SAVE THE DATE: The 2013 National Adult and Influenza Immunization Summit will be held May 14–16 in Atlanta, Georgia. Please contact LaDora Woods or L.J Tan to obtain additional information about registering for the meeting and obtaining a hotel reservation.

NOTICE – 2013 Immunization Excellence Awards! The National Influenza Vaccine Summit is accepting nominations for its 2013 Immunization Excellence Awards through March 15, 2013. The 2013 awards recognize individuals and organizations that have made extraordinary contributions towards improved adult, and/or childhood influenza vaccination rates within their communities during the 2012–2013 influenza season. This year NIVS added an award recognizing immunization activities focused on the adult population, beyond influenza.

A national winner and honorable mention recipient will be selected for each award category. The winners will be presented with their awards and invited to present their programs at the National Adult and Influenza Immunization Summit to be held May 14–16, in Atlanta. The five categories of recognition are:

- Overall Season Activities
- Healthcare Personnel Campaign
- Immunization Coalitions/Public Health/Community Campaign
- Corporate Campaign
- Overall Adult Immunization Activities - Beyond Flu

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.

Sections 1–3 (below) provide summaries of 3 NIVS calls held on February 7, 14, and 22.

1. Summary of the National Influenza Vaccine Summit Call – 2/7/2013

   Influenza Surveillance Update – Scott Epperson (CDC)

   Scott reported that we are beginning to see declining levels of influenza activity across much of the country, though there is some variability. Eastern and southern states have shown declines in both ILI activity and laboratory submissions over the last few weeks. However, activity among west coast states is still high and is increasing. Overall laboratory specimens appear to be decreasing, but there has been an increase in the proportion of these specimens that are influenza type B. In past seasons, we typically have experienced a bump in numbers in the late winter or early spring. However, since the 2012–2013 influenza season appears to have peaked early this year, it will be interesting to see if this trend continues. The vast majority of laboratory tests continue to be influenza type A strains.
Influenza Surveillance Update – Scott Epperson (CDC)

Even though all 10 regions are reporting ILI above baseline levels, Scott reported that influenza continues to be on the decline in the East and now also appears to be slowing in western states. This season’s decline is occurring gradually, rather than the sharp decline typically seen during most influenza seasons. Although the majority of specimens tested at CDC continue to be type A, the proportion that are type B is increasing. Nearly all type A specimens tested and about 70% of B specimens are similar to the vaccine strains. The proportion of deaths due to P&I remains high.

Five (5) new pediatric deaths were reported during week 6, bringing this season’s total to 64. A high number (~9,000) of hospitalizations are attributed to laboratory-confirmed influenza, but the rate of increase appears to be slowing. The majority of hospitalizations were in persons over age 65.

Influenza-Like Illness on College Campuses – James Turner (ACHA)

Dr. Turner provided an update to the College Health Surveillance Network data he previously presented during a Summit call on February 4. Influenza activity among college students appears to be mirroring that of the population in general, with a continued decline in ILI visits during the last 2 weeks. The college surveillance system also tracks pertussis, and it is newsworthy to note that no new pertussis cases are being reported at this time.

Michigan’s Influenza Vaccine Exchange Network – Cristi Carlton (Michigan Department of Community Health)

Cristi presented an overview of IVEN, Michigan’s Influenza Vaccine Exchange Network. This system serves as a discussion board which providers can use to post information about influenza vaccine availability, facilitating movement between providers with vaccine available and those seeking additional vaccine. IVEN is open to anyone participating in the Michigan Care Improvement Registry (MICR), Michigan’s immunization information system. The system deals only with privately purchased doses and does not include VFC vaccines. IVEN is strictly a message board between providers; the state immunization program does not become involved in vaccine exchanges.

Minnesota’s Influenza Vaccine Exchange Forum – Jennifer Heath (Minnesota Department of Health)

Minnesota’s Influenza Vaccine Exchange Forum was modeled after (and operates much like) Michigan’s IVEN system. In early January the state immunization program began hearing about increased hospitalizations, as well as an unprecedented number of illness reports from schools and
long term care facilities. Reports of vaccine shortages also began to appear. Using a modified incident command system structure, the immunization and preparedness programs began holding daily meetings and conducted a survey of providers to determine vaccine availability. Because the survey indicated spot shortages, on January 28 the state implemented its forum to facilitate communications between providers. Like the Michigan program, the forum was limited to exchanges of privately purchased vaccines.

