



PUBLIC HEALTH

October, 2012
Vol.7, Issue 10
<http://www.dphhs.mt.gov/publichealth>

PREVENTION OPPORTUNITIES UNDER THE BIG SKY

SEASONAL INFLUENZA VACCINE 2012–2013: FREQUENTLY ASKED QUESTIONS

Influenza can cause serious illness in persons of any age, but can be prevented by vaccination with the seasonal influenza vaccine. Vaccination is 50–70% effective in preventing illness in healthy adults when an optimal match occurs between circulating strains of influenza virus and strains included in the vaccine. This issue of *Montana Public Health* addresses common questions regarding the 2012–2013 influenza vaccine and who should get it.

What strains are included in the 2012–2013 seasonal influenza vaccine? The 2012–2013 seasonal influenza vaccine includes three influenza strains:

- A/California/7/2009 (H1N1)pdm09-like virus;
- A/Victoria/361/2011 (H3N2)-like virus;
- B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses).

The H1N1 virus used to make the 2012–2013 influenza vaccine is the same virus included in the 2011–2012 vaccine. The H3N2 and B vaccine viruses differ from those in the 2011–2012 influenza vaccine.

What about the new influenza virus, H3N2v? The Centers for Disease Control and Prevention (CDC) is monitoring a new influenza virus that has been found carried by pigs that has infected humans. The majority of infected persons reported direct contact with pigs. H3N2v might spread more easily from pigs to humans compared with other swine influenza viruses. The 2012–2013 seasonal influenza vaccine will not protect against H3N2v, but antiviral medication can treat human H3N2v illness.

What types of vaccine will be available this season? Trivalent inactivated vaccine (TIV) is administered with a needle. Three types are available this season, including: 1) Regular — administered intramuscularly and approved for persons aged ≥ 6 months of age, including healthy persons, those with chronic medical conditions, and pregnant women; 2) “High-dose” — administered intramuscularly and contains 4 times the amount of antigen as regular TIV and is approved for use in persons aged ≥ 65 years; and 3) Intradermal — administered intradermally using a single-dose, prefilled microinjection syringe and approved for use in persons aged 18–64 years. The intradermal vaccine contains less antigen than the intramuscular TIV formulations.

Summary of influenza vaccination recommendations

*All persons aged ≥ 6 months should be vaccinated annually.
*Vaccination to prevent influenza is particularly important for persons at increased risk for complications.

Persons at high risk for influenza-related complications:

- persons aged 6 months–4 years (59 months);
- persons aged ≥ 50 years;
- children and adults with chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
- persons with immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus);
- women who are pregnant or will be pregnant during the influenza season;
- children aged 6 months–18 years and receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection;
- residents of nursing homes and other long-term care facilities;
- American Indians/Alaska Natives;
- persons who are morbidly obese (BM ≥ 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.

(Adapted from CDC. MMWR 2010;59(RR08):1–62.)

A non-TIV option is also available. The live, attenuated intranasal influenza vaccine (LAIV) is administered as a nasal spray and for use in healthy non-pregnant persons aged 2–49 years. Consult the package insert for a description of persons who should not receive LAIV.

All influenza vaccines contain the same antigenic composition. No preferential recommendations exist for the TIV regular dose, TIV high dose, or LAIV formulations. Clinicians should consult the package inserts for a listing of prescribing indications, precautions, and contraindications.

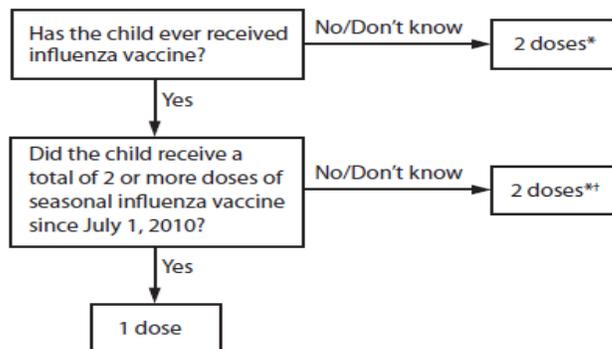
Who should be vaccinated? All persons aged ≥ 6 months should be vaccinated against influenza. The recommendation is intended to remove barriers to vaccination. The decision is supported by evidence that influenza vaccination is a safe and beneficial health measure for all persons aged ≥ 6 months.

It is especially important that persons at high-risk of having serious influenza-related complications or those living with or caring for persons at high-risk for developing influenza-related complications be vaccinated with seasonal influenza vaccine.

When should influenza vaccine be given? Health-care providers should offer vaccination soon after vaccine becomes available. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health-care visits or during hospitalizations whenever vaccine is available. Vaccination efforts should continue throughout the fall through spring season because the duration of the influenza season varies and influenza might not appear in certain communities until February or March.

How many doses of influenza vaccine does a child need? Annual vaccination for all children aged 6 months–18 years is recommended. Depending on the child’s history of seasonal influenza vaccination, a child aged 6 months–8 years might require 2 doses of influenza vaccine (Figure).

Figure. Influenza vaccine dosing algorithm for children aged 6 months–8 years for the 2012–13 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
 (Adapted from MMWR 2012;61:613–618.

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

References:

1. CDC. Prevention and Control of Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), United States, 2012–13 Influenza Season. MMWR 2012;61:613–618. Available at: <http://www.cdc.gov/mmwr/>

2,275 copies of this public document were published at an estimated cost of \$0.67 per copy, for a total cost of \$1524.25, which includes \$518.49 for printing and \$1005.76 for distribution.



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