Pediatric Influenza Vaccine Bulletin

September 2006

VERMONT DEPARTMENT OF HEALTH

Immunization Program

Centers for Disease Control & Prevention Pediatric Recommendations

Influenza vaccine is now recommended for all children age 6–59 months, their household contacts, and out of home caregivers. Additionally, flu vaccine is recommended for any child 6 months or older with a medical condition that places them at increased risk for complications of influenza disease.

- Children aged 6-23 months, and children of any age with chronic medical conditions including asthma, are at highest risk for hospitalization and severe complications from influenza disease.
- Children 24-59 months are at increased risk for influenza-associated clinic and emergency department visits, particularly if they have a high-risk medical condition.
- To prevent transmission to the persons identified above, influenza vaccine is recommended for healthy household contacts and out-of-home caregivers.
- For full ACIP recommendations go to: http://www.cdc.gov/mmwr/PDF/rr/rr5510.pdf

Influenza Vaccine Supplied By the VDH Immunization Program

- Flu vaccine distributed by the VDH is available only for pediatric use, ages 6 months through age 18 years. Adults age 19 and older should seek flu vaccine from their health care provider, or for locations of public flu clinics see the VDH Flu Clinic Finder at http://healthvermont.gov/
- Flu vaccine manufacturers indicate no delays or complications are anticipated with production or distribution this year. It's important to recognize that the limited supply of flu vaccine in the early season doesn't usually represent a vaccine shortage. Vaccine is shipped from the manufacturers as it's approved by the Federal Drug Administration in multiple batches throughout the season.
- Prioritizing available early season flu vaccine for highest risk patients is recommended. Patients at lower risk for complications of influenza who wish to decrease their risk for influenza disease should wait until November or later, or after high risk individuals and their contacts have been immunized.
- Vaccines highlighted in Table 2 have been ordered by the VDH. Approximately 80% will be supplied in multidose vials. Estimates based on prior use indicated that enough prefilled .25mL syringes will be available only for 2 doses each for infants 6 – 12 months. Multidose vials should be used for those older and when prefills run out. Single dose .5mL vials and syringes will be in very limited supply. The Immunization Program will determine the quantities needed for each VFC site. All provider sites will not receive all products. Please anticipate multiple shipments. The first shipment should be available for pick up the first week of October.
- Providers with unique issues (i.e., privately purchased flu vaccine for children last year and will not this year, not enough refrigerator space for prefilled syringes, etc) are urged to contact the Immunization Program).

Table 1. Influenza Vaccine Dosing for Inactivated, Injectable Influenza Vaccine

Age	Dose	Number of Doses
6-35 months	0.25 mL	1 or 2*
3-8 years	0.5 mL	1 or 2*
9 years to adult	0.5 mL	1

* Two doses are recommended for children under 9 years of age who are receiving flu vaccine for the first time. Administer at least one month apart. If possible, give dose two before December.

Table 2. Influenza Vaccine Manufacturers for the 2006-07 Influenza Season

Manufacturer	Vaccine	Formulation	Thimerosal Preservative	Age Indication
Aventis (Sanofi Pasteur, Inc.)	Fluzone™ Inactivated TIV	Multi-dose vial	Yes	≥ 6 months
		Single-dose pre-filled 0.5 mL syringe or vial	None	≥ 36 months
		Single-dose pre-filled 0.25 mL syringe	None	6-35 months
Novartis Vaccine (formerly Chiron Corporation)	Fluvirin™ Inactivated TIV	Multi-dose vial	Yes	≥ 4 years
		Single-dose 0.5 mL syringe	<1µg Hg/0.5mL dose, trace only, preservative free	≥ 4 years
GlaxoSmithKline, Inc.	Fluarix™ Inactivated TIV	Single-dose pre-filled syringe 0.5 mL	<1µg Hg/0.5mL dose, trace only, preservative free	≥ 18 years
MedImmune Vaccines, Inc	FluMist™ LAIV	Single-dose sprayer	None	Healthy persons 5-49 years

Statements from the CDC on Influenza Vaccine and Thimerosal

- Thimerosal, a mercury-containing compound, has been used as a preservative in vaccines since the 1930s and is used in multidose vials of inactivated influenza vaccine to reduce the likelihood of bacterial contamination.
- No scientific evidence indicates that thimerosal in vaccines, including influenza vaccines, leads to serious adverse events in vaccine recipients. However, in 1999, the U.S. Public Health Service and other organizations recommended that efforts be made to eliminate or reduce the thimerosal content in vaccines to decrease total mercury exposure, chiefly among infants.
- Since mid-2001, vaccines routinely recommended for infants in the United States have been manufactured either without or with only trace amounts of thimerosal, resulting in a substantial reduction in the total mercury exposure from vaccines for children.
- The risks for severe illness from influenza virus infection are elevated among both young children and pregnant women, and persons in both groups benefit from vaccination.
- In contrast, no scientifically conclusive evidence exists of harm from exposure to thimerosal preservative-containing vaccine. In fact, evidence is accumulating that supports the absence of any harm resulting from exposure to such vaccines. Therefore, the benefits of influenza vaccination outweigh the theoretical risk, if any, from thimerosal exposure through vaccination.
- Persons for whom inactivated influenza vaccine is recommended may receive vaccine with or without thimerosal, depending on availability.

Protect Your Patients, Protect Yourself

A yearly influenza vaccination is recommended for health care workers. Influenza is highly infectious via large and aerosolized droplets. Individuals may not know that they are infected because 50% of influenza infections are asymptomatic and the virus is communicable from one day prior to the onset of symptoms.