

Influenza Activity Spotlight

2012–2013 Season

Issue #5 — October 22, 2012

1. Summary of the National Influenza Vaccine Summit Call – 10/18/2012

Influenza Surveillance Update – Lenée Blanton (CDC)

Lenée reminded callers that the FluView surveillance report for Week 40 was issued last week. Flu activity still remains low. Only 3% of the specimens submitted to WHO collaborating labs were positive, and the majority of these were type B. Adult deaths attributed to influenza were below the epidemic threshold, and there have been no pediatric deaths reported. ILI reports were at 1.2% of visits, below the baseline of 2.2%. The map of geographic spread of influenza in the United States indicates that most states are reporting sporadic activity, with only Wyoming reporting localized activity. Overall, this low level of influenza is typical for this time of year.

Text4baby Flu Module - Amy Pirretti (HMHB)

[Text4baby](#) is a partnership of a multiple public/private healthcare corporations, communications firms, and government agencies. To date, *text4baby* has reached over 400,000 mothers with key health messages. Pregnant women who register to participate receive 3 texts each week covering important health tips for themselves or their babies. The texts cease at the baby's first birthday, or earlier if requested by the mother. The messages cover many facets of health care, including immunizations.

A [flu module](#) was added to the messaging in 2011, and more than 50,000 messages to new mothers have gone out so far for the 2012–2013 influenza season. In 2011, 31% of users responded to a text asking about their intention to receive influenza vaccine. Almost 70% of the persons responding said that they planned to receive or had already received the vaccine. If mothers reported that they did not plan to receive it, they were asked why they reached this decision. This was followed by customizable education addressing their concerns. In a follow-up survey of a subset of respondents, approximately 14% of mothers who initially stated that they did not plan to get influenza vaccine subsequently reported getting it.

In the 2012 flu module, *text4baby* is looking at ways to reduce barriers to vaccination by providing tailored educational messages and offering appointment reminders to users. During this season an experimental group will receive the full module, while a control group will receive an abbreviated module (without the reminder option or tailored education), and then receive the full module. Both the experimental and control groups will receive follow-up to determine if they ultimately received vaccine.

Following Amy's presentation, L.J and other call participants complimented this interactive approach to health communications. While the 2011–2012 season was essentially a pilot looking at the feasibility of the system, the 2012–2013 effort should provide much more data for analysis. For example, *text4baby* personnel will be able to review differences, if any, in the impact of the messages on mothers requesting texts in Spanish vs English. Amy stated that they look forward to sharing their data after the 2012–2013 season. Anyone with questions or needing additional information should contact [Amy](#).

Health Care Personnel Flu Vaccination Measure – Elizabeth Kalayil (CDC)

Elizabeth provided a [presentation](#) about the National Quality Forum's (NQF) measure for influenza vaccination of healthcare personnel (HCP). This measure has been discussed on previous NIVS calls, but it has now received NQF endorsement. CDC first proposed a standardized measure for assessing influenza vaccination of HCP in 2008. The measure was pilot tested in 234 healthcare facilities from October 2010 to March 2011, and NQF endorsed the measure in May 2012. CMS added this measure to its quality reporting programs for acute care hospitals (beginning 1/1/2013) and ambulatory surgical centers (beginning 10/1/2014). CDC training materials and FAQs are available [here](#). CDC also developed the HCP Vaccination Module in the National Healthcare Safety Network (NHSN). The module was designed to ensure consistent reporting of HCP influenza vaccination coverage in a manner that allows comparability across facilities.

Denominator categories in the reporting requirements include both employee (staff on facility payroll) and non-employee HCP who were physically present in the facility for at least 30 working days during the designated time period. Reporting on some contract personnel (e.g., dialysis technicians, pharmacists, etc.) is optional. The numerator includes HCP who receive an influenza vaccination during the time from when the vaccine becomes available through March 31 of the following year. Subcategories include whether the individual received the vaccine at the healthcare facility or elsewhere, as well as whether he/she has a medical contraindication, declines vaccination, or is of unknown status. Facilities are required to report data only once at the conclusion of the reporting period. Pilot testing revealed difficulties in collecting data on contract personnel, and CDC is interested in working with the Joint Commission on this issue. CDC currently is delivering live training webinars on the measure. Acute care hospitals must enter data into NHSN by May 15, 2013 for data to be shared with CMS for the 2012–2013 influenza season. CDC will evaluate implementation of the measure through qualitative data gathered during phone interviews and quantitative data gathered through a web-based survey. Persons with questions on this process may contact [Faruque Ahmed](#) or [Megan Lindley](#).

