



National Influenza Vaccine Summit

Influenza Activity Spotlights

Friday, September 9, 2011

Issue #1

Professional Medical Organizations
Please disseminate widely to all of your members.

1. FY2012 Appropriations bill contains language on adjuvanted influenza vaccines

The Senate Appropriations Committee approved its FY2012 Agriculture Appropriations bill on September 7, which included \$2.5 billion in discretionary funding for FDA (a 2 percent increase over FY2011). The Committee report called for an increase of \$19 million for FDA's activities to advance development of Medical Countermeasures. The President's FY2012 budget request had asked for a \$70 million increase for these activities.

In addition, the report to accompany the Senate bill included the following language on adjuvanted influenza vaccines:

Adjuvanted Influenza Vaccines.—The Committee recognizes the importance of FDA exercising its authority under the Accelerated Approval of Biological Products regulation to approve licenses for adjuvanted seasonal influenza vaccines, which are currently being used in seasonal influenza campaigns in Europe. The Committee believes that FDA has sufficient authority under existing regulations to approve adjuvanted vaccines. The Committee is also aware that adjuvanted seasonal influenza clinical studies are needed to further encourage the development of new treatments for emerging public health requirements and for pandemic preparedness. The Committee urges the FDA to work collaboratively with industry and other Federal agencies to facilitate the design and conduct the necessary studies.

Similar language on adjuvants was included in the House Appropriations Committee report. The House report did not specifically address the Advancing Medical Countermeasures Initiative. The House Appropriations bill provided \$2.17 billion for FDA, an 11.5 percent cut below FY2011, and was approved by the full House in June.

2. Summary of National Influenza Vaccine Summit Call on Thursday, September 8

This was the first Summit conference call for the 2011-2012 influenza season. Weekly update calls will be held at this same time every Thursday unless the call is cancelled.

Yvonne Garcia provided a follow up on the Partnership meeting that was held August 28 and 29, 2011 in Houston. You all may recall that this was discussed at the Disparities Session at the face-to-face meeting of the Summit in May of this year. This Partnership meeting was sponsored by CDC, HHS, and the Office of Minority Health. This was an effort to create a multi-sector partnership to increase influenza vaccination in disparate populations. Leaders from multiple ethnic and minority populations such as Native American, African American, and others were present and, despite inclement weather, 30 out of 37 invited leaders/participants were able to be present, indicating significant interest in this effort. The purpose of the meeting was to provide a safe environment for these trusted leaders to begin discussion on the best ways at the grassroots level to improve

influenza immunization. The meeting was successful with securing a commitment to launch this national Partnership. Yvonne says that the CDC is now currently assessing the information that they received from the meeting and will compile an information packet for the Summit. This will then allow Summit partners to join in and participate in future local and grassroots activities as the Partnership develops them. In response to a question asking what was the most valuable lesson learned from the meeting, Yvonne mentioned that the ease with which these diverse groups came together and worked together was surprising and showed that clearly influenza is an issue that unites these partners. Additionally, it is clear (and this also emerged at the May Summit meeting) that we need to listen at the local level to understand the best ways to improve influenza immunizations. It cannot be assumed that a national message will work for everyone.

Scott Epperson provided a disease update and then focused on the four human infections with swine H3N2 viruses. There have been three infections in Pennsylvania and one infection in Indiana. Interestingly, there is a unique internal M gene that is derived from the 2009 H1N1 influenza virus in these H3N2 strains. Regardless, while these viruses are genetically related, they are different enough to suggest there was not a common source of infection. The first two cases have been reported in a recent *MMWR* at www.cdc.gov/mmwr/preview/mmwrhtml/mm6035a6.htm?s_cid=mm6035a6_w. The PA cases were all linked to contact with swine at a county fair but the IN case is more complicated. In the IN case, the patient had no contact with swine and only had contact with a home care provider who had contact with swine. However, that provider had no illness and there was no illness in the pigs that the home health care provider contacted. Thus, it is supposed that the IN case must represent human-to-human transmission of a swine influenza virus. Regardless, there is no evidence of ongoing human-to-human transmission. Finally, the influenza virus in all four cases was resistant to the adamantanes but susceptible to oseltamivir.

