Reminder: Summit calls are scheduled weekly every Thursday at 3 p.m. ET, unless cancelled. The next Summit call is scheduled for January 31, 2013. Please email L.J Tan or LaDora Woods if you have any updates on activities to provide to the Summit.

SAVE THE DATE! The National Influenza Vaccine Summit (NIVS) will be meeting in conjunction with the National Adult Immunization Summit on May 14–16, 2013 in Atlanta, Georgia. More details and a draft agenda will be provided as soon as available.

1. Summary of the National Influenza Vaccine Summit Call – 1/17/2013

Influenza Surveillance Update – Scott Epperson (CDC)

Scott provided a provisional report of the data for Week 2, which will be finalized and posted on the CDC website tomorrow. The biggest change since the previous report has been a significant increase in the number of P&I deaths reported from the 122 city mortality system. This was not unexpected, as mortality data typically lags 2–3 weeks behind other surveillance measures. The majority of deaths were in adults >65 years old. However, there also were 9 new lab-confirmed pediatric deaths, bringing the total to 29 for this season. Given where we are in the season, this indicator is likely to surpass the 34 pediatric deaths reported for the entire 2011–2012 season. Of these 34 deaths, 10 were confirmed with type B, 8 with type A H3, and 11 were type A, but with no subtyping available. One child was not eligible for vaccination. Of the remaining 28, only 4 (14%) were fully vaccinated according to ACIP guidelines.

The Week 2 report will indicate decreased ILI visits nationally, but this can be somewhat misleading. While reports in the Southeast and South Central regions appear to be declining and may have peaked, the Northeast, Mid-Atlantic, Mountain West, and Western regions have shown increases. In addition, individual state activity within regions may vary.

Influenza Vaccine Supply – Carolyn Bridges (CDC)

Carolyn and L.J thanked partners for their quick response to the NAIS Vaccine Supply Survey and LaDora Woods for her work in summarizing the submitted data. The survey was conducted in two periods: January 10–14 and 14–16. The 312 respondents included manufacturers, distributors, physicians/physician organizations, community immunizers, public health entities, and pharmacies, with the majority (70%) of reports from pharmacies. In total, the respondents reported >10 million doses of vaccine either in stock or available for distribution/administration.

Among those responding from January 10–14, most providers had not depleted their supply of influenza vaccine. Among the smaller number of responders replying from January 14–16, about half had depleted their vaccine supply. Finally, the survey asked if those who had depleted their supply had been successful in obtaining additional doses, if desired. For both survey periods, approximately half of those who had attempted to obtain vaccine had been successful.
Carolyn noted that this is not a scientific poll. The survey was sent to all Summit members, and respondents could report anonymously. This means there could be some duplication in reporting, although she felt this was rare. The survey will be closed on January 18, though it may be repeated in approximately one week. L.J thanked distributors for reporting not only to this survey, but also to the Influenza Vaccine Availability Tracking System (IVATS). This survey does not correlate directly to IVATS, which is an active reporting system from distributors. Diane Peterson, IVATS coordinator with the Immunization Action Coalition, periodically reaches out to designated individuals at distributors to update IVATS reports.

Spot shortages of vaccine exist around the country. However, as of January 11, 129.4 million of the 145 million doses projected for manufacture had been distributed. Carolyn and L.J mentioned that anecdotal reports indicate providers are having increasing difficulty locating 0.25 mL pediatric vaccine. CDC has not yet obtained information from states on whether restrictions on the use of thimerosal-containing multi-dose vials are being temporarily modified. Some type of emergency declaration would be necessary to overcome such laws. CDC has not made any recommendations on the off-label use of adult vaccines for pediatric use.

Connecticut reported that VFC and state-purchased vaccines are now being provided for all children 6 months through 18 years of age. California law restricts use of thimerosal-containing vaccine for children under 3 and pregnant women.

A significant discussion revolved around yesterday’s FDA approval of Flublok, the new recombinant influenza vaccine manufactured by Protein Sciences. Flublok may be used in any person 18-49 years of age, other than those who have had a severe anaphylactic reaction to any of the vaccine components. The vaccine is highly purified without preservatives and is egg-free. Approximately 100,000 doses have been filled and will be shipped from Hospira, the distributor, as soon as the vials are labeled and package inserts have been placed in the boxes, which should be in late January or early February. The company anticipates delivery of 3–5 million doses next year, and 7–10 million the following year. Flublok has a shelf life of 16 weeks from the date of manufacture, so the vaccine to be distributed this season probably will expire by the end of February. Additional information on Flublok is available through the company’s press release and website. Protein Sciences Corporation will present additional information on the product at the February ACIP meeting and the next Summit meeting in May.

Finally, Carolyn noted that sanofi is expected to release some single dose 0.5 mL vials of vaccine at the end of January. If providers try to use half of the vial for children under 3 years of age, it will be important for them to discard the remaining half dose. The vaccine is manufactured without preservative, so there will be a potential for contamination if the vial is entered a second time.

**Other Items – Litjen Tan (IAC)**
L.J reminded partners to save the date for the 2013 NAIS/NIVS Meeting, planned for May 14–16 at the Hyatt Regency in Atlanta, Georgia. The meeting will begin early on May 14, so participants should plan to arrive on May 13. It will conclude at 3 p.m. on May 16. The website for registration and additional information should be posted soon.

