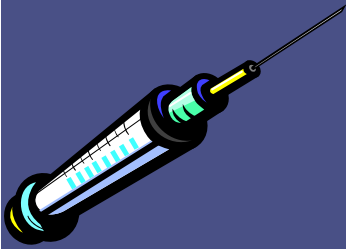


Flu Season
Fall 2010/2011



UTAH IMMUNIZATION PROGRAM

Influenza Updates

Universal Flu Vaccination



Flu vaccination is now recommended for everyone six months of age and older

The new recommendation from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) seeks to remove barriers to influenza immunization and signals the importance of preventing influenza across the entire population.



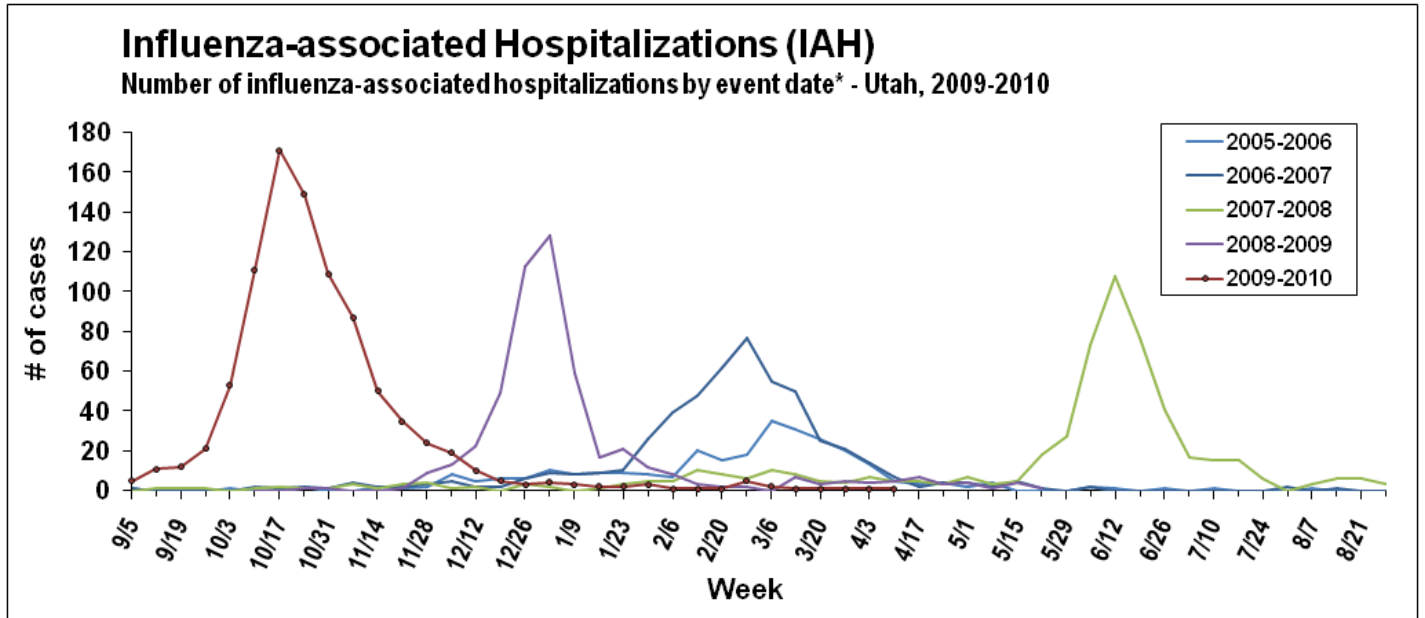
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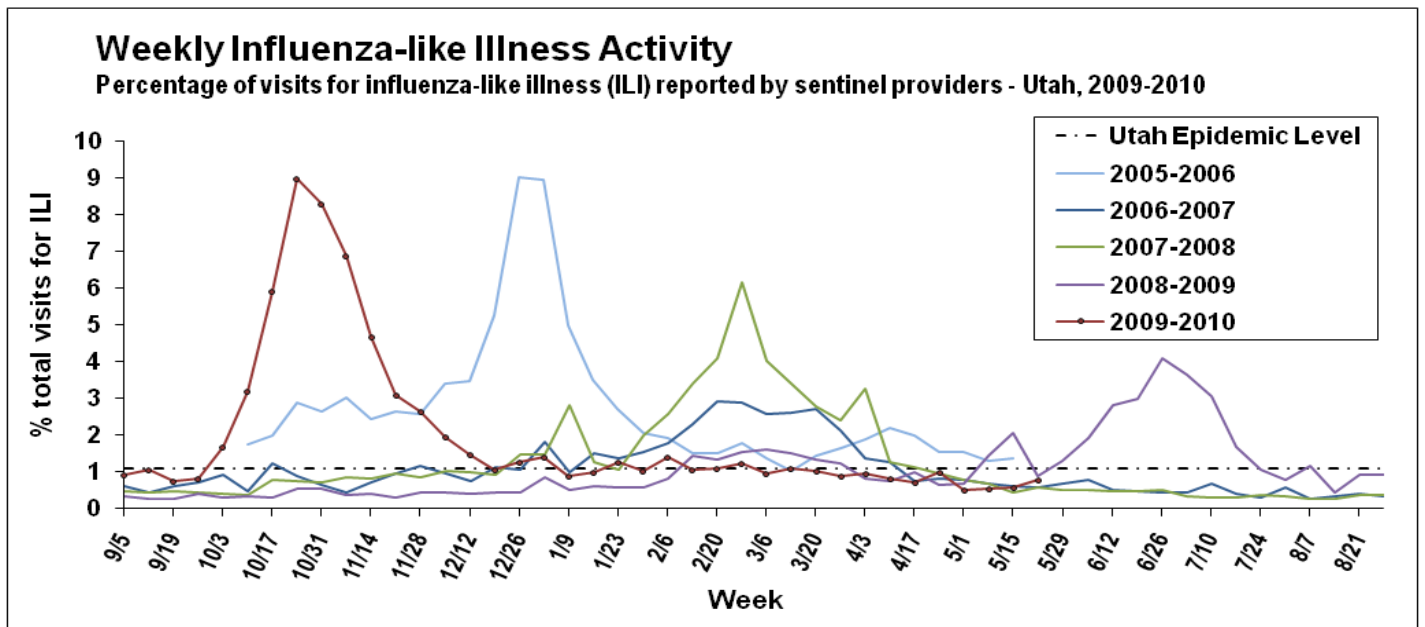
Download the current Vaccine Information Statements (VISs) for influenza in a variety of languages at the Immunization Action Coalition (IAC) website: www.immunize.org