Minnesota recommends that any state planning to implement similar programs consult with the state board of pharmacy early in the process. Even though the state program was not involved in the actual vaccine exchange, Minnesota posted vaccine storage and handling information. The state is now conducting an evaluation of the system to consider future improvements.

Summit partners noted that the system also might be helpful for interstate sharing of information, and Jennifer pointed out that any provider enrolled in MICR (including several who provided services in Wisconsin) could access the forum. The state took a “hands off” approach to vaccine exchange, and no specific provider outreach was conducted. Although use of the system has been restricted to influenza vaccine, it easily could be expanded to assist with shortages of other types of vaccine. However, state pharmacy statutes and FDA restrictions would need to be thoroughly investigated to determine whether non-influenza vaccines could be exchanged in the absence of a medical emergency.

**Announcement**

Approximately 100,000 doses of Flublok®, the newly licensed recombinant influenza vaccine indicated for persons 18–49 years, are now available for order from FFF Enterprises. Additional information on the vaccine may be found [here](#).

3. **Summary of the National Influenza Vaccine Summit Call – 2/22/2013**

**Announcements – L.J Tan (IAC)**

L.J welcomed participants to this specially scheduled NIVS call, which was moved to Friday in order to provide the most current information from the ACIP's influenza vaccine discussion held the previous day. Next week’s call will return to the regularly scheduled time of Thursday at 3 pm ET.

**Influenza Surveillance Update – Scott Epperson (CDC)**

Scott reported that data for week 7 (ending February 16) is now available on the FluView website. Although overall influenza activity remains high, we continue to see declining levels. Outpatient visits for ILI were reported at 2.8%, a decline from the previous week, but still above the baseline level. The laboratory data continues to show similarities between positive specimens and vaccine strains. The total number of positive specimens is decreasing, but the proportion of those specimens that are type B is increasing. Deaths attributed to P&I have declined, but they remain high. Fourteen (14) new pediatric deaths were reported during the reporting week, bringing the total for the season to 78. Although this number is likely to increase in coming weeks, it is hoped that the overall decline in influenza activity will slow the rate of new pediatric deaths.

**ACIP Influenza Update – Lisa Grohskopf (CDC)**

Lisa provided a summary of the influenza-related items covered by the ACIP during their meeting on February 21. The session included an overview of the epidemiology and surveillance from the current season. Lisa Dunkle with Protein Sciences provided an update on Flublok®, a recombinant influenza vaccine which received FDA approval in January. Flublok® uses neither influenza virus nor eggs in its production. Lisa Grohskopf noted that extensive provider education will be needed next season, when 4 new influenza vaccines/formulations (see Table 1) will be available.
ACIP members received a report on the age-adjusted mid-season interim estimate of influenza vaccine effectiveness (VE) for the 2012–2013 season. Data used to develop this estimate was collected from sites in Michigan, Pennsylvania, Texas, Washington, and Wisconsin. Overall VE in all age groups was 47% for type A and 67% for type B. However, great variation was shown when the data was stratified by age group. VE was particularly low for persons over 65 years of age, with 9% VE for influenza A(H3N2). Lisa noted that the study populations tend to include fewer numbers of persons in the 65+ age group, resulting in data with large confidence intervals, but this low VE remains an area of concern. She reminded call participants that we have known the vaccine is not as effective in persons over 65, but it still protects against important negative outcomes. The ACIP’s influenza vaccine recommendations will not be changed based on only one season’s worth of data. The influenza group at CDC will continue to analyze this information for the entire season, as well as examine chronic medical conditions and vaccine types.

In recognition of the approval of several new influenza vaccines, the ACIP took action to include new language in next season’s statement. IIV (inactivated influenza vaccine) replaces TIV (trivalent influenza vaccine) as a general class that includes trivalent (IIV3) (both egg-based and cell-culture-based) and quadrivalent (IIV4) inactivated vaccines. RIV/RIV3 refers to trivalent recombinant HA influenza vaccine, and LAIV/LAIV4 refers to live attenuated influenza vaccine. The Committee will not be expressing a preference for QIV over IIV in the coming season. The scrutiny of evaluation for a “preferential” statement is held to a higher standard and generally does not occur during the first year of a vaccine’s use, prior to the availability of post-marketing safety evaluations. In addition, availability of a sufficient supply of vaccine must be considered. Members briefly touched on egg allergies related to various vaccine types, but no vote was taken. This issue may be on the agenda for the June meeting.

