

# Community Health Network of Connecticut, Inc.

## Immunization Recommendations For 2009-2010 Seasonal Influenza

The U.S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) has released initial recommendations regarding use of influenza vaccine for prevention and control of seasonal influenza for the 2009-2010 influenza season. Based on recommendations of the Advisory Committee on Immunization Practices (ACIP), a group that advises CDC on vaccinations, the CDC has published these recommendations in the July 24, 2009 issue of Morbidity and Mortality Weekly Report (<http://www.cdc.gov/mmwr>). See MMWR:Vol58e, No. 0724;1-52.

For all appropriate recipients, the optimal time to vaccinate is soon after vaccine becomes available and if possible by October, although both length of the influenza season and the past pattern of peak flu activity mean that vaccination later in the flu season (December and later) can still provide protection against influenza. Vaccination efforts should continue as long as seasonal influenza is circulating in the community. Because children aged 6 months through 8 years who have not been previously vaccinated need 2 doses of vaccine, they should optimally receive their first dose in September so that both doses can be administered before the onset of influenza activity.

The 2009-2010 trivalent vaccine virus strains for seasonal influenza are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane/60/2008-like antigens.

This notice is intended to call attention to, and to reiterate, several of the present recommendations; and also to provide selected relevant ancillary information.

### **2009 Recommendations (new and updated information for the 2009-2010 seasonal "flu season")**

Influenza vaccine should be provided to all persons who want to reduce the risk for becoming ill with seasonal influenza or transmitting it to others. However, emphasis on providing routine vaccination annually to those individuals without contraindications who belong to certain groups at higher risk for influenza infection or complications is advised, these including:

- All children aged 6 months through 18 years;
- Persons aged 50 years and older;
- Women who will be pregnant during the influenza season;
- Persons who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic or neuromuscular, hematological or metabolic disorders (including diabetes);
- Those who have immunosuppression caused by medications or disease condition;
- Residents of nursing homes and other chronic care facilities;
- Persons who live with or care for persons at high risk, including: household contacts

and those who have frequent contact with children under age 5 years (particularly with children under 6 months of age), with adults aged 50 years and older, and with other individuals with medical conditions that put them at higher risk for severe complications from influenza;

- Health care workers and employees of facilities and residences for persons in groups at high risk

**The 2009 CDC recommendations additionally include the following:**

- That vaccination to prevent seasonal influenza is particularly important and thus should be the focus of immunization efforts for the following who are at increased risk for severe complications from influenza:
  - All children aged 6 months through 4 years (59 months);
  - All persons aged 50 years and older;
  - Children and adolescents who are receiving long-term aspirin therapy;
  - Women who will be pregnant during the influenza season;
  - Adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic or neuromuscular, hematological or metabolic disorders (including diabetes);
  - Adults and children who have immunosuppression; and
  - Residents of nursing homes and other long-term care facilities.
- That either trivalent inactivated influenza vaccine (TIV) or live attenuated influenza vaccine (LAIV) may be used for healthy, nonpregnant persons aged 2 through 49 years. All other persons age 6 months or older should receive TIV. However, children aged 6 months through 35 months should only receive TIV that has been licensed by the FDA for this age group. Other age-related FDA approvals are applicable to several TIV materials as well. Additionally, LAIV should not be administered to children under 5 years of age with possible reactive airway disease, such as those who have had recurrent wheezing or a recent wheezing episode. To reiterate, younger children with possible reactive airway disease, children aged 6 through 23 months, and persons older than 49 years should only be vaccinated with TIV.

Additional detailed information is also available at <http://www.cdc.gov/flu>.

**ACIP Recommendations Regarding Inactivated Influenza Vaccine: Persons Who Should Not Be Vaccinated with TIV**

CDC has recommended that inactivated influenza vaccine should not be administered to persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine, or have previously had a severe reaction to an influenza vaccination, without first consulting a physician. Chemoprophylactic use of antiviral agents is mentioned as an option for preventing influenza among such persons. Additional information is available at <http://www.cdc.gov/flu>.

**ACIP Recommendations for Live Attenuated Influenza Vaccine (LAIV):  
Persons Who Should Not Be Vaccinated with LAIV**

LAIV is not recommended for certain persons at high risk for complications from influenza. Individuals who should NOT receive LAIV (and thus should only receive inactivated vaccine) include:

- Those younger than 2 years of age, or age 50 years and older;
- Those with asthma, reactive airway disease or other chronic disorders of the pulmonary or cardiovascular systems;
- Those with chronic underlying medical conditions, including chronic pulmonary (including asthma), cardiovascular (except hypertension), such metabolic diseases as diabetes, renal dysfunction, and hemoglobinopathies;
- Those with known or suspected immunodeficiency diseases or who are receiving immunosuppressive therapies;
- Children ages 2-4 years whose parents or caregivers report that a healthcare provider has told them during the preceding 12 months that their child had wheezing or asthma, or whose medical record indicates a wheezing episode has occurred during the preceding 12 months;
- Children or adolescents through age 18 years receiving aspirin or other salicylates;
- Those with history of Guillain-Barré syndrome;
- Pregnant women;
- Any person who has a history of hypersensitivity to eggs or to components of LAIV.

Additional information and updates to CDC recommendations are available at <http://www.cdc.gov/flu> and <http://www.cdc.gov/mmwr>.

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