



# National Influenza Vaccine Summit

## *Influenza Activity Spotlights*

Thursday, May 3, 2012

Issue #20

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

**Note:** No more Summit calls are planned for this season. Don't forget about attending the National Influenza Vaccine Summit meeting on May 16–17, 2012.

### 1. Summary of the April 12, 2012 National Influenza Vaccine Summit Call

**Announcement** – Carolyn Bridges facilitated the call in the absence of L.J Tan. She welcomed call participants and mentioned that today's *MMWR* contains an [article](#), entitled "Antibodies Cross-Reactive to Influenza A (H3N2)v Virus and Impact of 2010–11 Seasonal Influenza Vaccine on Cross-Reactive Antibodies — United States." The results reported in this article suggest that children <10 years of age have very low or undetectable levels of HI and neutralizing antibodies that react with A (H3N2)v, and they therefore are likely to be susceptible to infection with these viruses. Vaccination of adults boosted the levels of cross-reactive antibodies to A (H3N2)v, but to a lesser extent than the A (H3N2) component of the vaccine. In young children, the vaccine did not induce a cross-reactive antibody response.

**Influenza Surveillance Update** – Lenee Blanton with CDC provided this week's surveillance update. Influenza activity continues to remain low, though there has been some elevated activity in the NE and NW parts of the country. The number of specimens testing positive has been decreasing. Viruses identified so far this season include 2009 H1N1, influenza A (H3) viruses, and influenza B viruses. In a continuing discussion about this week's *MMWR* report, Lenee noted that from July–December, twelve cases of A (H3N2)v had been reported. There was little to no cross-reaction between this season's vaccine and the level of individual protection in adults. However, the level of protection increased with increasing age; children did not develop cross-reactive antibodies from the vaccine. Lenee also reported that an additional (H3N2)v infection has been detected in a child in Utah. This infection is similar to the twelve A (H3N2)v infections reported in the latter half of 2011. Additional information about this report will be included in this week's *FluView*. Symptom onset was on March 29. The specimen was determined to be positive for A (H3N2)v at the state laboratory and was confirmed at CDC. A subsequent investigation by the Utah Department of Health and other agencies determined the individual had a history of contact with swine at a processing plant. State public health and agriculture officials are investigating case contacts and sources of exposure; no additional confirmed cases have been detected at this time.

**Other items** – Carolyn reminded callers about the upcoming National Adult Immunization Summit (NAIS) and National Influenza Vaccine Summit (NIVS) scheduled for May 15-17 in Atlanta.

2. **The CDC/Influenza Division Weekly Influenza Surveillance Report** for week 16, 2012 (ending April 21, 2012) is available [here](#). This site also includes maps of the ILINET State Activity level and the [geographic spread](#) as reported by state and territorial epidemiologists. This map indicates geographic spread of influenza viruses, but it does not measure the intensity of influenza activity. **While influenza activity is low nationwide and declining, sporadic influenza activity continues in the United States.** CDC's seasonal influenza [key points](#) for April 27 and [archives](#) of previous *FluViews* are available.

3. **Breaking News from *Nature*: Droplet Transmission of an Avian-Human Reassortant H5 Influenza Virus**

Droplet transmission of an avian–human reassortant H5-haemagglutinin (HA)-containing influenza virus in an experimental setting is discussed in a [report](#) in this week's *Nature*. The work answers the question whether viruses containing HA from avian H5N1 virus can support mammalian transmission and move towards pandemic potential. It could form the basis for further experiments to increase our understanding of the basic biology of influenza virus transmission and for use in future surveillance programs to predict the emergence of virus isolates with pandemic potential. Also available for review are an accompanying [editorial](#) from *Nature* and an independent [risk assessment](#) commissioned by the journal.

4. **NQF Endorses CDC-Sponsored Measure on Healthcare Worker Influenza Immunization**

As discussed during a previous [Summit call](#), on May 2, 2012, the National Quality Forum (NQF) endorsed a CDC-sponsored standardized measure for healthcare personnel (HCP) influenza vaccination. The measure will be included in CDC's *National Healthcare Safety Network* (NHSN) system starting in August 2012. Beginning in January 2013, the measure will become part of the Centers for Medicare and Medicaid Services Hospital Inpatient Quality Reporting (IQR) program for acute care hospitals. Specifications for NQF Measure #0431 are described below.