The table of vaccines to be available for the 2013–2014 season will be issued as a Policy Note in an upcoming MMWR, as well as being included in the more extensive influenza MMWR traditionally posted in the late summer.

Call participants briefly discussed the advisability of mentioning sanofi’s high-dose influenza vaccine as an alternative for persons >65 years of age. This was covered in CDC’s communication materials, and additional data on VE of the high-dose vaccine in this age group should be forthcoming over the next few years. One caller asked about the advisability of vaccinating persons >65 with high-dose vaccine several months after receipt of seasonal vaccine, but data is not available on this issue.

Lisa mentioned that the ACIP briefly discussed the potential for waning immunity from influenza vaccine (particularly LAIV) given early in the season. This topic will be evaluated at a later date.

L.J reminded callers that discussions about quadrivalent vaccine and other issues impacting the 2013–2014 season will be major topics at the 2013 National Adult and Influenza Immunization Summit.

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**Table 1: Summary of New Influenza Vaccines/Vaccine Formulations Expected to be Available during the 2013–2014 Influenza Season**

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Manufacturer</th>
<th>Trivalent or Quadrivalent</th>
<th>Manufacturing Technology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flublok®</td>
<td>Protein Sciences</td>
<td>trivalent</td>
<td>recombinant</td>
</tr>
<tr>
<td>Flucelvax®</td>
<td>Novartis</td>
<td>trivalent</td>
<td>cell culture</td>
</tr>
<tr>
<td>Fluarix® Quadrivalent</td>
<td>GlaxoSmithKline</td>
<td>quadrivalent</td>
<td>egg-based</td>
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<tr>
<td>FluMist® Quadrivalent</td>
<td>MedImmune</td>
<td>quadrivalent</td>
<td>egg-based</td>
</tr>
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4. The CDC/Influenza Division Weekly Influenza Surveillance Report for week 7 (ending February 16, 2013) is available here. Of 8,144 specimens tested and reported by the U.S. World Health Organization (WHO) and National Respiratory and Enteric Virus Surveillance System (NREVSS) collaborating laboratories in week 7, 1,371 (16.8%) were positive for influenza. The proportion of outpatient visits for influenza-like illness (ILI) was 2.8%, still above the national baseline of 2.2%. All 10 regions reported ILI at or above region-specific baseline levels. Three (3) states experienced high ILI activity. Other states experienced moderate activity (13 states and New York City), low activity (11 states), or minimal activity (23 states). The District of Columbia had insufficient data. 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 February 22, 2013 have been released. Archives of previous FluViews may be found here.

5. Information from CDC

CDC recommends a three-pronged approach to fighting influenza: annual vaccination, appropriate use of influenza antiviral drugs, and everyday preventive actions like staying home when sick and covering coughs and sneezes.

The early and intense 2012–2013 influenza season provided the opportunity for CDC to estimate vaccine effectiveness (VE) in-season. Because the results of this work had practical clinical implications, CDC made every effort to communicate these findings quickly and clearly, including publication of these findings in the January 18, 2013 MMWR. In the February 22, 2013 MMWR, CDC published updated, age-adjusted VE estimates. These results are consistent with those published in January and continue to underscore the fact that the 2012–13 seasonal influenza vaccine provides substantial protection for the population overall, confirming the public health value of vaccination. Nonetheless, as reported in January, some vaccinated persons have become ill with influenza this season, especially among persons aged ≥65 years.

In light of these illnesses, it’s important that full and appropriate use is made of influenza antiviral medications, our second line of defense against influenza. These drugs should be used promptly, as recommended for treatment of suspected influenza in certain patients in high-risk groups, including those aged ≥65 years, regardless of their vaccination status.

Key points and questions/answers about vaccine effectiveness are available here. In addition, CDC has released a MMWR and key points summarizing the 2012–2013 season from September 30, 2012 – February 9, 2013.

6. Update from the College Health Surveillance Network (CHSN)

The CHSN monitors the incidence of ILI among students seen at student health services, both as an absolute number and as a percent of total primary care visits. The CHSN includes 21 schools representing 671,000 students. Currently 15/21 schools participating in the network submit de-identified ILI data into a central database each week. Weekly data (the most recent data is from February 21) is available here.