Bureau of Epidemiology Influenza Surveillance

The "Utah 2010-11 Influenza Season Surveillance Report" will be updated on Wednesday of each week throughout the influenza season. Indicators include: influenza-associated hospitalizations (IAH), influenza-like illness (ILI) and school absenteeism. The weekly report is located on the Bureau of Epidemiology website at: <http://health.utah.gov/flu>.



*Event date is calculated based on a hierarchy of dates: 1) onset date; 2) specimen collection date; 3) date reported to public health.



Protect Your Patients: Get Your Flu Vaccination

Health Care Personnel (HCP)

The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) recommend influenza vaccination for HCP in acute care hospitals, nursing homes, skilled nursing facilities, physicians' offices, urgent care centers, outpatient clinics, and for persons who provide home health care and emergency medical services.

- **Physicians**
- **Nurses**
- **Nursing assistants**
- **Therapists**
- **Technicians**
- **Emergency medical service personnel**
- **Dental personnel**
- **Pharmacists**
- **Laboratory personnel**
- **Autopsy personnel**
- **Students and trainees**
- **Contractual staff not employed by the health care facility**
- **Persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care, but potentially exposed to infectious agents that can be transmitted to and from HCP.**

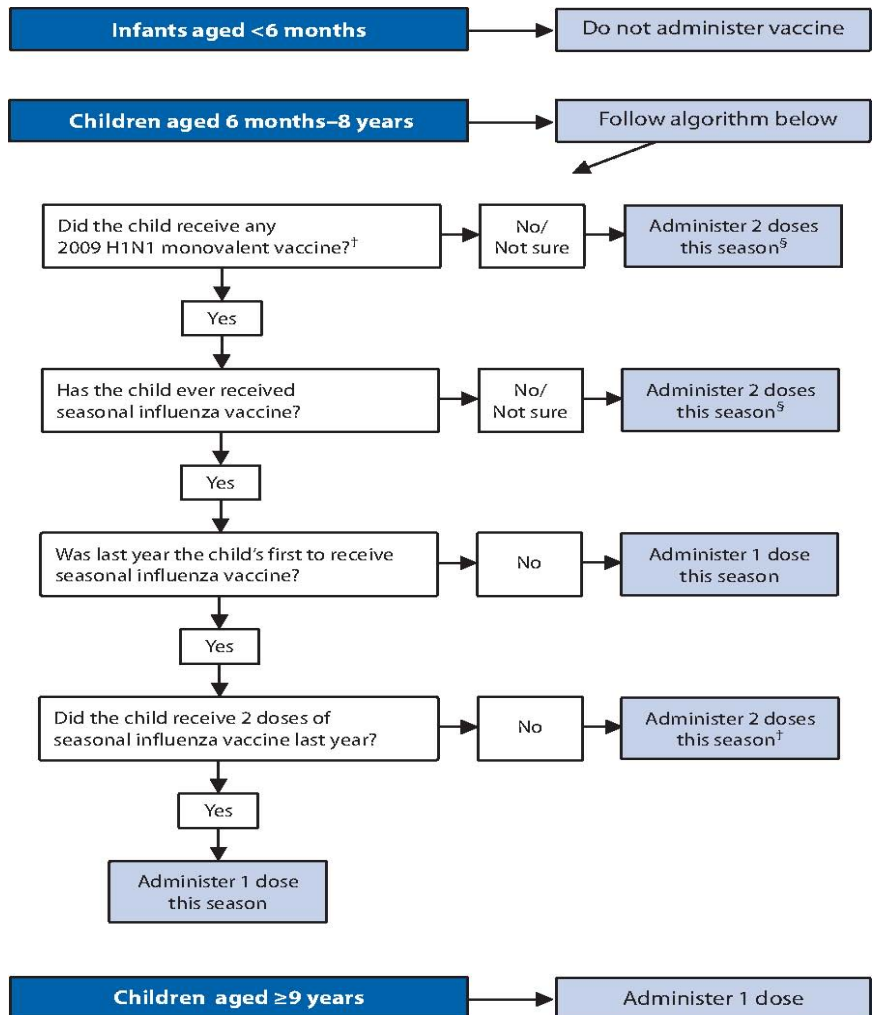


Seasonal Influenza Vaccine Coverage Rates for Health Care Personnel	2004	2005	2006	2007	2008	2009
National Overall HCP	42.0%	42.0%	42.0%	42.0%	42.0%	42.0%
Utah Long Term Care Facility HCP	39.4%	45.8%	48.2%	47.8%	46.8%	48.6%
Utah Hospital HCP	N/A	55.0%	N/A	72.3%	75.5%	79.0%

Second Dose Flu Recommendation for Children

Children aged six months through eight years should receive two doses of flu vaccine.

- All children aged six months through eight years of age who receive a seasonal influenza vaccine for the first time should receive two doses.
- Children who received only one dose of a seasonal influenza vaccine in the first influenza season they received vaccine should receive two doses, rather than one, in the following influenza season.
- For the 2010/2011 influenza season, children aged six months through eight years who did not receive at least one dose of an influenza A (H1N1) monovalent vaccine last season should receive two doses of the 2010/2011 seasonal influenza vaccine, regardless of previous influenza vaccination history.
- Children aged six months through eight years for whom the previous 2009/2010 seasonal or influenza A (H1N1) 2009 monovalent vaccine history cannot be determined should receive two doses of the 2010/2011 seasonal influenza vaccine.



www.immunize-utah.org

If your facility would like to post flu clinics on the Flu Vaccine Locator, call the Utah Immunization Program at 1-801-538-9450.

