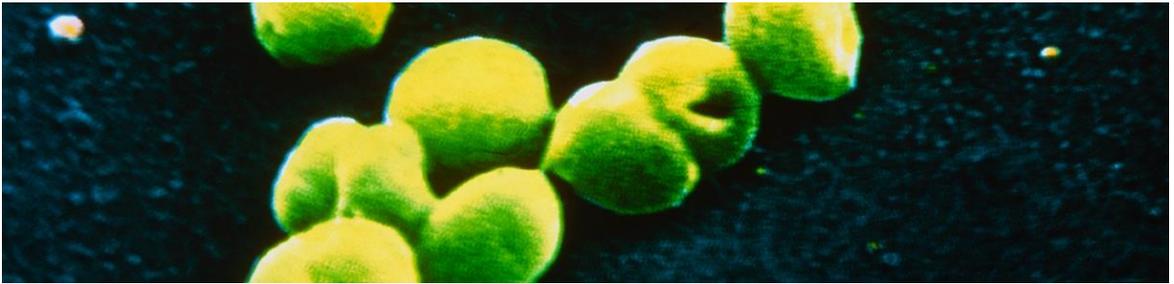


## 2016 National Adult and Influenza Summit *Manufacturer Presentation*

**Heather Richmond**

May 10, 2016

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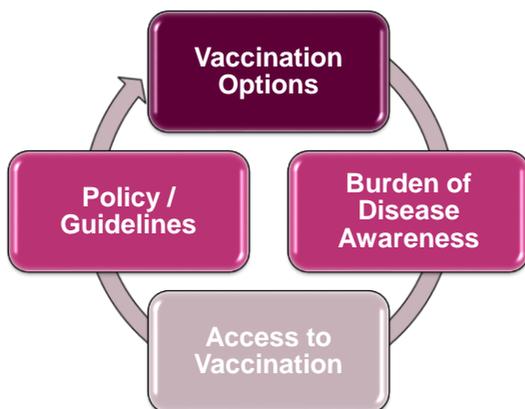
## Preparing for 2016-17 Influenza Season

- Expecting at least 14M doses will be manufactured to support FluMist Quadrivalent<sup>®</sup> (Influenza Vaccine Live, Intranasal) demand
- Supply and delivery of FluMist Quadrivalent remains on target
  - Vaccine development and manufacturing improvements
  - Single strain change for upcoming season; inherently less risk leading into this season
- Expect initial release of product by early August



## Improving Influenza Vaccination Rates

*Achieving the goal of increased vaccination rates will come from expanded dialog relative to key vaccination drivers*



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## Vaccination Options

*Although several influenza vaccine options exist, majority of patients are only aware of a “flu shot”*

- Quad vs Tri
- Egg based vs Cell culture based
- Needle free
- Needle size



*Awareness of options is appealing to HCPs and patients*

***It is essential we educate vaccinators and patients on the availability of options and that choices exist when it comes to influenza vaccination***

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## Burden of Disease Awareness

*Opportunity exists to improve awareness relative to burden of disease and address misperceptions, especially among patients and parents*

- Recent CDC data published in *Vaccine* highlights most common reasons for not getting vaccinated
  - Unlikely to get sick from the flu; never get the flu
  - Not in a high risk or priority group
- Article further highlights appropriate actions for engaging patients and parents
  - Risk of influenza; benefits of vaccination
  - Parental concerns regarding side effects and other considerations
- Reasons for not getting vaccinated vary by racial/ethnic groups

***Deploying targeted strategies to build disease awareness among minority groups, especially within HCP offices and schools/community, may improve overall vaccination rates***

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## Access to Vaccination

*Convenience is an important factor when it comes to influenza vaccination, which means having ample supply at a variety of locations*

- Doctors' offices, hospitals, and clinics are consistently the primary location for influenza vaccinations among adults and children
- Alternative sites of care provide:
  - Convenience and save time
  - Access in areas with limited traditional healthcare settings
  - Increased messaging and awareness of need for annual vaccination

***Supporting vaccination efforts within retail settings, schools, and through access companies will allow for greater reach and provide patients multiple options for getting vaccinated***

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## Policy / Guidelines

*Consistent policy and guidelines will ensure HCPs have clear guidance to determine the best options for their patients*

- All ensure that all vaccine choices are available at primary and alternate sites of care
  - Allow and encourage alternate sites of care to offer vaccine choices
  - Evaluate policy around access to VFC doses to optimize access in all sites of care
  - Encourage commercial insurers to cover vaccination in nontraditional settings
- National, state and local influenza consumer information:
  - Reflects all vaccine options
  - Is enhanced for populations that have not met or are not close to 2020 goals

***Engaging stakeholders and decision-makers within private and other government agencies is an important step to improve awareness, access, and focus on the importance of vaccination***

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## Important Safety Information about FluMist Quadrivalent<sup>®</sup> (Influenza Vaccine Live, Intranasal)

- FluMist Quadrivalent is a vaccine indicated for active immunization of persons 2-49 years of age for the prevention of influenza disease caused by influenza A subtype viruses and type B viruses contained in the vaccine. FluMist Quadrivalent is for intranasal administration only.
- FluMist Quadrivalent is contraindicated in persons who have had a severe allergic reaction (e.g., anaphylaxis) to any vaccine component, including egg protein, or after a previous dose of any influenza vaccine, and in children and adolescents receiving concomitant aspirin or aspirin-containing therapy.
- In clinical trials, the risks of hospitalization and wheezing were increased in children <24 months of age who received trivalent FluMist<sup>®</sup> (Influenza Vaccine Live, Intranasal). Children <5 years of age with recurrent wheezing and persons of any age with asthma may be at increased risk of wheezing following FluMist Quadrivalent administration. FluMist Quadrivalent has not been studied in persons with severe asthma or active wheezing. If Guillain-Barré syndrome has occurred within 6 weeks of any prior influenza vaccination, the decision to give FluMist Quadrivalent should be based on careful consideration of the potential benefits and risks. FluMist Quadrivalent has not been studied in immunocompromised persons. The safety of FluMist Quadrivalent in individuals with underlying medical conditions predisposing them to wild-type influenza infection complications has not been established. FluMist Quadrivalent may not protect all individuals receiving the vaccine.
- The most common solicited adverse reactions (occurring  $\geq 10\%$  in vaccine recipients and at least 5% greater than in placebo) reported after FluMist were runny nose or nasal congestion in all persons 2-49 years, fever  $>100^{\circ}\text{F}$  in children 2-6 years, and sore throat in adults 18-49 years. Among children 2-17 years who received FluMist Quadrivalent, 32% reported runny nose or nasal congestion and 7% reported fever  $>100^{\circ}\text{F}$ . Among adults 18-49 years who received FluMist Quadrivalent, 44% reported runny nose or nasal congestion and 19% reported sore throat.

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Please see complete Prescribing Information, including Patient Information

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