



PREVENTION OPPORTUNITIES UNDER THE BIG SKY

SEASONAL INFLUENZA VACCINE 2014-2015: FREQUENTLY ASKED QUESTIONS

Influenza (the flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness that can sometimes lead to hospitalization or even death. Older people, young children, and people with certain health conditions are at high risk for serious flu complications but even healthy people can get sick and spread illness to others. The best way to prevent the influenza is by getting **vaccinated** each year. This issue of *Montana Public Health* provides answers to questions frequently asked about influenza vaccine.

What are the components of the 2014-2015 seasonal influenza vaccine? This year's vaccines will contain the same vaccine virus strains as those in the 2013-2014 vaccine. The 2014-2015 trivalent influenza vaccine contains antigen of three viruses:

- A/California/7/2009 (H1N1)-like virus;
- A/Texas/50/2012 (H3N2)-like virus;
- B/Massachusetts/2/2012-like virus

A quadrivalent influenza vaccine is also available and contains the above antigens, and

- B/Brisbane/60/2008-like virus.

What are the new recommendations for this year?

- Because the virus composition of the 2014–15 seasonal influenza vaccine is the same as in the 2013–14 season, children aged 6 months through 8 years need only 1 dose of vaccine in 2014–15 if they received ≥ 1 dose of 2013–14 seasonal influenza vaccine, regardless of previous vaccination history (Figure).
- When immediately available, live, attenuated influenza vaccine (LAIV) should be used for healthy children aged 2 years through 8 years who have no contraindications or precautions. However, inactivated influenza vaccine (IIV) should be used if LAIV is not immediately available. Vaccination should not be delayed to get LAIV.

Who should receive flu vaccine? Annual influenza vaccination is recommended for all persons aged 6 months or older however it is especially important for some people to be vaccinated.

- People who are at high risk of developing serious complications if they get sick with the influenza: this group includes adults age 65 years or older; children younger than 5, but especially children less than 2 years; pregnant women; American Indians and

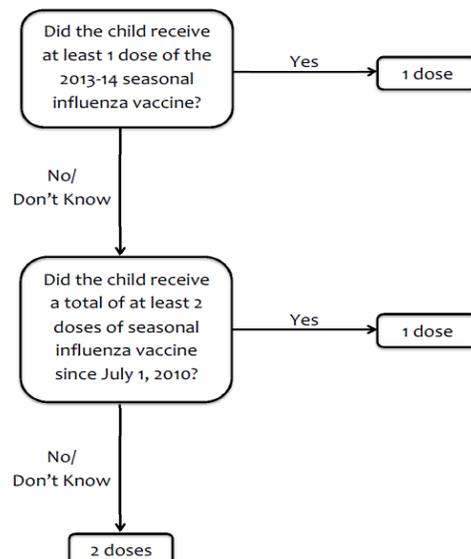
Alaskan Natives; and people who have chronic medical conditions.²

- People who live with or care for others who are at high risk of developing serious complications from influenza.

When should influenza vaccine be given?

- In general, health-care providers should begin offering vaccination as soon as vaccine becomes available, and if possible, by October.
- All children aged 6 months through 8 years for whom 2 doses are recommended should receive their first dose as soon as possible after vaccine becomes available; these children should receive the second dose ≥ 4 weeks later.

Figure. Influenza vaccine dosing algorithm for children aged 6 months through 8 years, ACIP 2014 – 2015 influenza season*



*For simplicity, this algorithm takes into consideration only doses of seasonal influenza vaccine received since July 1, 2010. (Adapted from CDC MMWR August 15, 2014; 63 (32); 691-697)

Can persons with a history of egg allergy receive influenza vaccine?

- An inactivated influenza vaccine that does not contain egg protein, Flublok (RIV3), is now available in the United States for persons aged 18 years to 49 years.
- For persons who report egg allergy, have no known history of egg exposure but for whom results suggestive of egg allergy have been obtained on previous allergy testing, consultation with a physician with expertise in the management of allergic conditions is recommended before vaccination.

Can pregnant women receive influenza vaccine?

- Women who are or plan to be pregnant during influenza season should receive inactivated influenza vaccine (IIV). Live attenuated influenza vaccine (LAIV) is not recommended for use during pregnancy.
- Postpartum women can receive either LAIV or IIV.
- Pregnant and postpartum women do not need to avoid contact with persons recently vaccinated with LAIV.

Recommendations for health care providers*(Summary of influenza recommendations)

All persons aged ≥ 6 months should be vaccinated annually.

It is especially important to vaccinate persons at high risk for influenza-related complications, including

- Persons aged 6 months to 4 years (59 months)
- Pregnant women
- Persons aged ≥ 50 years
- Persons who live with or care for others at high risk for influenza related complications, e.g., residents of nursing homes and other long term care facilities.
- Health care personnel.
- A complete list of persons at high risk of developing flu-related complications can be found at cdc.gov/flu/about/disease/high_risk.htm

*Abbreviations now in use for influenza vaccines:

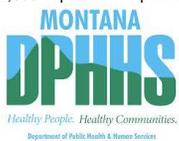
- **IIV**: Inactivated Influenza Vaccine (Afluria, Fluarix, FluLaval, Fluvirin, Fluzone)
(IIV3 = Trivalent IIV; IIV4 = Quadrivalent IIV)
- **LAIV** (Quadrivalent): Live, Attenuated Influenza Vaccine (FluMist)
- **RIV3**: Recombinant Influenza Vaccine, Trivalent (Flublok)
- **ccIIV3**: Cell Culture Inactivated Influenza Vaccine, Trivalent (Flucelvax)

For more information, contact the DPHHS Immunization Program at 406-444-5580.

References:

1. CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), United States, 2014-2015 Influenza Season. CDC MMWR August 15, 2014; 63 (32); 691-697. Available at: <http://www.cdc.gov/mmwr>
2. cdc.gov/flu/about/disease/high_risk.htm

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