Cocooning Infants with Vaccination

Surround Infants with a Cocoon of Vaccine Immunity

Vaccinating all persons in close contact with a newborn is known as the “cocoon strategy.” Vaccine preventable diseases such as pertussis and influenza are often more severe in infants than in older children and adults. Yet transmission of these diseases can be halted through vaccination of the child’s contacts, including parents, siblings, extended family members, caregivers and health care personnel.

Preventable diseases such as pertussis and influenza are common among adults due to low vaccination rates. And sadly, each unvaccinated contact, whether a child or adult, leaves a door open to disease transmission.



Women who plan to become pregnant should have their Tdap, rubella and influenza vaccination status assessed and these women should be vaccinated according to recommendations when indicated. If pregnancy should occur before vaccination, Tdap and rubella vaccines should be deferred and

administered as soon as possible after the child is born. Influenza vaccine, however, can be given at any time prior to or during pregnancy and is recommended for all pregnant women. But because many vaccines cannot be given until a child reaches the recommended age for administration, it is important that the cocoon of immunity extend beyond just the infant’s mother.

The CDC recommends that all contacts of a newborn be assessed for pertussis and influenza vaccination status, as well as for other age-appropriate vaccinations. When indicated, vaccinations are recommended to protect both the contact and the newborn against disease.

Disease protection may be the best gift a newborn can receive, for what better gift can be given than the gift of good health.



Universal Flu Vaccination continued from page 1...

Routine influenza vaccination is now recommended for all persons aged six months and older. This represents an expansion of the previous recommendations for adults.

By 2009, annual vaccination was already recommended for an estimated 85% of the U.S. population, on the basis of risk factors for influenza-related complications or having close contact with a person at higher risk for influenza-related complications. The only group remaining that was not recommended for routine vaccination was healthy nonpregnant adults aged 18–49 years who did not

have an occupational risk for infection and who were not close contacts of persons at higher risk for influenza-related complications.

The expanded recommendation was made in part to protect all people 19 to 49 years of age from the H1N1 pandemic virus—a group of adults hard hit by the pandemic virus last season. Additionally, the expansion to a universal recommendation now includes many adults in “high risk” groups who are unaware of their risk factors and thus also unaware that they are included in the vaccine recommendation. Finally, new data

collected over the course of the 2009 H1N1 pandemic indicates that women who are post-partum and adults who are obese or members of certain racial/ethnic groups who have not previously been recommended for vaccination may also be at higher risk for serious influenza-related complications.

With the inclusion of the H1N1 strain in the trivalent influenza vaccine this season and a universal recommendation for influenza vaccination, it is hoped that all “at risk” adults in these groups will now seek vaccination.

Flu Vaccine Coverage Rate Comparison

Influenza Vaccine Coverage for Adults in Utah	2005	2006	2007	2008	2009
Nat'l. Data for Children ≥6-23 Months	20.6% ¹	21.3% ¹	23.4% ¹	22.1% ²	28.9% ²
Utah BRFSS ³ for Adults ≥18 Years of Age	30.3%	33.4%	39.5%	39.8%	40.0%
U.S. BRFSS ³ for Adults ≥65 Years of Age	65.7%	69.6%	72.0%	71.1%	67.6%
Utah BRFSS ³ for Adults ≥65 Years of Age	69.6%	72.1%	76.2%	73.3%	68.7%
Utah Long Term Care Facility Residents ⁴	72.6%	72.0%	71.6%	74.2%	74.4%
Utah Meals-on-Wheels Recipients ⁵	N/A	N/A	82.3%	80.0%	N/A

¹ National Immunization Survey data for fully vaccinated children.

² Immunization Information System Sentinel Site data for fully vaccinated children.

³ Behavioral Risk Factor Surveillance Survey rate: the percentage of surveyed non-institutionalized persons aged 65 years and older who have received vaccination.

⁴ Long Term Care Facility rate: the percentage of residents/occupants of nursing homes, assisted living facilities, small care facilities and hospital swing beds who have received vaccination.

⁵ 2008 Meals-on-Wheels Immunization Survey.