7. House of Representatives Holds Hearing on 2012-2013 Influenza Season

On February 13, 2013, the House Oversight and Investigations Subcommittee, chaired by Rep. Tim Murphy (R-PA), held a hearing to discuss the 2012–2013 influenza season, its impact on Americans, and the nation’s preparedness and response efforts. Dr. Tom Frieden, Director of the Centers for Disease Control and Prevention, provided witness testimony. A video of the hearing and related information are available here.
8. Recent Media Coverage on Influenza

**Flu Activity Continues its Slow Retreat** (CIDRAP)
Six (pediatric deaths) were linked to influenza B, three to H3N2, two to 2009 H1N1 (pH1N1), and two to unsubtyped influenza A viruses. A child who died during the week ending January 5 was co-infected with influenza A and influenza B. The two pH1N1 deaths were the first pediatric ones reported this season from the former pandemic virus.

**Flu Symptoms 2013 in Children:** 78 Pediatric Influenza-Related Deaths Reported; Vaccine Less Effective for Elderly, Says CDC (Latinos Post)
According to the CDC, the purpose of the pediatric mortality rate system is to monitor and describe the incidence, distribution, and basic epidemiologic characteristics of deaths among children associated with influenza virus infection, provide data to guide future influenza immunization policy, (and) rapidly recognize (an) influenza season during which the impact may be unusually severe among children.

**New Flu Vaccine Shuts Down Resistant Strains of Influenza Virus** (Peninsula On-Line)
A new class of influenza drug has been shown by researchers to be effective against drug-resistant strains of the virus. Researchers from the University of British Columbia led a study published in the journal Science Express, explaining their development of a new drug candidate that stops the flu virus from spreading from one cell to the next.

**ACIP Holds Meeting to Discuss Vaccine Updates, Influenza** (Vaccine News Daily)
The committee also plans to vote on proposed influenza vaccine recommendations for the next flu season. Several researchers are scheduled to discuss various aspects of the latest flu season, including the latest surveillance and epidemiological data, vaccine supply, vaccine effectiveness and the use of Flublok.

**End in Sight for Long Influenza Season** (Examiner.com)
Based upon the release of the latest influenza data by the Centers for Disease Control (CDC) on Feb. 22, the long influenza season of 2012–2013 appears to be winding down. The data is for the period Oct. 1, 2012 through Feb. 16, 2013, week seven of the year.

**CDC: Influenza No Longer “Widespread”** (Chicago Tribune)
The Centers for Disease Control and Prevention no longer considers influenza "widespread" in Illinois. As of Feb. 16, Illinois is one of 21 states experiencing flu activity in only certain regions, according to CDC data released this morning.

**CDC: Flu Elevated, but Ebbing in US** (UPI.com)
Fourteen pediatric deaths were reported, bringing to 78 the number of influenza-associated pediatric deaths reported to the CDC 2012-13. Thirty-four pediatric deaths were reported during the 2011–12 flu season, 122 were reported in the 2010–11 season, and 282 were reported during the H1N1 2009–2010 flu season.

**Flu Season Still Challenging Cobb's Health Providers** (Marietta Daily Journal)
LPN Nancy Stackhouse administers a flu vaccine to Odean Padgett of Woodstock at the Canton Health Clinic. It turns out this year's flu shot is doing a startlingly dismal job of protecting older people, according to the Centers for Disease Control and Prevention.

**Dallas Flu Outbreak Has Slowed Considerably, Signaling an Early End to the Season** (Dallas Morning News)
In a normal winter, flu cases would be peaking about now, with thousands of sick children recovering at home and hundreds of serious cases confined to hospitals throughout North Texas. But nothing
has been normal about this flu season, starting with an earlier-than-expected appearance of flu-related illnesses last fall.

**New Orleans Doctors Still Seeing High Volume of Flu Cases** (FOX 8 News WVUE-TV)
This year's flu season began a lot earlier than previous years. It kicked off in December and according to doctors, was severe. "It spread rapidly, and it was very common to have multiple family members in here with same complaints and all testing positive for the flu," Morse said.

**Flu Season Winding Down in Michigan** (WKZO)
Earlier this season we were looking for a reason why the flu came on like gangbusters this fall. Why it just took off like a wildfire, peaking early, claiming lives of both the old and the young, closing schools and making headlines. Now we may have one answer.

