

IMMUNIZATION UPDATE

The Iowa Immunization Program Newsletter

Fall/Winter 2014

News & Summaries

2014-15 Influenza Vaccine Recommendations

The recommendation for children age 6 months through 8 years old is to receive two doses of flu vaccine this season separated by at least 4 weeks. However, if any of the following apply, children in this age group will need just one dose of flu vaccine:

- o At least one dose of 2013-14 flu vaccine was received;
- At least two doses of seasonal flu vaccine were received on or after July 1, 2010;
- At least one dose of seasonal flu vaccine was received prior to July 1, 2010 and at least one dose was received after July 1, 2010; or
- At least 2 doses of seasonal flu vaccine were received prior to July 1, 2010 and at least 1 dose of monovalent 2009 (H1N1) vaccine was received.

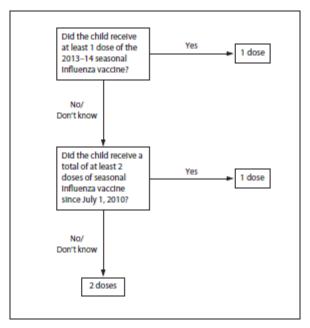
Live Attenuated Influenza Vaccine (LAIV) is preferred for children 2 through 8 years of age, if no contraindication exists. If LAIV is not available, Inactivated Influenza Vaccine (IIV) should be given; vaccination should not be delayed in an attempt to obtain LAIV.

An allergy to eggs should not prevent someone from getting vaccinated against influenza. Recombinant Influenza Vaccine (Flublok) should be administered to egg-allergic individuals 18 to 49 years of age. If egg-allergic individuals are younger than 18 years old, or if Flublok is unavailable, IIV should be administered by a physician with experience in the recognition and management of severe allergic conditions. Full recommendations can be found at www.cdc.gov/mmwr/preview/mmwrhtml/mm6332a3.htm/.

For questions regarding the influenza vaccine, call Kelli Smith or Bethany Kintigh at 1-800-831-6293 ext. 2 & 7, respectively. For questions regarding VFC influenza vaccine availability, call Tina Patterson at 1-800-831-6293 ext. 4.

Vaccine Highlights

Influenza Vaccine Dosing Algorithm for Children Aged 6 Months through 8 Years Advisory Committee on Immunization Practices, United States, 2014–15 Influenza Season



- Doses should be administered at least 4 weeks apart.
- For simplicity, this algorithm takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010.

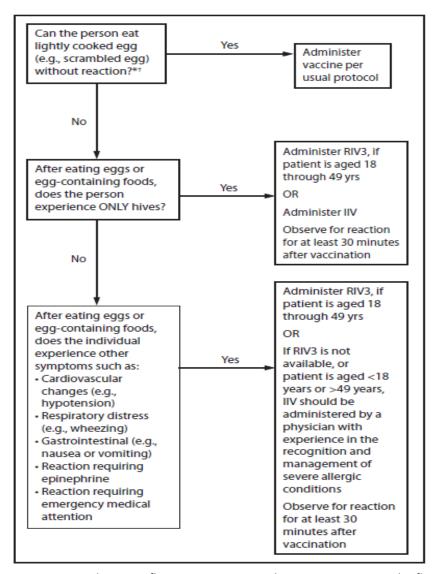
As an alternative approach in settings where vaccination history from before July 1, 2010, is available, if a child aged 6 months through 8 years is known to have received at least 2 seasonal influenza vaccines during any previous season, and at least 1 dose of a 2009(H1N1)-containing vaccine (i.e., either 2010–11, 2011–12, 2012-13 or 2013-14 seasonal vaccine or the monovalent 2009[H1N1] vaccine), then the child needs only 1 dose of 2014–15 seasonal influenza vaccine.

Using this approach, children aged 6 months through 8 years need only 1 dose of seasonal influenza vaccine in 2014–15 if they have received any of the following:

- 1) 1 or more doses of seasonal influenza vaccine in 2013-14;
- 2) 2 or more doses of seasonal influenza vaccine since July 1, 2010;
- 3) 2 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of monovalent 2009(H1N1) vaccine; or
- 4) 1 or more doses of seasonal influenza vaccine before July 1, 2010, and 1 or more doses of seasonal influenza vaccine since July 1, 2010.

Adapted from the Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season. The full article is available here.