ACIP Flu Vaccination Recommendations for 2010/2011

- *All persons aged ≥6 months should be vaccinated annually.*
- *Protection of persons at higher risk for influenza-related complications should continue to be a focus of vaccination efforts as providers and programs transition to routine vaccination of all persons aged ≥6 months.*
- *When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons in the following groups:*
 - *aged 6 months–4 years (59 months);*
 - *aged ≥50 years;*
 - *have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);*
 - *immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus);*
 - *pregnant or will be pregnant during the influenza season;*
 - *aged 6 months–18 years and receiving long-term aspirin therapy and who therefore, might be at risk for experiencing Reye syndrome after influenza virus infection;*
 - *residents of nursing homes and other chronic-care facilities;*
 - *American Indians/Alaska Natives;*
 - *morbidly obese (body-mass index ≥40);*
 - *health care personnel;*
 - *household contacts and caregivers of children aged <5 years and adults aged ≥50 years, with particular emphasis on vaccinating contacts of children aged <6 months; and*
 - *household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.*

Pneumococcal Vaccine Coverage Rate Comparison

Pneumococcal Vaccine Coverage* for Adults ≥65 years	2005	2006	2007	2008	2009
U.S. BRFSS ³ for Adults ≥65 Years of Age	65.9%	66.9%	67.3%	66.9%	68.5%
Utah BRFSS ³ for Adults ≥65 Years of Age	66.4%	65.9%	68.8%	69.2%	69.0%
Utah Long Term Care Facility Residents ⁴	40.3%	44.1%	44.2%	46.6%	48.8%
Utah Meals-on-Wheels Recipients ⁵	N/A	N/A	N/A	72.0%	N/A

* Applicable footnotes on opposite page (page 6).



Utah Department of Health
IMMUNIZATION PROGRAM

Immunize for healthy lives

288 N 1460 W
P.O. Box 142001
Salt Lake City, Utah 84114-2001

Phone: 801-538-9450
Fax: 801-538-9440

Check out our website at:
www.immunize-utah.org
HOTLINE: 1-800-275-0659



Influenza Updates

NUIC
Northern Utah Immunization Coalition

Meetings held at:
Weber-Morgan Health Dept.
477 23rd Street , Ogden
2nd Floor Conf. Rm.
at 2:00 p.m. on the first Tuesday of each month



Utah Adult Immunization Coalition

All interested providers are welcome to attend the monthly UAIC meetings held at 8:00 a.m. on the fourth Wednesday of each month at:

HealthInsight
348 E 4500 S
Salt Lake City

Or join the meeting by phone at:

Call: 1-866-373-4096
code 6669040488

Flu Vaccine 2010/2011 : Strains and Formulations

The H1N1 virus strain included in the 2010/2011 influenza vaccine formula is the same virus strain used in the H1N1 monovalent vaccine last season. The 2010/2011 influenza vaccine contains the following virus strains:

- **A/California/7/2009** (H1N1)-like virus
- **A/Perth/16/2009** (H3N2)-like virus
- **B/Brisbane/60/2008**-like virus.

Flu Vaccines for the 2010/2011 Season

Vaccine Type	Trade name	Manufacturer	Presentation	Age group	No. of doses	Route
TIV	Fluzone	Sanofi Pasteur	0.25 mL prefilled syringe	6–35 mos	1 or 2	Intramuscular
			0.5 mL prefilled syringe	≥36 mos	1 or 2	Intramuscular
			0.5 mL vial	≥36 mos	1 or 2	Intramuscular
			5.0 mL multidose vial	≥6 mos	1 or 2	Intramuscular
TIV	Fluvirin	Novartis Vaccine	5.0 mL multidose vial	≥4 yrs	1 or 2	Intramuscular
			0.5 mL prefilled syringe			
TIV	Fluarix	Glaxo SmithKline	0.5 mL prefilled syringe	≥3 yrs	1	Intramuscular
TIV	FluLaval	Glaxo SmithKline	5.0 mL multidose vial	≥18 yrs	1	Intramuscular
TIV	Afluria	CSL Biotherapies	0.5 mL prefilled syringe	≥9 yrs	1	Intramuscular
			5.0 mL multidose vial			
TIV High-Dose	Fluzone	Sanofi Pasteur	0.5 mL prefilled syringe	≥65 yrs	1	Intramuscular
LAIV	FluMist	MedImmune	0.2 mL sprayer, divided dose	2–49 yrs	1 or 2	Intranasal