CDC Influenza Division Key Points
October 17, 2014

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Summary Key Messages

- The most recent FluView report indicates that seasonal influenza activity is low in the United States at this time. No pediatric deaths have been reported yet this season.
- CDC recommends a three-pronged approach to fighting flu:
    - First, take time to get a flu vaccine.
    - Second, take everyday preventive actions like covering coughs and sneezes, staying away from sick people and washing your hands often to help stop the spread of respiratory viruses like flu, respiratory syncytial virus (RSV), rhinovirus and enterovirus D68.
    - Third, antivirals should be used as recommended as a second line of defense to treat flu illness.
- Annual flu vaccination is the first and most important step in protecting against flu and its potentially serious complications.
- Getting vaccinated before influenza activity begins helps protect you once the flu season starts in your community.
- It takes about two weeks after vaccination for the body's immune system to fully respond and for you to be protected.
- Make plans to get vaccinated this fall, ideally during October.
- You need this season's influenza vaccine for optimal protection against the flu. (Immunity from vaccinations declines over time.)
- Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to influenza, as well as prevent flu-related hospitalizations and deaths.
- Flu vaccination can help protect people who are at greater risk of getting seriously ill from flu, like older adults, people with chronic health conditions and young children (especially infants younger than 6 months old who are too young to get vaccinated).
- Seven influenza vaccine manufacturers have projected that as many as 151 million to 156 million doses of influenza vaccine will be available for use in the United States during the 2014-2015 influenza season.

- As of October 10, more than 112 million doses of influenza vaccine had been distributed in the United States, which means that more vaccine has been distributed than at this time last season.
- There are several flu vaccine options available for the 2014-2015 flu season.
- Flu shots made to protect against three different flu viruses (called "trivalent" vaccines) are available this season. There also are flu shots and nasal spray vaccines made to protect against four different flu viruses (called "quadrivalent" vaccines).
- About half of the total influenza vaccine supply will be quadrivalent, while the other half will be trivalent.
- CDC has not expressed a preference for which flu vaccine people should get this season except for one.
- Starting in 2014-2015, CDC recommends use of the nasal spray vaccine for healthy* children 2 years through 8 years of age when it is immediately available and if the child has no contraindications or precautions to that vaccine.

  *"Healthy" in this instance refers to children 2 years through 8 years old who do not have an underlying medical condition that predisposes them to influenza complications.
- If the nasal spray vaccine is not immediately available and the flu shot is, vaccination should not be delayed and a flu shot should be given.
- Some children 6 months through 8 years of age getting vaccinated for this first time will require two doses of flu vaccine. The second dose should be given at least 28 days after the first dose. Your child's doctor or other health care professional can tell you whether two doses are recommended for your child.
- And remember that influenza antiviral drugs are a second line of defense to treat flu illness.
- Antiviral drugs can treat flu illness and prevent serious flu complications. These drugs work best when started soon after influenza symptoms begin (within 2 days), but persons with high-risk conditions can benefit even when antiviral treatment is started after the first two days of illness.
- A doctor or health care professional can determine if a patient needs flu antiviral drugs.
- Influenza vaccination and rapid antiviral treatment are especially important for people at high risk for flu complications.
- People at high risk for serious flu complications include: people with underlying chronic medical conditions such as asthma, diabetes, heart disease, or neurological conditions; pregnant women; those younger than 5 years or older than 65 years of age; or anyone

with a weakened immune system. A full list of high risk factors is available at http://www.cdc.gov/flu/about/disease/high_risk.htm.

- As always, people who are at high risk for influenza complications should see a health care professional promptly if they get flu symptoms, even if they have been vaccinated this season.
- More information about everyday preventive actions that help fight flu is available at http://www.cdc.gov/flu/protect/habits.htm.
- Flu symptoms include fever, cough, sore throat, runny or stuffy nose, muscle or body aches, headache, chills and fatigue.

