



Influenza Activity Spotlight

2012–2013 Season

Issue #4 — October 15, 2012

Reminder: Summit calls are now scheduled every Thursday at 3 p.m. ET, unless cancelled. The next call is scheduled for October 18. Please send an email to [L.J Tan](#) or [LaDora Woods](#) if you have updates or activities to provide to the Summit.

1. Summary of the National Influenza Vaccine Summit Call – 10/11/2012

Opening Announcements – L.J Tan (AMA)

L.J welcomed call participants and reminded them that the NIVS calls have resumed a weekly schedule. He also reminded callers that the Summit [website](#) includes newsletters covering each week's call and additional information included in the *eUpdate*. Archives of previous newsletters also are available for the current and prior influenza seasons.

Influenza Surveillance Update – Scott Epperson, CDC

Scott announced that the 2012–2013 influenza season has officially begun. CDC currently is finalizing data for the first weekly report, which will be published on October 12. As a reminder, CDC uses several different surveillance systems to follow seasonal influenza patterns, including laboratory surveillance, reports from sentinel cities, and reports of ILI visits received from participating providers. To date, laboratory testing continues to provide a low number of positive specimens, with a fairly even distribution between A(H3N2) and B. A lower number of tests have been positive for H1N1. There have been no laboratory confirmed pediatric deaths, and mortality reports from the 122 sentinel surveillance cities continue to be below epidemic thresholds for influenza and pneumococcal disease. ILI outpatient visits also remain low. CDC will continue to monitor activity throughout the season, and the most recent information will be available at the influenza [website](#).

Scott also provided a brief update on H3N2v. The number of reported cases remains stable at 306, and the most recent reported onset date was September 7. CDC will continue to monitor this situation and provide new updates if additional reports are received.

***Faces of Influenza* Toolkit and PSA – Mary Havell (American Lung Association)**

Mary provided information about the American Lung Association's (ALA) [Faces of Influenza](#) campaign. This year's effort began on September 18 with a multimedia [release](#) featuring celebrity spokesperson Sarah Chalke. Ms. Chalke, a leading actress on *Scrubs*, has received influenza vaccine for the last 20 years, and, as a new mother, she places an even greater priority on the importance of an annual vaccination. PSAs and other materials, which are available for download from the website at no charge, are designed to spread the message about the importance of immunization for all persons ≥ 6 months of age. Materials are customizable and may be photocopied. Persons wishing to receive hard copies or any group wishing to partner on this effort should contact [Mary Havell](#). Spanish campaign materials featuring Maria Canalsbarerra also are available. These could be particularly useful in helping combat low vaccination rates reported in the Hispanic community.

Carolyn Bridges complimented the ALA on the campaign and noted that CDC is seeking ways to ensure medical providers and pharmacists recommend vaccination to their high risk patients. As part of that effort, CDC will be exhibiting at an upcoming meeting of the American Academy of Allergy, Asthma, & Immunology. [Carolyn](#) requested that partners with good contacts within this organization contact her.

Final Coverage Estimates for the 2011–12 Season – Erin Kennedy (CDC)

Erin presented an overview of last season's influenza vaccine coverage estimates for a variety of populations (presentation attached). The 2011–2012 season was the second post-pandemic season and the second season with universal influenza vaccination recommendations. In addition, the vaccine strains were unchanged from the prior season, and the 2011–2012 season was relatively mild and later than average. As of September 28, 105.1 million of this season's projected 135 million doses had been distributed. Vaccine coverage in 2011–2012 was similar to the previous season for both children and adults. The largest increase (+6.4%) in vaccine coverage between the two seasons was in children 6–23 months of age. For children ≤ 9 years of age, 2-dose coverage was greatest (~33%) for children 6–11 months of age. Vaccination coverage among adults ≥ 18 in 2011–2012 was 38.8%, a 1.7% reduction from the prior season. However, this apparent reduction may be the result of a change in the BRFSS methodology. Additional years of data will be needed to determine if this trend is valid.

