



National Influenza Vaccine Summit

Influenza Activity Spotlights

Friday, January 6, 2012

Issue #10

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

1. Summary of the January 5, 2012 National Influenza Vaccine Summit Call

Announcements: LJ Tan opened the call by welcoming partners to the first call of 2012.

Summit Meeting – LJ reminded call participants that the annual Summit Meeting will be held in Atlanta on May 15–17, 2012. Hotel information will be forthcoming ASAP.

NVAC webinar – On January 9 the National Vaccine Advisory Committee (NVAC) will hold an informational webinar on the findings of NVAC's Health Care Personnel Influenza Vaccination Subgroup. The subgroup was charged with developing [recommendations](#) on strategies to achieve the Healthy People 2020 goal of 90% influenza vaccine coverage for health care personnel. Comments on the recommendations may be submitted electronically through January 16 to Jennifer Gordon, [National Vaccine Program Office](#).

Surveillance: Scott Epperson of CDC provided an [update](#) on seasonal influenza activity through week 52, ending on December 31, 2011. All influenza indicators continue to remain low, and there have been no influenza-associated pediatric deaths this season. A small but increasing number of laboratory tests have been positive for influenza, and a majority of these specimens are H3N2. Almost all positive tests for H3N2 and more than half of those for type B have been similar to the strains in the vaccine. Twelve (12) cases of variant H3N2 ("H3N2v," previously called "swine origin H3N2") have been reported from 5 states. The most current information is available on CDC's [website](#). Surveillance remains high at the state and local levels, but there has been no evidence of ongoing transmission of H3N2v. CDC will continue to monitor this situation and provide updates on the influenza [website](#). One new fatality associated with avian (H5N1) influenza has been reported in China. (See additional information below in #5.) The initial report suggests the individual had no contact with poultry and no travel in the time before onset, but the investigation is continuing.

Eliza/RAND Survey on influenza vaccine communications: Alexandra Drane presented a summary ([brief version](#) and [long version](#)) of a recent survey which examined the motivating factors for individuals to receive influenza vaccine. The full report on this survey will be released next week. As shown on the slides, the survey targeted adults between 18–65 years, and most respondents were married with children in the household. Fifty-nine percent of respondents reported they planned to receive the vaccine. Women and older persons were more likely to report an intent to be vaccinated, but, surprisingly, having children in the household had little impact on this intent. Although

49% of respondents reported being concerned about vaccine safety, this did not appear to affect vaccination intent. However, concern about influenza disease does play a role; 75% of persons who stated a high concern about influenza plan to be vaccinated. This finding should be taken into consideration when developing flu messages. Not surprisingly, belief in the myth that the vaccine will cause influenza has a significant effect on whether or not an individual intends to be vaccinated. Persons who had access to vaccine at their work location were more likely to plan to be vaccinated. The messages from CDC/FDA which stress the safety of influenza vaccine resonated most effectively with the survey respondents. Fear-based messages had the least likelihood of success, although some studies have suggested this approach may be slightly more effective with Hispanic populations. It is important for messages to address the concerns of the audience they are intended to reach. It also is helpful to use a “surround sound” approach, providing messages through a variety of different techniques and venues. Summit partners with questions about this survey may contact [Ms. Drane](#) directly.

Adult Influenza Vaccine Study: Tim Subotkowski with Sanofi Pasteur provided [information](#) on an adult vaccine marketplace survey conducted by the company. Two waves of the survey were conducted in October and November 2011. Vaccine use increased in adults 18–64 years, though much higher rates were found in persons ≥ 65 years. In both age groups, the most frequently cited reason for not having been vaccinated was that they “had not had enough time.” The biggest barrier to immunization is a lack of perceived need for the vaccine. Sanofi Pasteur has not yet conducted testing on the most effective messages to address this barrier. However, the actual content of the message may not be as important as simply receiving a recommendation from the health care provider. On average, a health care provider recommendation increases by three-fold the likelihood that adults will be vaccinated.