**Denominator Statement**

Number of HCP who are working in the healthcare facility for at least 30 working days between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.

Denominators are to be calculated separately for:

- (a) Employees – All persons who receive a direct paycheck from the reporting facility (i.e., on the facility's payroll);
- (b) Licensed independent practitioners – includes physicians (MD, DO), advanced practice nurses, and physician assistants only who are affiliated with the reporting facility who do not receive a direct paycheck from the reporting facility;
- (c) Adult students/trainees and volunteers – includes all adult students/trainees and volunteers who do not receive a direct paycheck from the reporting facility.

**Numerator Statement**

HCP in the denominator population who, during the time from October 1 (or when the vaccine became available) through March 31 of the following year:

- (a) received an influenza vaccination administered at the healthcare facility, or reported in writing (paper or electronic) or provided documentation that influenza vaccination was received elsewhere; or
- (b) were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other component(s) of the vaccine, or history of Guillain-Barré Syndrome within 6 weeks after a previous influenza vaccination; or

- (c) declined influenza vaccination; or
- (d) persons with unknown vaccination status or who do not otherwise meet any of the definitions of the above-mentioned numerator categories.

Numerators are to be calculated separately for each of the above groups.

## 5. National Influenza Vaccine Summit Award Winners Announced!

The recipients of the 2012 NIVS Immunization Excellence Awards were announced in a [news release](#) on April 30, 2012. The Awards will be presented during the NIVS in Atlanta, Georgia on May 17, 2012. CONGRATULATIONS to all the winners!

The winners are:

### Overall Season Activities

**National Winner:** USPHS/IHS/PIMC/Pharmacy Based Immunization Clinic (Phoenix, AZ)

### Healthcare Personnel Campaign

**National Winner:** Minnesota Department of Health (St. Paul, MN)

**Honorable Mention:** Children's Hospital Colorado (Aurora, CO)

**Honorable Mention:** Colorado Department of Public Health & Environment (Denver, CO)

### Immunization Coalitions/Public Health/Community Campaign

**National Winner:** Caring for Children Foundation of Texas' Care Van Program (Richardson, TX)

**Honorable Mention:** The Immunization Partnership (Houston, TX)

### Corporate Campaign

**National Winner:** Walgreens (Deerfield, IL)

**Honorable Mention:** Vanderbilt University "Flulapalooza" (Nashville, TN)

## 6. New Toolkit Available from International Federation of Pharmaceutical Manufacturers Association (IFPMA) Influenza Vaccine Task Force

The final IVS Seasonal Influenza Vaccination Toolkit is now [available](#). The Toolkit includes seven factsheets which focus on key topics related to influenza and its impact on public health:

- Public Health Benefits of Immunization
- Influenza Risk Groups
- Economic Benefits of Immunization
- Benefits of Healthcare Worker Immunization
- Improving Pandemic Preparedness
- Effective Immunization Policies
- Campaigns Around the World

The toolkit has been developed to encourage and support local advocacy efforts by national industry associations and member companies around seasonal influenza and its inclusion in public health planning. **In this regard, please use and share the toolkit with respective colleagues and stakeholders.** In addition, information on *Influenza Vaccination Campaigns Around the World – Inventory* can be accessed [here](#).

**7. Sanofi Pasteur Announces New Phase III Pediatric Data on its Investigational QIV at PAS Annual Meeting**

Sanofi Pasteur has announced new [findings](#) from a Phase III study assessing the immunogenicity and safety of its investigational quadrivalent influenza vaccine (QIV) compared to the currently licensed *Fluzone* vaccine in children 6 months through 8 years of age. The data from this pediatric study of QIV, which were presented at the Annual Meeting of the Pediatric Academic Societies, support the results of prior studies in adults. Should you need additional information, please contact Donna Cary at Sanofi Pasteur by [email](#) or at (570) 957-0717.

**8. Summit Web site Offers Wonderful Resources on Influenza Vaccination!**

Remember to visit the Summit [website](#) for the latest on influenza immunization resources, as well as archived copies of the weekly newsletters!