Information to determine whether reporting facilities had immunization requirements in place will not be available this season. L.J mentioned that Rhode Island and British Columbia, Canada have mandated immunization for all HCP. Medical exemptions are available. However, persons who simply decline immunization are required to wear a mask when working in the facility.

Data from individual facilities will not be directly available to state and local health departments. However, information should be available in CMS' Hospital Compare reports in the 2013–2014 season. Although reporting is required only for acute care hospitals and ambulatory surgical centers, any health care facility is welcome to participate in the reporting system on a voluntary basis.

Quadrivalent Influenza Vaccine Update – Donna Cary (sanofi)

Sanofi Pasteur has issued a [press release](#) announcing that it has filed a Supplemental Biologics License Application with the FDA for the quadrivalent formulation of Fluzone. An action date is anticipated in the second quarter of 2013. This information will be included in discussions during next week's ACIP meeting.

Next Meeting

Due to next week's ACIP meeting, the NIVS call scheduled for October 25 will be cancelled. The next call will take place on Thursday, November 1. Persons wishing to add anything to the agenda should contact [L.J.](#)

2. The CDC/Influenza Division Weekly Influenza Surveillance Report for week 41, 2012 (ending October 13, 2012) is available [here](#). This site also includes maps of ILINet State Activity level and the [geographic spread](#) of influenza illness as reported by state and territorial epidemiologists. This map indicates geographic spread of influenza viruses but does not measure the intensity of influenza activity. CDC's seasonal influenza key points for October 19, 2012 are available [here](#). [Archives](#) of previous *FluViews* also are available.

3. Information from CDC

- CDC's updated 2012–2013 seasonal influenza key points are available [here](#). Updates were made specifically to the vaccination coverage section.
- As of October 19, 2012, no additional H3N2v cases have been reported to CDC since those reported on September 28, 2012. Information about the recent H3N2v outbreaks is available [here](#).
- Check out CDC's [Free Resources](#) for updated media articles and employee posters/flyers (under print materials category).

4. Sanofi Pasteur Application for QIV Accepted by FDA; Announces Results of Clinical Trials

On October 18 [Sanofi Pasteur](#) announced that its application for a new quadrivalent (four-strain) influenza vaccine (QIV) was accepted by the Food and Drug Administration for review. Analysis by the Centers for Disease Control and Prevention of 10 influenza seasons indicates that the use of a four-strain vaccine could have prevented 2.7 million influenza cases, 21 thousand influenza-related hospitalizations and almost 1,400 influenza-related deaths. The QIV vaccine would include two strains of type A influenza and two strains of type B influenza.

At the IDWeek meeting, Sanofi also presented the latest data from its Phase III clinical trials. These three studies demonstrated that the safety and immunogenicity profiles of their QIV were similar to licensed Fluzone® (Influenza Virus Vaccine). The addition of a second influenza B strain in the vaccine afforded coverage against that strain with no corresponding negative impact on the immune response to the other influenza strains in the vaccine.

A final [press release](#) was issued on October 22. For additional information please contact Donna Cary via [email](#) or at (570) 957-0717.

5. Rhode Island and British Columbia Mandate Influenza Vaccination for All Healthcare Workers

[Rhode Island](#) became the first US state to mandate influenza vaccination for all their healthcare workers who have direct contact with patients. This mandate allows for medical and philosophical exemptions, but philosophical exemptions will require a signed declination and the wearing of masks during the influenza season.

[British Columbia](#) has also instituted mandatory healthcare worker influenza immunization becoming the first Canadian province to do so. Healthcare workers who do not get vaccinated will have to wear a mask. Beverly Hagar from Virginia Mason, one of the first healthcare facilities to mandate healthcare worker influenza immunizations, is featured in the article.

6. Michigan and South Carolina Report First Influenza Cases

[Michigan](#) has already reported twelve confirmed cases of influenza, and [South Carolina](#) has reported three confirmed cases.