Recommendations Regarding Influenza Vaccination for Persons Who Report Allergy to Eggs Advisory Committee on Immunization Practices, United States, 2014–15 Influenza Season



Abbreviations: RIV3 = recombinant influenza vaccine, trivalent; IIV = inactivated influenza vaccine

- Persons with egg allergy might tolerate egg in baked products (e.g., bread or cake). Tolerance to egg-containing foods does not exclude the possibility of egg allergy.
- † For individuals who have no known history of exposure to egg, but who are suspected of being eggallergic on the basis of previously performed allergy testing, consultation with a physician with expertise in the management of allergic conditions should be obtained prior to vaccination. Alternatively, RIV3 may be administered if the recipient is aged 18 through 49 years.

Adapted from Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season. The full article is available here.

Influenza Vaccine Information, by Age Group - United States, 2014–15 Influenza Season

Vaccine Type	Trade Name	Manufacturer	Presentation	Mercury/Ovalbumin Content (μg per 0.5 mL dose)	Age Group	Route
Inactivated Influenza Vaccine, Trivalent (IIV3), Standard Dose	Afluria®	bioCSL	0.5 mL single dose prefilled syringe	0.0/< 1	≥9 yrs.	IM
			5.0 mL multidose vial	24.5/<1		
	Fluarix®	GlaxoSmithKline	0.5 mL single dose prefilled syringe	0.0/≤ 0.05	≥3 yrs.	IM
	Flucelvax®	Novartis Vaccines	0.5 mL single dose prefilled syringe	0.0/Estimated at < 50 femtograms* total egg protein	≥18 yrs.	IM
	FluLaval®	ID Biomedical Corporation of Quebec (distributed by GlaxoSmithKline)	0.5 mL single dose prefilled syringe	0.0/≤0.3	≥3 yrs.	IM
			5.0 mL multidose vial	<25.0/≤ 0.3		
	Fluvirin®	Novartis Vaccines	0.5 mL single dose prefilled syringe	≤1/≤ 1	≥4 yrs.	IM
			5.0 mL multidose vial	25.0/≤ 1		
	Fluzone®	Sanofi Pasteur	0.5 mL single dose prefilled syringe	0.0/**	≥36 mos. ≥6 mos.	IM
			5.0 mL multidose vial	25.0/**		
	Fluzone® Intradermal	Sanofi Pasteur	0.1 mL prefilled microinjection system	0.0 (per 0.1 mL)/**	18 – 64 yrs.	ID
Inactivated Influenza Vaccine, Trivalent (IIV3), High Dose	Fluzone® High- Dose	Sanofi Pasteur	0.5 mL single dose prefilled syringe	0.0/**	≥65 yrs.	IM
Inactivated Influenza Vaccine, Quadrivalent (IIV4), Standard Dose	Fluarix® Quadrivalent	GlaxoSmithKline	0.5 mL single dose prefilled syringe	0.0/≤ 0.05	≥3 yrs.	IM
	FluLaval® Quadrivalent	ID Biomedical Corporation (distributed by GSK)	0.5 mL single dose prefilled syringe	0.0/≤ 0.3	≥3 yrs.	IM
			5.0 mL multidose vial	<25.0/≤ 0.03	≥3 yrs.	
	Fluzone® Quadrivalent	Sanofi Pasteur	0.25 mL single dose prefilled syringe	0.0/**	6–35 mos.	IM
			0.5 mL single dose prefilled syringe	0.0/**	≥36 mos.	
			0.5 mL single dose vial	0.0/**	≥36 mos.	
			5.0 mL multidose vial	25/**	≥6 mos.	
Recombinant Influenza Vaccine, Trivalent (RIV3)	FluBlok®	Protein Sciences	0.5 mL single dose vial	0.0/0.0	18 – 49 yrs.	IM
Live-attenuated Influenza Vaccine, Quadrivalent (LAIV4)	FluMist® Quadrivalent	MedImmune	0.2 mL prefilled intranasal sprayer	0.0/<0.24 (per 0.2 mL)	2–49 yrs.	IN

Adapted from Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season. The full article is available **here**.

^{*50} femtograms is 5x10⁻¹⁴ grams, of which only a fraction is ovalbumin
**Available on request from Sanofi Pasteur, by telephone, (800)822-2463, or e-mail, MIS.Emails@sanofipasteur.com
Highlighted vaccine products indicate administration route other than IM.