Lisa Grohskopf provided a summary of the new [ACIP influenza recommendations](#) that were published online on August 19 and in print on August 26. The vaccine strains remain the same for this year's vaccine but the ACIP emphasizes that in order to obtain optimal protection from influenza, vaccination is required for upcoming season despite the lack of change in the vaccine virus strains. Fluzone ID is also detailed in the new recommendations. This new vaccine is indicated for ages 18 through 64 years and has the appeal of a very small needle for delivery. However, the ACIP did not issue a recommendation for preferential use of this vaccine. Lisa also described the simplified pediatric vaccine algorithm for children between 6 months and 8 years of age. This is possible because the vaccine strains did not change from the past season's vaccine. Thus, if a child 6 months through 8 years of age received at least one dose of last season's vaccine, that child need only receive one dose of this season's vaccine. If the child did not receive a dose of last season's vaccine, or there is uncertainty, the child should receive two doses this season. Finally, if a person's only reaction to exposure to eggs is hives, then that person can now receive injectable influenza vaccine (TIV) as long as the vaccine is administered by a provider who is familiar with the potential manifestations of egg allergy and is prepared to treat a potential allergic response. The person should also be observed for 30 minutes following administration of TIV. LAIV is not recommended as existing data with regards to egg allergy and influenza vaccine is with TIV. Finally, persons with more severe egg allergies (e.g., angioedema, respiratory distress, others), should be referred to a physician with expertise in the management of allergic conditions for further risk assessment before giving TIV.

The final presentation came from Erin Kennedy who reported on recent publications on the coverage levels for influenza vaccine for the past season. State-specific coverage indicates 43% of persons over 6 months of age received influenza vaccination sustaining the coverage levels obtained in the previous pandemic season (see www.cdc.gov/mmwr/preview/mmwrhtml/mm6022a3.htm?s_cid=mm6022a3_w). There were large gains in minority populations (>10%) but levels remain below goals established by *Healthy People 2020*. With regards to healthcare professionals (HCPs), more than 64% were vaccinated in the past season. This remains far below the *Healthy People 2020* goal of 90% but show continued improvement from previous influenza seasons. Rates remain highest among the physician population and those in hospital settings. Improvement in HCP immunization rates were seen in facilities that offered the vaccine onsite, free of charge, and more than just once. Notably, facilities which had a workplace requirement for influenza vaccination had coverage rates averaging 98.1% while facilities without such a requirement had coverage rates averaging 60%. Finally, coverage levels in pregnant women were 45% -- also sustaining successes achieved in the previous season (see www.cdc.gov/mmwr/preview/mmwrhtml/mm6032a2.htm?s_cid=mm6032a2_w). Of note, pregnant women who received a provider recommendation to receive influenza vaccine were five times more likely to get vaccinated, highlighting again the importance of the provider recommendation.

Remarkably, 4 of 10 women in the study did not receive an offer of vaccination despite at least one visit to their provider. Finally, two papers (see [here](#) and [here](#)) detailing coverage rates among persons in assisted living facilities were referenced in response to a question regarding how well these rates are being measured and the challenges with measuring these rates. Thanks to Erin and Jim Singleton of the CDC for this information.

- 3. The CDC Influenza Division Weekly Influenza Surveillance Report** ending week 35, 2011 (September 3, 2011) is available at www.cdc.gov/flu/weekly. A map of the extent of influenza-like illness in the United States is available at www.cdc.gov/flu/weekly/usmap.htm. Several states are reporting sporadic influenza activity. Two CDC documents, one that focuses on the [four human infections with swine influenza](#) (discussed above) and one on [influenza vaccine efficacy](#) (VE), were also discussed. Archives of previous *FluViews* are available at www.cdc.gov/flu/weekly/fluactivitysurv.htm.

- 4. Contagion, the movie**

The movie contagion, featuring a stellar line up of Hollywood stars opens today. The CDC has provided [talking points](#) and also has set up a [website](#). Summit participants who were aware of the movie gave it a good review.

- 5. 67.9 million doses of vaccine already distributed**

As of September 2, 2011, about 67.9M doses of influenza vaccine have already been distributed.

- 6. CDC releases communications statement addressing febrile seizures following 2010-11 TIV and PCV13 in young children**

CDC has established a [website](#) for the communications statement addressing febrile seizures following 2010-11 TIV and PCV13 in young children. The General Recommendations working group has been leading the effort in evaluating the data around febrile seizures following the concurrent administration of 2010-11 TIV and PCV13. This statement was drafted by CDC in coordination with the General Recommendations, Influenza, and Pneumococcal working groups. It is intended for a general audience and can also be used as a reference for providers during the upcoming influenza season.

- 7. National Influenza Press Conference 2011**

The National Foundation for Infectious Diseases' annual National Influenza Press Conference is scheduled for 10 AM EDT on September 21, 2011. More details will be forthcoming on this event which traditionally kicks off the influenza season. CDC Director, Tom Frieden, MD, will be the featured speaker.

- 8. Summit Website Offers Wonderful Resources on Influenza Vaccination!**

Remember to visit the Summit web site for the latest on influenza immunization resources! You can find it at www.preventinfluenza.org.