**San Diego County Flu Rates Dropped Sharply Last Week** (California Healthline)
Influenza rates in San Diego County dropped by 54% last week, according to new data. The data show that the number of confirmed flu cases in the county decreased from 834 two weeks ago to 382 last week.

**State Officials say Flu Shots Still Helpful** (Fairbanks Daily News-Miner)
This winter's influenza vaccine isn't proving to be the most robust defense against the annual flu bug, but state health officials are still encouraging residents to get the shot for added protection. "Flu is still circulating in Alaska, and there is a benefit in people continuing to get vaccinated if they haven't been vaccinated yet," said nurse epidemiologist Donna Fearey.

**Hazelwood Schools Delivers 1,800 Flu Shots to Students** (HazelwoodPatch)
Locally the flu virus spread early and peaked in December with many taking notice. In an effort to contain the flu virus and to prevent it from spreading within the school system, Hazelwood School District (HSD) administrators say they took several precautions to help safeguard students and staff.

**CDC: Flu Shot Not Very Effective for Seniors** (U.S. News & World Report)
You've likely been hounded by your family, the government, and certain health reporters to get your flu vaccine. While that's still a good idea, a new report from the U.S. Centers for Disease Control and Prevention shows that the shot is far from 100 percent effective.

**CDC: Flu Vaccine Only 56% Effective** (Live 5 News)
Seniors were one of the main groups urged to get a flu shot this season but for many of them, the vaccine didn't work. The CDC said the vaccine helped just 9 percent of people aged 65 and older. For those under 65, the vaccine was about 56 effective.

**Influenza Vaccine Efficacy Significantly Lower in Elderly** (Medscape) (requires registration)
"Nonetheless, this finding should not discourage future vaccination by persons aged≥65 years, who are at greater risk for more severe cases and complications from influenza. Influenza vaccines remain the best preventive tool available, and [vaccine effectiveness] is known to vary by virus type/subtype, age group, season, host immunity, and the outcome measured," according to the CDC.

**2013 Flu Vaccine Did Not Work** (The Washington Times)
For those 65 and older, the influenza vaccine helped in just 9 percent of cases, a number too low to be statistically significant, according to a report in the CDC's Weekly Morbidity and Mortality Report released Thursday. The study was based on a survey of 2,697 children and adults by the U.S. Influenza Vaccine Effectiveness Network from Dec. 3, 2012, through Jan. 19, 2013.

**Flu Shot Did Poor Job Against Worst Bug in Seniors** (Sandusky Register)
Flu vaccine tends to protect younger people better than older ones and never works as well as other kinds of vaccines. But experts say the preliminary results for seniors are disappointing and highlight
the need for a better vaccine....

**Flu Vaccine Offered Poor Protection for Seniors This Year, CDC Says** (McNight’s Long Term Care News)
Seniors generally are more severely affected by the flu and often are less responsive to vaccines than younger people. However, the flu-related death rate for seniors reached extremely high levels this year. The vaccine may have been ineffective because seniors did not respond to its influenza A (H3N2) component, the CDC stated....

**Flu Vaccine Didn’t Protect Elderly, CDC Says** (AthensPatch)
Did you get a flu vaccine this year? If so, you might be interested to learn it has worked for only about half of those vaccinated this flu season, according to a Reuters report that cites information released by the Centers for Disease Control and Prevention....

**Flu Vaccine Less Effective in Weaker Immune Systems** (fourstates homepage.com)
"Your body hasn't been given enough time to build up that immune response to the vaccine and that's why sometimes people feel like they got the flu, even though they were vaccinated, which isn't true. They just didn't get the flu vaccine early enough," states Watts....

**This Year's Flu Vaccine Falters in Protecting Elderly** (KUHF-FM)
This year's flu shot looks like it's unusually poor at protecting the elderly. The flu vaccine's only about 27 percent effective overall for those ages 65 and older and just 9 percent effective against the flu strain causing the most illness, according to the federal Centers for Disease Control and Prevention....

**This Year's Flu Vaccine Was Not Much Help to Elderly** (The Reporter)
Despite the findings, the CDC stood by its recommendation that everyone over 6 months get flu shots, the elderly included, because some protection is better than none, and because those who are vaccinated and still get sick may suffer less severe symptoms....

**Older Adults Prove Less Protected by Flu Vaccine** (The Reporter)
Most of us receive the flu shot and figure we are protected against the disease, or at least a severe case of it. But it seems for older adults, this year's vaccination was less than effective. Overall the vaccine was 56%....

