATION AND TIMING OF VACCINATION

Routine annual influenza vaccination is recommended for all persons aged ≥ 6 months who do not have contraindications to the vaccine. Optimally, vaccination should occur before the onset of influenza activity in the community. Health care providers should offer vaccination by October, if possible and vaccination should continue to be offered as long as influenza viruses are circulating.

NO PREFERENTIAL RECOMMENDATION FOR ANY ONE FLU VACCINE OVER ANOTHER

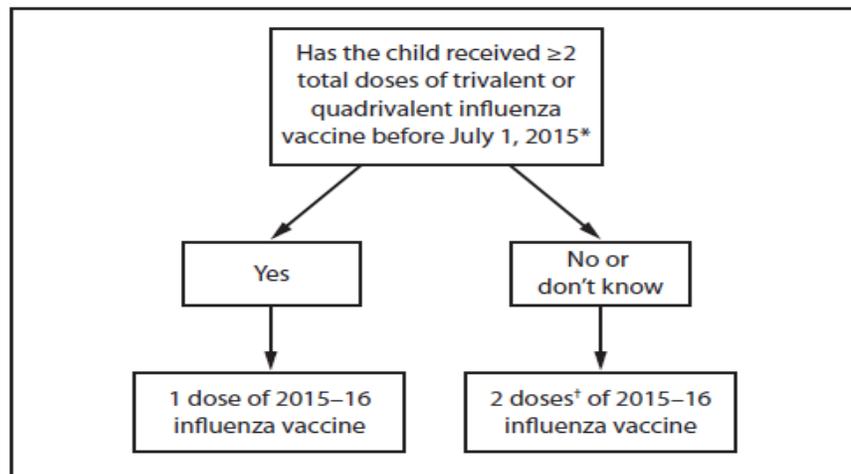
- There is no preferential recommendation for any of the flu vaccines available this season. *Influenza vaccination should not be delayed to obtain a specific vaccine preparation* if an appropriate one is already available.
 - For healthy children aged 2 through 8 years who have no contraindications or precautions, either LAIV or inactivated influenza vaccine (IIV) should be given.
 - For persons 2 through 49 years who are eligible to receive either LAIV or IIV, either vaccine is appropriate.
 - CDC and ACIP have not expressed a preference for any indicated flu vaccine for people 65 and older.
- Please refer to detailed guidance in the MMWR for those persons who should not receive either LAIV or certain inactivated influenza vaccines that are propagated in eggs. Recommendations for specific flu vaccines are made to help provide protection for individuals with special health conditions.

THE PEDIATRIC POPULATION AND INFLUENZA VACCINE DOSING

Children aged 6 months through 8 years require 2 doses of influenza vaccine (administered ≥ 4 weeks apart) during their first season of vaccination to optimize immune response.

- For 2015–16, ACIP recommends that children aged 6 months through 8 years who have previously received ≥ 2 total doses of trivalent or quadrivalent influenza vaccine before July 1, 2015, require only 1 dose for 2015–16. The two previous doses need not have been given during the same season or consecutive seasons.
- Children in this age group who have not previously received a total of ≥ 2 doses of trivalent or quadrivalent influenza vaccine before July 1, 2015 require 2 doses for 2015–16. The interval between the 2 doses should be at least 4 weeks.

**Influenza vaccine dosing algorithm for children aged 6 months through 8 years -
Advisory Committee on Immunization Practices, United States, 2015–16 influenza season**



* The two doses need not have been received during the same season or consecutive seasons.

† Doses should be administered ≥4 weeks apart.

NEW AND UPDATED INFLUENZA VACCINE PRODUCT APPROVALS

- August 14, 2014 FDA approved Afluria for intramuscular (IM) administration via the Stratis needle-free jet injector for persons 18-64 years.
- October 2014 FDA approved an expanded age indication for the use of Flublok, Recombinant Influenza Vaccine (RIV3); it is now indicated for persons ≥18 years.
- December 2014 FDA approved Fluzone Intradermal Quadrivalent for persons 18 through 64 years; it is expected that this will replace trivalent Fluzone Intradermal in the 2015-16 season.
- Please refer to the MMWR for all available U.S.-licensed influenza vaccines for the 2015-16 season.

ADDITIONAL INFORMATION

Other resources on influenza are available on the NYSDOH public website at <http://www.health.ny.gov/diseases/communicable/influenza/seasonal/> and on the CDC website at <http://www.cdc.gov/flu/>.

For additional information please contact the Bureau of Immunization at 518-473-4437.