Pneumococcal Vaccination Recommendations for Adults

On September 19, the CDC released new pneumococcal vaccination recommendations for the adult population. Adults 65 years of age or older are now recommended to receive a single pneumococcal conjugate vaccine (PCV13, Prevnar-13®), followed by the pneumococcal polysaccharide vaccine (PPSV23, Pneumovax®23) 6-12 months later. For adults who previously received a dose of PPSV23 on or after turning 65 years of age, the PCV13 is recommended to be administered at least 1 year after the PPSV23. An adult annual flu shot visit provides an opportunity to raise awareness of the importance of pneumococcal vaccination. Whenever possible, provide all necessary vaccines at a single visit. The following are links to resources regarding pneumococcal vaccination recommendations.

- MMWR article
- CDC Releases New Recommendations for Pneumococcal Vaccination
- CDC's Pneumococcal Vaccination page
- CDC's Adult Vaccination page
- Adult Pneumococcal Vaccine

Program Highlights

SAVE the DATE!

2015 Immunization Conference
October 29, 2015

Community Choice Credit Union/
Veteran's Memorial Auditorium
Des Moines

IRIS Update

Adding VFC Flu Vaccine into IRIS Inventory

As a reminder, all VFC influenza vaccines must be manually added into IRIS inventory. Flu is the only vaccine handled this way, as all other vaccines are accepted through the Manage Transfer option in IRIS. Direct IRIS questions to the IRIS Help Desk at 800-374-3958 Monday through Friday between 8:00 a.m. and 4:30 p.m.

IRIS Password Reset

The Forgot Password button in IRIS allows users to unlock a disabled account and reset their IRIS password. In order for the Forgot Password functionality to work, users must have an email address on file within their IRIS user profile and completed the IRIS security questions. Admin Users also have the ability to unlock disabled user accounts and reset user passwords. For security purposes, the IRIS Help Desk staff encourages the use of the Forgot Password button or referring Standard Users to their Administrative Users.

When a user clicks the Forgot Password Button, the user must enter the correct Org Code, Username, and Email Address associated with the account, and then select the 'Submit' button. The message, 'A password reset link has been sent to the email address associated with this account' appears. The user must check the email address associated with the account, where a link to reset the password can be found. The link will be available for 24 hours. The link will navigate to the IRIS page where one of the user's security questions will be displayed. Three attempts are allowed to correctly answer the security question. The account will be locked after the third unsuccessful attempt. After successfully answering the security question, the user must click the 'Submit' button. After correctly answering the security question, users will be able to reset their password. A new password must be entered and confirmed. After entering the new password, users must click the 'Save' button.

The IRIS website contains a <u>handout</u> with screen shots and step by step instructions. For other questions, please contact the IRIS Help Desk at 800-374-3958.



VFC Highlights

VFC Vaccine Distribution

During the holiday season McKesson will **NOT** ship vaccine November 25-28 and from December 22, 2014 - January 5, 2015. VFC Program providers should monitor existing vaccine inventory and place vaccine orders in advance of shipping black out to ensure adequate vaccine supply. If you have any questions regarding vaccine orders please contact Tina Patterson or Janean Iddings at 1-800-831-6293 ext. 4 and ext. 5, respectively.

Vaccine Storage Units

The Centers for Disease Control and Prevention (CDC), Vaccines for Children (VFC) Program does not allow the use of dormitory or bar-style refrigerator/freezer units for storage of federally purchased vaccines under any circumstances, including temporary storage. Performance testing indicates dorm-style units cannot reliably maintain appropriate vaccine storage temperatures. A dorm-style refrigerator is defined as a small combination refrigerator/freezer unit that has one external door and an evaporator plate (cooling coil), which is usually located inside an icemaker compartment (freezer) within the refrigerator.

VFC Vaccine Orders

When placing VFC vaccine orders, consider the following:

- IRIS includes a Vaccine Recommended Order Quantity. This suggested order quantity displays on the
 Create Order screen in IRIS. The recommended order quantity is calculated based on VFC doses
 administered, doses on hand, and package size. The recommended order quantity includes at least 15
 days of additional vaccine doses to account for unexpected need. Adding additional doses of vaccine
 to the vaccine order is not necessary as IRIS automatically calculates additional vaccine inventory.
- Review doses of combination and single antigen products currently in inventory. Vaccine loss due to expiration is frequently a consequence of over-ordering combination products while an adequate supply of single antigens remains in the clinic's inventory. This practice is often seen when a combination vaccine is available to order after a shortage situation.
 Recommended Order Quantities are based on doses administered during the same time period the previous year. It is important to consider the vaccine products administered during the previous year compared to the vaccines the clinic is currently using. Vaccine orders may need to be adjusted regardless of the suggested order quantity displayed in IRIS.