7. New Study in Australia Support Prophylaxis of Nursing Home Residents with Antivirals

In this [study](#) performed in 16 nursing homes over three flu seasons in Sydney, the researchers tried two different strategies using the antiviral drug oseltamivir, commonly known as Tamiflu, when an outbreak occurred. They either treated only those residents in the home who had influenza symptoms with Tamiflu or they treated all residents with Tamiflu. In the second case, of treating everyone, Tamiflu was being used both as a treatment and a preventive health measure. The results of treating all patients included:

- a reduction in the length of the influenza outbreak by 13 days;
- a reduction in the numbers of residents infected by a statistically significant amount (36.5% among those treated only for symptoms compared to 22.9% for those given the preventive treatment)
- fewer staff infections;
- a lower rate of hospitalization for residents.

8. What Should PCORI Study? A Call for Topics from Patients and Stakeholders

As a part of its effort to develop and refine a patient-focused research agenda, the Patient-Centered Outcomes Research Institute will host a workshop entitled “What Should PCORI Study? A Call for Topics from Patients and Stakeholders” on December 4 in Washington, D.C. The event is designed to bring together the broad range of healthcare stakeholders to share and discuss important future topics of patient-centered outcomes research.

The workshop will be an inclusive, interactive multi-stakeholder event. PCORI staff and attendees will discuss the institute’s patient-centered approach to research, its plans for engaging stakeholders in the research process, and a method for prioritizing potential research topics. Participants will engage in interactive small-group sessions to solicit their ideas for research in a variety of topic areas, including assessment of screening, diagnosis and treatment options; clinical trials; improving health care systems; addressing disparities; communications and dissemination research; and rare diseases.

Through this workshop, PCORI hopes to learn:

- The top patient-focused issues that stakeholders believe should be studied;
- How stakeholders generate research questions;
- How patient-centered outcomes research will be useful to stakeholders;
- Examples of patient-focused care improvement;
- Promising practices for patient and stakeholder engagement; and,
- Promising practices for dissemination of clinical research (e.g., health literacy, clinical decision aids.)

Workshop attendance is limited to 100 individuals; 25% of invitations will be reserved for patients, caregivers and the organizations that represent them. PCORI is prepared to support travel and related expenses for invited attendees. For those unable to attend, PCORI will provide a free, interactive webcast, open to the public.

If there are more interested potential attendees than available seats, PCORI will use a range of criteria — such as types of stakeholders represented, geographic diversity and areas of interest and expertise — to balance the group. PCORI will extend formal invitations to potential attendees during the week of October 22.

Additional details about the workshop, including an agenda, will be posted here as soon as they are available. For more information regarding opportunities to get involved in PCORI’s [work](#), including participation in future workshops, contact [PCORI](#).

9. Interesting Dialogue on Pharmacy Immunizations

[Slate.com](#) includes a good [article](#) on the important role to public health played by pharmacist immunizations. Of significance, both the Influenza Vaccine and Adult Immunization Summits are working on the need to improve collaboration between the pharmacy providers and the physician providers. A follow up article argues that by expanding access, we also are addressing the problem we have with disparities.

10. AMNews Editorial Highlights Importance of the Healthcare Provider Recommendation for Influenza Immunization

The *AMNews* issue of October 15 featured an [editorial](#) commenting on the importance of the provider recommendation to persuade hesitant patients to receive the influenza vaccine. It also discusses the importance of healthcare worker influenza immunization and mentions the success of the National Influenza Vaccine Summit.

11. Influenza Outbreak in Texas School Prompts Immediate Immunizations

An unusual flu [outbreak](#) among the United Independent School Districts in Laredo, Texas, is causing unusual absenteeism. On Tuesday, more than 360 children were absent due to flu symptoms, prompting a vaccination program in all the schools in the UISD district.

12. Art Caplan Article on Influenza Vaccine Efficacy

Art Caplan wrote an [article](#) in response to Mike Osterholm's CIDRAP article on the effectiveness of influenza vaccination.

13. 2012–2013 Influenza Vaccine Information Statements Are Now Available

The [influenza vaccine information statements](#) have recently been updated. Both the TIV and LAIV VISs, as well as the TIV Large Print edition, have been updated. RTF files are also available. All VIS are dated 7/2/2012. These editions have been converted to the updated VIS format, but the text in both VISs is identical to that in last years' influenza VISs. Note that there will be minor updates in the ACIP influenza recommendations, but these do not affect the VIS language.

14. Summit Website Offers Wonderful Resources on Influenza Vaccination!

Remember to visit the Summit [website](#) for the latest on influenza immunization resources, as well as archived copies of the weekly newsletters!