2. **The CDC/Influenza Division Weekly Influenza Surveillance Report** for week 2, 2013 (ending January 12, 2013) is available [here](#). Of 12,360 specimens tested and reported by U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories in week 2, 3,638 (29.4%) were positive for influenza. The proportion of outpatient visits for influenza-like illness (ILI) was 4.6%, above the national baseline of 2.2%. This site also includes maps of ILINet State Activity Levels 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 January 18, 2013 have been released. Archives of previous FluViews may be found [here](#).
3. Information from CDC

- On January 18, 2013, CDC hosted a press briefing to provide an update on the 2012–2013 influenza season. The telebriefing featured Tom Frieden, M.D., M.P.H., Director, Centers for Disease Control and Prevention and Margaret A. Hamburg, M.D., Commissioner, Food and Drug Administration.

- On January 16, 2013, the New England Journal of Medicine released a new study, “Risk of Fetal Death after Pandemic Influenza Virus Infection or Vaccination.”

- On January 6, 2013, the journal Pediatrics released a CDC–coauthored study describing the burden of influenza in children from 2004 to 2009. Key points for the article are available here.

4. ACOG Releases New Algorithm for Assessment of Pregnant Women with Influenza-like Symptoms

The American College of Obstetricians and Gynecologists (ACOG) has issued an algorithm for assessment and treatment of pregnant women with influenza-like illness and has emailed it to all of the organization’s members. ACOG reports that they are seeing many hospitalizations of pregnant women for influenza. The algorithm is posted on the ACOG Immunization for Women website along with other daily updates and resources for providers.

5. Voices for Vaccines Represents the Viewpoints of Parents who Vaccinate!

The goal of Voices for Vaccines, a parent-driven organization supported by scientists, doctors, and public health officials, is to give parents a trusted resource to learn more about vaccines and why vaccination is so crucial for their children’s health and well-being—as well as the health and well-being of their communities. Please visit their website and consider joining them!

6. Vaccine available from MedImmune

MedImmune would like to inform Summit members that it has just released >300,000 doses of FluMist® to distributors who serve both the private and public sectors. These doses are date-challenged (upcoming expiration date), but this is a good attempt to address the current need and demand for pediatric flu vaccine. FluMist® is approved for healthy children 2 years of age and older.

7. VICNetwork Announces Influenza Webinar for January 30 at 2 p.m. Eastern

Whether you are managing communications about a bad influenza season or triaging media inquiries during a local disaster, having a strong working relationship between public health and communications departments and the collaboration of state and local community partners can help you maximize your ability to share information, build support and strengthen credibility.

Join the next VICNetwork webinar to learn about how partnerships developed with public and private, state and local organizations is a worthwhile investment that will help move your message. Representatives from Arizona will share examples from their work on promoting immunizations at the state and local level, along with their work on coordinating messages about the current influenza season. Additionally, Mr. Carlos Velázquez, Vice President of HMA Associates, in Washington, DC will speak about the CDC Flu Disparities Project, a project on grassroots social marketing to promote influenza immunization to disparate populations.
8. **ACP Issues New Policy on Healthcare Provider Immunizations**

The American College of Physicians (ACP) has released a new policy recommendation that all healthcare providers (HCPs) be immunized against influenza, diphtheria, hepatitis B, measles, mumps, and rubella, pertussis (whooping cough), and varicella (chickenpox) according to the Advisory Committee on Immunization Practices (ACIP) Adult Immunization Schedule. ACP’s policy exempts HCPs for medical reasons or a religious objection to immunization.

9. **NACCHO Releases New Policy Statement Urging Mandatory Influenza Immunizations for All Healthcare Workers**

The National Association of County and City Health Officials (NACCHO) has released a new policy statement that urges health care employers and local health departments (LHDs) to require influenza vaccination for all staff as a condition of employment. Furthermore, NACCHO stresses the importance of implementing prevention strategies that will reduce the spread of influenza infection among HCP and their patients to decrease the burden on the overall health care system.

10. **Summit Survey on Vaccine Supply**

Thanks to all Summit partners for their rapid responses to the survey on vaccine supply! The final summary of the survey was presented on the Summit call on January 24.

11. **Reminder! CDC Has Issued Guidance to Pharmacists Regarding Antiviral Supply and Use of Influenza Vaccine!**

The CDC guidance to pharmacists was first shared with Summit partners on January 15.

12. **Protein Sciences’ Flublok Has Received FDA Approval**

*Flublok* has been approved by the FDA for people 18-49 years old to prevent influenza disease.

13. **Summit Relaunches the Influenza Vaccine Availability Tracking System (IVATS)**

In response to Hurricane Sandy and possible losses of seasonal influenza vaccine among vaccine providers, the National Influenza Vaccine Summit has re-opened IVATS (Influenza Vaccine Availability Tracking System) on its [web page](#). The information is available by clicking on under “Looking for Influenza Vaccine for your Clinic” in the lower right corner of the webpage, or click [here](#) for a direct link to the PDF.

IVATS is a resource for physicians looking to purchase influenza vaccine and contains information from approved, enrolled and participating wholesale vaccine distributors or manufacturers of U.S. licensed influenza vaccine. Information on the site will be updated throughout the 2012–2013 influenza vaccination season.

Please share this resource with any providers in your jurisdiction who may have questions about where to purchase influenza vaccine for the current influenza season. For questions about IVATS, please contact Diane Peterson at the Immunization Action Coalition.

14. **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, and RTF files also are available. All 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 year’s’ influenza VISs. Note that there will be minor updates in the ACIP influenza recommendations, but these do not affect the VIS language.

15. Summit Website Offers Wonderful Resources on Influenza Vaccination!

Remember to visit the Summit website for the latest on influenza immunization resources and to view archived copies of the weekly updates.