**Q & A: Weighing the Value of Less Effective Flu Shot** (Fox News)
The vaccine was much better at protecting younger people. Q: If the flu shot did such a poor job for older folks, why should they get it? A: Government doctors and other health experts say it's better than nothing. And some scientists at the Centers for Disease Control and Prevention think it's possible that even this less effective vaccine may have lessened symptoms....

**Vaccine Truther Bill Maher Claims He Was Right about Flu Shots** (Twitchy)
The flu shot is a killed vaccine. (Only the nasal mist vaccine contains a weakened live virus.) He said he did not believe that healthy people were vulnerable to dying from the new H1N1 virus. This contradicts statements from the World Health Organization and the Centers for Disease Control and Prevention that young, healthy people from ages 5 to 24 appear particularly vulnerable to this flu....

**Legislators Step Up Push for Paid Sick Leave** (Wall Street Journal) *(requires subscription)*
Amid the worst flu season in recent years, lawmakers in at least a half-dozen cities and states are intensifying a push for laws requiring paid time off when workers take sick days. Some 39% of private-sector workers aren't entitled to paid time off....

**Flu Vaccines, Always Changing** (WOI-DT)
The good news is there is constant research going on to improve the flu vaccines each year. Actually just this weekend the Journal of Science Express published new research from the University of
British Columbia. They say researchers may have found a new class of influenza drugs that has been shown to be effective against drug resistant strains of the virus....

**US Bird Flu Research to Resume Under New Restrictions** *(The Verge)*
Back in January 2012, the US government announced it was joining with scientists around the world and temporarily suspending research on the deadly pathogen H5N1, also known as avian flu or "bird flu," after an independent review panel found that publishing research results could potentially allow bioterrorists or other attackers to recreate and transmit a more contagious version of the virus on their own....

**5 Questions: USD Prof Tackles Flu Deaths** *(Sioux Falls Argus Leader)*
“We're also developing vaccines that would have the ability to prevent interspecies transmission,” he said. “We're developing vaccines that have part-pig and part-human components which will limit that transmission which can be given in the pre-pandemic phase, so that you will never have that transmission occur,” he said.

**New Flu Drug Shows Promise** *(Medical News Today)*
A new flu drug has been developed by CSIRO scientists which could help in combating influenza pandemics, according to a report published in the journal Science. Researchers conducted tests in laboratory models and found that the drug is extremely effective at preventing the spread of various strains of the influenza virus....

**Flu Breakthrough: New Drug Could Combat Flu Pandemic** *(Hunterdon County Democrat - NJ.com)*
“Despite recent improvements in vaccine production, when a new strain of flu emerges it can take several months before vaccines are available to the public,” Withers said. “This antiviral drug would play an important role as the first line of defense in modulating disease severity and in controlling a pandemic while vaccines are prepared.”....

**New Molecular Compounds Can Kill the Influenza Virus** *(News-Medical.net)*
Their new compounds will lead to a new generation of anti-influenza drugs that the virus' strains can't adapt to, and resist, as easily as they do Tamiflu. It's an anti-influenza drug that is becoming less effective against the constantly mutating flu virus....

**New Class of Molecular Compounds That Kill the Influenza Virus Discovered** *(PlanetSave.com)*
Building upon previous research that revealed a method of manipulating a key viral replication enzyme, an international group of virologists have discovered a new class of compounds that are capable of killing the influenza virus....

**China Reports Year’s Second Fatal Case of Bird Flu** *(Medical Xpress)*
A man in southwestern China has died of bird flu, health authorities said Saturday, becoming the second fatality from the H5N1 virus this year. The 31-year-old died in hospital in the city of Guiyang on Friday, the Guizhou province health department said in a statement, adding that no other human cases of avian flu had been reported in the province....

9. Don’t forget to update and submit to the new Adult Vaccine Locator!

The new Adult Vaccine Finder is now available! Please forward the following information to immunization providers with whom you work!

**Attention Immunization Providers:** If interested in letting the public know about vaccines offered at your practice or clinic, go to [http://vaccine.healthmap.org](http://vaccine.healthmap.org). This site already includes more than 54,000 locations that provide flu shots and has provided this information to 500,000 users from the general public. On January 28, 2013, the site expanded to include 10 additional adult vaccines. If you want to register your location on this website, click on the “about” button on
10. 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.

11. 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.

12. 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.