Providers with excessive vaccine loss due to expiration of product may be required to receive additional training or pay for vaccines that expire due to ordering issues. If you have questions regarding vaccine orders, contact the VFC Program at 1-800-831-6293 ext. 5.

VFC Vaccine Borrowing

VFC vaccine borrowing should not routinely occur and should be the exception. In Iowa, 46% of the vaccine reported as borrowed this year was due to administration of a private vaccine dose to a VFC-eligible patient or vice versa. To reduce these types of vaccine management errors, each VFC provider should properly train all staff. Consider labeling vaccine boxes as VFC or Private, placing colored stickers on VFC vaccine boxes, or separating privately purchased vaccine from VFC vaccine in a separate unit or on a separate shelf.

All instances of borrowing must be documented on the *Vaccine Borrowing Report* on the <u>VFC web page.</u> The borrowing report must be completed when privately-purchased vaccine is administered to a VFC-eligible child or when VFC vaccine is administered to a privately-insured child. The provider must:

- List each vaccine separately
- Identify whether dose is VFC or private vaccine
- Document lot number, date borrowed, and why the vaccine was borrowed
- Include date the vaccine was replaced and lot number
- Fax report to the Iowa VFC Program at 800-831-6292
- Maintain a copy of completed form in office records for review during the VFC compliance site visits

If you have questions regarding the VFC Program vaccine inventory requirements and recommendations, please contact Tina Patterson at **Tina.Patterson@idph.iowa.gov** or 1-800-831-6293, ext. 4.

Question Corner

Q: Our clinic occasionally see patients who report an allergy to eggs, but do not fall within the age indications for the Recombinant Influenza Vaccine (RIV). Should those patients receive regular flu vaccine?

A: The recommendation for people with an egg allergy is to receive RIV when available and age appropriate. If RIV is unavailable or not age appropriate, *and* if only hives is experienced after eating eggs or egg-containing foods, Inactivated Influenza Vaccine may be given, but the patient must be observed closely for 30 minutes following injection. If symptoms beyond hives are experienced, the influenza vaccine should be administered by a physician with experience in recognizing and managing severe allergic conditions. A 30-minute observation for reactions after vaccination should occur for these patients as well.

Q: In years past, when a child did not receive at least 2 doses of seasonal influenza vaccine in a single season, it was recommended they receive two doses the next season. This year's recommendation is slightly different and specifies if a child received just one dose of last season's flu vaccine, they will only need one dose this season. Is this accurate?

A: Yes, the strains in this season's flu vaccine are exactly the same as those covered in last season's flu vaccine. Only one dose is necessary this season for children 6 months through 8 years of age who received a dose last season. For children who received a dose of last season's flu vaccine, getting one dose this season serves to boost the immunity gained last season. Even if a child received a trivalent flu vaccine last season and a quadrivalent flu vaccine this season, only one additional dose of vaccine is necessary.

- Q: What is the recommended interval for receiving influenza vaccine after an allergy injection?

 A: Influenza vaccine may be administered at any time before or after administration of an allergy injection.
- Q: The Prevnar13 vaccine only has a month and year listed for the expiration date. Do we need to discard unused doses at the beginning or end of that month?

A: When an expiration date on a vaccine only has a month and year listed, the vaccine may be used through the last day of that month. For example, if the expiration date is November 2014, the last day you may administer a dose of that vaccine is November 30, 2014.

Resources

Seasonal Influenza Vaccine Resources

- Live, Intranasal Influenza VIS
- Inactivated Influenza VIS
- CDC 2014-2015 Seasonal Influenza Information
- <u>Prevention & Control of Seasonal Influenza Recommendations from the ACIP, 2014-2015 Influenza Season</u>

Iowa Department of Public Health, Immunization Bureau Email Lists

The Iowa Immunization Program has several email list serves available to help health care providers receive important and timely immunization related information. Providers can send a blank email to the addresses below to receive updates directly in their inbox.

- VFC List: join-VFC@lists.ia.gov
- Immunization Program List: join-IMMUNIZATION@lists.ia.gov
- IRIS List: join-IRISUSERS@lists.ia.gov

Upcoming IRIS Q&A Webinars

- Thursday 11/20/14 at 10 a.m.
- Wednesday 12/17/14 at 2:00 p.m.
- Thursday 1/22/15 at 10 am.
- Wednesday 2/18/15 at 2:00 p.m.

Registration links can be found on the **IRIS website**.