- 2. The CDC/Influenza Division Weekly Influenza Surveillance Report** ending week 52, 2011 (through December 31, 2011) is [available](#). This site also includes the ILINet State Activity Indicator Map. An [Influenza Summary Update](#) of the influenza activity reported by state and territorial epidemiologists, which indicates geographic spread of influenza viruses but does not measure the intensity of influenza activity, is available, as are CDC’s [Key Influenza Points](#). Archives of [previous FluViews](#) also may be examined.

- 3. NQF Health Care Personnel Vaccination Measure Endorsement Available for Public Comment**

The National Quality Forum’s (NQF) Population Health Steering Committee met in September 2011 and has recommended CDC’s revised health care personnel vaccination measure for endorsement. The Committee’s [report](#), which includes the proposed measure specifications, will be open for comments until February 3, 2012. Please feel free to submit comments and to share this comment opportunity with other persons you think would be interested. Please note that, in order to comment, you must [create an account](#) with NQF, and you then will be prompted about next steps when you click on the word *Comment*. NQF accounts are free and are open to all persons, regardless of NQF membership.

- 4. Severe Influenza Among Children and Young Adults with Neurologic and Neurodevelopmental Conditions - Ohio, 2011**

An [article](#) in the January 6, 2012 *Morbidity and Mortality Weekly Report* describes the findings of a joint investigation between the Ohio Department of Health and CDC into an outbreak of influenza in a residential facility for children and young adults with neurological and neurodevelopmental conditions. Among 130 residents of the facility, 76 (58%) developed respiratory illness in February 2011; 13 became severely ill, and seven of those patients died. All 13 severely ill residents had multiple neurological and neurodevelopmental conditions, and their underlying medical conditions might have

hindered early diagnosis and treatment and contributed to the severity of illness. Clinicians should be alert to possible influenza among children and young adults with neurological and neurodevelopmental conditions, especially during influenza season.

Because persons with neurologic and neurodevelopmental disorders are at high risk for complications and the vaccine might not protect them fully, vaccination should be one part of a larger program of influenza prevention in these settings. The program should include vaccination of residents of long term care facilities, health care personnel, and others who might transmit influenza to residents. The program also should include use of infection control precautions, and early use of influenza antiviral medications for treatment of persons with suspected or confirmed influenza and for prevention in other residents and staff members as soon as an outbreak is identified.

5. Human H5N1 Avian Influenza Report from Guangdong, China (from PRO-Med, January 2, 2012)

An [article](#) published on January 2, 2012 announced that health authorities in south China's Guangdong province have identified the virus that led to the death of a local bus driver, although the source of the virus remains unclear. The highly pathogenic avian A/(H5N1) influenza virus is carried by poultry and birds, according to a statement released by the Shenzhen Disease Control Center. Genetic analysis of the virus has indicated that it is similar to a virus found in dead migrant birds in a 2011 avian influenza outbreak in Hong Kong. However, it is not known if the case in Guangdong is related to migrant birds, the center said.

A 39-year-old man from the Bao'an district of Shenzhen was hospitalized for a fever on December 21, 2011 and tested positive for the H5N1 avian influenza virus. He died of multiple organ failure on December 31. Poultry and migrant birds are the only vectors for human H5N1 infection, according to He Jianfeng, director of the Epidemics Studies Institute of the Guangdong Disease Control Center. However, he said that there is no clear evidence that the bus driver had close contact with poultry or migrant birds. Health authorities are still working to figure out where and when he acquired the virus. Although it is highly pathogenic, the virus cannot be spread from person-to-person, the center said in a previous statement, adding that there is no need for people to panic. The Guangdong Department of Agriculture also announced on December 31 that no epidemics of avian flu among poultry have been reported in the province.

6. Information on Swine Variant H3N2 (H3N2v) Infections

The latest information on recent swine variant H3N2 (H3N2v) cases is available on the CDC [website](#).

7. Summit Influenza Pocket Information Guide still available!

Every year the Summit collaborates with the Immunization Action Coalition to create and distribute the Influenza Pocket Information Guide. The 2011-2012 edition is still available for [order](#).

8. Summit Website Offers Wonderful Resources on Influenza Vaccination!

Remember to visit the Summit [website](#) for the latest on influenza immunization resources!