Influenza vaccine coverage by state indicated a wide variation, ranging from 39-74% in children and 28-49% in adults. Although coverage disparities by race/ethnicity were largely eliminated among children, they remain in the adult population. Vaccination coverage among [healthcare personnel](#) continued the steady increase seen since the mid-90s, and CDC's HCP internet panel conducted over the last 3 seasons also indicated an increase. Influenza coverage among pregnant women was greater than the overall population of women. Characteristics of pregnant women less likely to be vaccinated included being younger, non-Hispanic black, with less than a college education, or never having received a prior influenza vaccine. Almost 63% of pregnant women had received a provider recommendation; those who received both a provider recommendation and *offer* were more likely to be vaccinated. For both children and adults, the most common location to receive vaccination was in a physician's office or other clinic/health center. Retail settings and workplaces also were important venues for adults.

Erin noted that evaluation of this data is complicated by use of multiple sources using multiple methodologies. In addition, the data was self-reported and may not be representative of the entire population. However, the data indicate the need to increase influenza vaccination among all age groups and to reduce disparities in coverage among adults. Interventions proven to increase coverage should be emphasized. Additional information is available on [FluVaxView](#).

Following Erin's presentation, Summit partners engaged in a lively discussion about the impact of influenza vaccine requirements for children in schools and childcare facilities. Large confidence intervals makes interpretation of state-specific data more difficult. However, increased coverage in states with such requirements could have implications for other states making policy decisions. The group also discussed the difficulty of using CMS billing data to determine vaccine coverage levels because many providers do not submit this information for reimbursement.

Other Items – Litjen Tan (AMA)

L.J reminded partners that the weekly calls provide a great opportunity to inform partners about your efforts. Persons wishing to discuss an ongoing project should contact [L.J](#) to request to be placed on the agenda for a future Summit call.

2. **The CDC/Influenza Division Weekly Influenza Surveillance Report** for week 40, 2012 (ending October 6th, 2012) is available [here](#). This site also includes maps of the ILINet State Activity level and the [geographic spread](#) of influenza illness as reported by state and territorial epidemiologists. This map indicates the geographic spread of influenza viruses but does not measure the intensity of

influenza activity. CDC's seasonal influenza key points for October 12, 2012 are available [here](#). [Archives](#) of previous *FluViews* also are available.

3. Information from CDC

- As of October 12, 2012, no additional H3N2v cases have been reported to CDC since those reported on Friday, September 28, 2012. Information about the recent H3N2v outbreaks is available [here](#).
- A new Medscape Clinician Resource features [Expert Commentary](#) from Dr. Tim Uyeki, covering the 2012–13 seasonal influenza vaccination recommendations.

4. CIDRAP Releases New Report in Influenza Vaccines

On October 15 Mike Osterholm and CIDRAP released a [report](#), *The Compelling Need for Game-Changing Influenza Vaccines: An Analysis of the Influenza Vaccine Enterprise and Recommendations for the Future*. Much of the content of this report is familiar to Summit partners as Dr. Osterholm discussed his position during a [presentation](#) at the Summit meeting in May 2011. (An influenza policy presentation given by Dr. Kathy Neuzil at the same meeting is available [here](#).) The newly released report provides more details and builds upon Osterholm's *Lancet Infectious Disease* [article](#) by covering publications after the release of the *Lancet* article. The [commentary](#) that ran in the *Lancet* when the article was published is also available.

Dr. Osterholm essentially argues several critical points:

First, the report states that, while the current influenza vaccine is not the greatest vaccine, it is what we have and, therefore, he supports its use as currently recommended by the ACIP.

Per his presentation at the May 2011 Summit meeting, Dr. Osterholm provides his review of the actual effectiveness of the current vaccines. In brief, the report states that for TIV, results demonstrated: (1) evidence of moderate protection (pooled estimate of 59%) for healthy adults 18 to 64 years of age, (2) inconsistent evidence of protection in children age 2 to 17 years, and (3) a paucity of evidence for protection in adults 65 years of age and older. For LAIV, results demonstrated: (1) evidence of high protection (pooled estimate of 83%) for young children 6 months to 7 years of age, (2) inconsistent evidence of protection in adults 60 years of age and older, and (3) a lack of evidence for protection in individuals between 8 and 59 years of age.

