

## **This is an official CDC Health Update**

Distributed via Health Alert Network  
January 27, 2005, 12:00 EST (12:00 PM EST)  
CDCHAN-00220-05-01-27-UPD-N

# ***Revised* Interim Guidance for Late-Season Influenza Vaccination**

*CDC urges continued emphasis on vaccinating people at high risk for serious influenza-related complications. In areas where supply is sufficient, state and local health officials may broaden vaccine use to make the most effective use of their supply.*

### **Background**

On October 5, 2004, Chiron Corporation notified CDC that none of its inactivated influenza vaccine (Fluvirin®) would be distributed in the United States this season. CDC, in coordination with the Advisory Committee on Immunization Practices (ACIP), initially issued interim recommendations to direct available inactivated influenza vaccine to people in certain priority groups. As the influenza vaccine supply and demand situation evolved, some areas had adequate supplies of vaccine to meet the demand from persons in the interim priority groups. On December 22, in coordination with ACIP, CDC issued updated interim recommendations for influenza vaccination during the 2004–05 season. These updated recommendations expanded influenza vaccination recommendations to cover *Additional Priority Groups in Areas of Sufficient Supply* (<http://www.cdc.gov/flu/protect/whoshouldget.htm#additional#additional>).

### **Late-Season Vaccination Recommendations**

Influenza activity was low in the United States during October through early December 2004, but has increased steadily since mid-December. Influenza activity does not appear to have peaked yet and could still continue for several months. For this reason, late-season vaccination can offer protection against influenza this season. In addition, influenza vaccination coverage of priority groups is lower this season than in recent influenza seasons. Given these considerations, CDC continues to recommend aggressive efforts to vaccinate people in priority groups.

### **Priority Groups for Inactivated Influenza Vaccination**

As shown below, the recommendations regarding priority groups for inactivated influenza vaccination have been modified (October 5 and December 22) as the vaccine supply situation has changed. Inactivated influenza vaccine is recommended for persons in the following priority groups:

#### *October 5, 2004 guidance*

- all children aged 6–23 months;
- adults aged ≥65 years;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 2–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

December 22, 2004 guidance (added the following groups)

- out-of-home caregivers and household contacts of persons in high-risk groups (e.g., persons aged ≥65 years; persons with chronic conditions such as diabetes, heart or lung disease, or weakened immune systems because of illness or medication; and children aged <2 years); and
- all adults aged 50–64 years.

### **Vaccination of Persons in Non-priority Groups**

The state and local jurisdictions may choose to broaden the groups for whom influenza vaccination is recommended on the basis of local vaccine supply situations. Where supply is ample, jurisdictions may choose to expand vaccination beyond the priority groups named above. Where supply of influenza vaccine is still short, persons who are not included in one of the priority groups or additional priority groups for vaccination should be informed about the vaccine supply situation and asked to forego or defer vaccination with inactivated influenza vaccine.

### **Use of Live, Attenuated Influenza Vaccination**

Intranasally administered, live, attenuated influenza vaccine, if available, should be encouraged for all healthy persons who are aged 5–49 years and are not pregnant, especially health-care workers and out-of-home caregivers and household contacts of persons in high-risk groups (e.g., persons aged ≥65 years; persons with chronic conditions such as diabetes, heart or lung disease, or weakened immune systems because of illness or medication; and children aged <2 years). However, health-care workers who care for severely immunocompromised patients in special care units should receive the inactivated vaccine.

### **Strategies to enhance continued use of inactivated influenza vaccine**

Because of the unique influenza vaccine supply and distribution situation this season, CDC has developed two strategies to promote the continued use of vaccine to prevent morbidity and mortality among individuals in priority groups as well as those who deferred vaccination earlier in the season.

The first strategy involves influenza vaccine purchased by the Vaccines for Children Program (VFC) for use this season. CDC is taking steps for the remainder of this flu season to make limited amounts of VFC influenza vaccine that currently exist within states available to state health departments for non-VFC use where the demand for influenza vaccine among VFC eligible children has already been met. CDC will provide state health departments with additional details about their ability to use this influenza vaccine once final logistics have been determined.

The second strategy involves allowing sanofi pasteur (formerly Aventis Pasteur) to distribute doses from the CDC stockpile. Sanofi pasteur intends to sell them with a return policy so that providers and facilities may order vaccine with minimal financial risk. Providers may return unused vaccine for a credit and will have financial responsibility for return shipping costs only. In contrast to the vaccine distribution system that is part of CDC's Secure Data Network, this strategy would allow providers to order vaccine directly from sanofi pasteur or a vaccine distributor, rather than working through state or local health departments. Doses purchased in this way may be used in any person. CDC will provide additional information about this strategy, via state and local public health agencies and other avenues.

*This Message was distributed to State and Local Health Officers, Public Information Officers, Epidemiologists and HAN Coordinators as well as Clinician organizations*