FluView Activity Update

- According to this week's FluView report, overall seasonal influenza activity remains low across the United States, though an increase in influenza activity is likely in the coming weeks.
- Below is a summary of the key flu indicators for the week ending October 11, 2014:
    - For the week ending October 11, the proportion of people seeing their health care provider for influenza-like illness (ILI) was below the national baseline. All 10 U.S. regions reported ILI activity below region-specific baseline levels.
    - Forty-nine states and New York City experienced minimal ILI activity. The District of Columbia and one state (Vermont) did not have sufficient data to calculate an activity level. Puerto Rico experienced moderate ILI activity. ILI activity data indicate the amount of flu-like illness that is occurring in each state.
    - Guam reported widespread geographic influenza activity. Puerto Rico and four states (Florida, New Hampshire, North Dakota and Virginia) reported local activity. The District of Columbia and 36 states reported sporadic influenza activity. The U.S. Virgin Islands and ten states reported no influenza activity. Geographic spread data show how many areas within a state or territory are seeing flu activity.
    - Data regarding influenza-associated hospitalizations for the 2014-2015 influenza season is not yet available for this season.
    - The proportion of deaths attributed to pneumonia and influenza (P&I) based on the 122 Cities Mortality Reporting System is below the epidemic threshold.
    - At this time, no influenza-associated pediatric deaths have been reported for the 2014-2015 flu season.

- Nationally, the percentage of respiratory specimens testing positive for influenza viruses in the United States during the week ending October 11 was 3.7%. For the most recent three weeks, the regional percentage of respiratory specimens testing positive for influenza viruses ranged from 0.4% to 7.3%.
- Influenza A (H3N2), 2009 influenza A (H1N1), and influenza B viruses have all been identified in the U.S. this season. During the week ending October 11, 164 (58.2%) of the 282 influenza-positive tests reported to CDC were influenza A viruses and 118 were influenza B viruses. Of the 30 influenza A viruses that were subtyped, 93% were H3 viruses and 7% were 2009 H1N1 viruses.
- No antigenic characterization data is available for specimens collected after October 1, 2014.
- No antiviral resistance data is available for specimens collected after October 1, 2014.

FluView is available – and past issues are archived – on the CDC website.

Note: Delays in reporting may mean that data changes over time. The most up to date data for all weeks during the 2014-2015 season can be found on the current FluView.

Vaccine Supply

- Seven influenza vaccine manufacturers have projected that as many as 151 million to 156 million doses of influenza vaccine will be available for use in the United States during the 2014-2015 influenza season.
  - This projection is similar to the original projection, with the difference being that the high end of the range is reduced by 3 million doses.
- Of the overall flu vaccine supply projected for the 2014-2015 season, manufacturers estimate that 76 million doses will be available as quadrivalent flu vaccines.
  - Of the total quadrivalent flu vaccine supply, as many as 18 million doses of the nasal spray influenza vaccine (LAIV) have been projected by the manufacturer to be available.
- Some manufacturers have reported delays in shipments that were originally anticipated in early fall; including those who develop flu vaccine approved for children in the U.S.
- Despite these early season shipping delays, however, manufacturers anticipate the majority of their flu vaccine distribution will occur by the end of October. While this is slightly later than vaccine was shipped last year, it is not an unusual pattern for seasonal flu vaccine distribution overall.

- These delays may impact certain vaccine products more than others, thus impacting some providers more than others. We understand that this can be very frustrating for providers and their patients who are experiencing these delays.
- Manufacturers anticipate the majority of their flu vaccine distribution will occur by the end of October; however, some providers will continue to receive shipments beyond October.
- As of October 10, 2014, manufacturers reported having shipped 112.3 million doses of flu vaccine.
- Some points to keep in mind:
    - All nasal spray flu vaccine offered during the 2014-2015 season will be quadrivalent vaccine.
    - Both quadrivalent and trivalent flu shots will be available.
    - Don't delay getting a flu vaccine if you want a quadrivalent vaccine and it is not available. Most of the flu vaccine offered this year will be trivalent. The important thing is to get vaccinated against the flu.
    - More quadrivalent flu vaccine is expected to be available during future seasons.

  For the latest information on flu vaccine supply, including projections and doses distributed, visit http://www.cdc.gov/flu/professionals/vaccination/vaccinesupply.htm.