Per Dr. Osterholm's presentation at the 2011 Summit meeting, the methodology for his review for efficacy only used outcomes defined as RT-PCR or viral culture confirmation of influenza infection of wild strains. For his effectiveness review, he only included studies where cases had influenza confirmed by RT-PCR or viral culture.

Thus, he argues that the ACIP has relied significantly on professional judgment to arrive at its current influenza vaccination recommendations. The reports states that the current influenza vaccine is perceived as adequate and, therefore, there is no incentive to develop new influenza vaccine technology, which is needed to prepare us for the next pandemic. The report calls for a "Manhattan Project-like" program to focus on developing new influenza vaccine technology.

CDC has released the following talking points on the Osterholm report:

Today the University of Minnesota's Center for Infectious Disease Research and Policy (CIDRAP) released a report entitled *The Compelling Need for Game Changing Influenza Vaccines*. HHS/CDC has released key messages related to this report and additional key messages about CDC's Advisory Committee on Immunization Practices (ACIP). Please also be reminded that CDC has information about influenza vaccine effectiveness available [here](#).

University of Minnesota Report on the Influenza Vaccine Research Enterprise

October 15, 2012

Key Messages

HHS welcomes the influenza vaccine report issued by the University of Minnesota. The findings from this report are generally consistent with work published in recent years.

We agree that influenza places a substantial burden of disease on the United States and globally, which warrants attention and ongoing investments.

Public health experts agree that we need better flu vaccines, and HHS is actively supporting multiple avenues of research and development of more effective influenza vaccine strategies.

In the meantime, we cannot lose sight of the fact that currently available flu vaccines can help prevent influenza and the serious complications that can result from the disease.

HHS recommends that—with rare exception—everyone 6 months and older get vaccinated against flu. Influenza vaccination is safe and offers the best protection we currently have against flu.

The annual flu shot does not provide a guarantee that you will not get the flu. That is why NIH and others are pursuing multiple strategies to increase the efficacy of the current seasonal flu vaccine and to develop a universal flu vaccine that would provide broader, longer protection against multiple strains or subtypes of influenza.

A great deal of work is being done both at FDA and across the Department to develop next generation influenza vaccines. FDA has been working to anticipate and address challenges associated with developing and licensing vaccines using new technologies, including conducting cutting-edge biomedical research.

CDC is committed to evidence-based policy making and has improved transparency of ACIP deliberations. CDC's talking points on the recommendation-making process at the ACIP may be viewed [here](#).

A sampling of news stories on this report may be viewed below:

[WCCO, Minnesota](#)

[CTV News, Canada](#)

[NewsTalk 1010, Ontario](#)

[The Toronto Star](#)

[KMSP-TV, Minneapolis-St Paul](#)

5. 2012–2013 *Faces of Influenza Materials Available*

With the 2012–2013 influenza season in full swing, the American Lung Association's *Faces of Influenza* initiative is offering **free** educational materials to help support your influenza immunization awareness activities. These materials are designed to help spread important public health messages about the importance of annual immunization for everyone 6 months of age and older.

These helpful resources in our campaign tool kit have been designed in template format for customization to highlight your organization's specific efforts/offerings and are available in both English and Spanish.

The full 2012–2013 campaign tool kit is available for viewing and download on the American Lung Association's *Faces of Influenza* campaign [website](#), or Spanish language materials are available on the [Spanish website](#). These sites also include TV and radio public service announcements which are designed to increase public awareness about the need for annual influenza vaccination for *everyone* 6 months of age and older in your area.

For hardcopies of the tool kit materials, or a DVD/CD-ROM of the TV and radio PSAs, please contact [Mary Havell](#).

6. 2012-2013 Influenza Vaccine Information Statements are now available

The [influenza vaccine information statements](#) have recently been updated. Both the TIV and LAIV VISs and the TIV Large Print edition, have been updated. RTF files are also available. All are dated 7/2/2012. These editions have been converted to the updated VIS format, but the text in both VIS is identical to that in last year's influenza VIS. Note that there will be minor updates in the ACIP influenza recommendations, but these do not affect the VIS language.

7. 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!