INFLUENZA (FLU)

2006-07 INFLUENZA PREVENTION & CONTROL RECOMMENDATIONS
Primary Changes and Updates in the 2006 Recommendations

NOTE: The text below is taken directly from Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP) (MMWR 2006 Jul 28;55(RR10):1-42)

The 2006 recommendations include six principal changes or updates:

- ACIP recommends that healthy children aged 24--59 months and their household contacts and out-of-home caregivers be vaccinated against influenza (see Target Groups for Vaccination). This change extends the recommendations for vaccination of children so that all children aged 6--≤59 months receive annual vaccination.
- ACIP emphasizes that all children aged 6 months--<9 years who have not been previously vaccinated at any time with either live, attenuated influenza vaccine (LAIV) or trivalent inactivated influenza vaccine (TIV) should receive 2 doses of vaccine. Those children aged 6 months--<9 years who receive TIV should have a booster dose of TIV administered ≥1 month after the initial dose, before the onset of influenza season, if possible. Those children aged 5--<9 years who receive LAIV should have a second dose of LAIV 6--10 weeks after the initial dose, before the influenza season, if possible. If a child aged 6 months--<9 years received influenza vaccine for the first time during a previous season but did not receive a second dose of vaccine within the same season, only 1 dose of vaccine should be administered this season (see Efficacy and Effectiveness of Inactivated Influenza Vaccine, Children; TIV Dosage; and LAIV Dosage and Administration).
- To ensure optimal use of available doses of influenza vaccine, projected to be approximately 100 million doses, health-care providers, those planning organized campaigns, and state and local public health agencies should 1) develop plans for expanding outreach and infrastructure to vaccinate more persons than during the previous year and 2) develop contingency plans for the timing and prioritization of administering influenza vaccine, if the supply of vaccine is delayed and/or reduced because of the complexity of the production process (see Influenza Vaccine Supply and Timing of Annual Influenza Vaccination).
- ACIP emphasizes that influenza vaccine should continue to be offered throughout the influenza season even after influenza activity has been documented in a community. In addition, ACIP encourages all community vaccinators and public health agencies to schedule clinics that serve target groups and to help extend the routine vaccination season by offering at least one vaccination clinic in December (see Influenza Vaccine Supply and Timing of Annual Influenza Vaccination).
- ACIP recommends that neither amantadine nor rimantadine be used for the treatment or chemoprophylaxis of influenza A in the United States because of recent data indicating widespread resistance of influenza virus to these medications. Until susceptibility to adamantanes has been re-established among circulating influenza A viruses, oseltamivir or zanamivir may be prescribed if antiviral treatment or chemoprophylaxis of influenza is indicated (see Recommendations for Using Antiviral Agents for Influenza).
- The 2006--07 trivalent vaccine virus strains are A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens. For the A/Wisconsin/67/2005 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/Hiroshima/52/2005 virus; for the B/Malaysia/2506/2004-like antigen, manufacturers may use the antigenically equivalent B/Ohio/1/2005 virus (see Influenza Vaccine Composition).

Page last modified September 8, 2006

Page found at http://www.cdc.gov/flu/professionals/vaccination/primarychanges.htm

INFLUENZA (FLU)

FACT SHEET

Key Facts about Influenza and Influenza Vaccine

What is Influenza (also called Flu)?

The flu is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. The best way to prevent the flu is by getting a flu **vaccination** each fall.

Every year in the United States, on average:

- 5% to 20% of the population gets the flu;
- more than 200,000 people are hospitalized from flu complications, and;
- about 36,000 people die from flu.

Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications.

Symptoms of Flu

Symptoms of flu include:

- fever (usually high)
- headache
- extreme tiredness
- dry cough
- sore throat
- runny or stuffy nose
- muscle aches
- Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur but are more common in children than adults.

Complications of Flu

Complications of flu can include bacterial pneumonia, ear infections, sinus infections, dehydration, and worsening of chronic medical conditions, such as congestive heart failure, asthma, or diabetes.

How Flu Spreads

Flu viruses spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose. Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 days **after** becoming sick. **That means that you may be able to pass on the flu to someone else before you know you are sick, as well as while you are sick.**

Preventing the Flu: Get Vaccinated

The single best way to prevent the flu is to get a flu vaccination each fall. There are two types of vaccines:

- The "flu shot" – an inactivated vaccine (containing killed virus) that is given with a needle. **The flu shot** is approved for use in people 6 months of age and older, including healthy people and people with chronic medical conditions.
- The nasal-spray flu vaccine – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for "Live Attenuated Influenza Vaccine"). LAIV is approved for use in healthy people 5 years to 49 years of age who are not pregnant.

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INFLUENZA (FLU)

Questions & Answers: Flu Shot

What is the flu shot?
The flu shot is an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. It contains three influenza viruses. The three vaccine strains – one A (H3N2) virus, one A (H1N1) virus, and one B virus – are representative of the influenza vaccine strains recommended for that year. Viruses for the flu shot are grown in eggs.

Updated Jul 24, 2006
Who should get a flu shot?
In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year. They are either people who are at high risk of having serious flu complications or people who live with or care for those at high risk for serious complications. During flu seasons when vaccine supplies are limited or delayed, the ACIP makes recommendations regarding priority groups for vaccination.

People who should get vaccinated each year are:

1. **People at high risk for complications from the flu, including:**
   - Children aged 6–59 months,
   - Pregnant women,
   - People 50 years of age and older, and
   - People of any age with certain chronic medical conditions;
   - People who live in nursing homes and other long term care facilities.

2. **People who live with or care for those at high risk for complications from flu, including:**
   - Household contacts of persons at high risk for complications from the flu (see above)
   - Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)
   - Healthcare workers.

Use of the Nasal Spray Flu Vaccine
It should be noted that vaccination with the nasal-spray flu vaccine is always an option for healthy persons aged 5-49 years who are not pregnant.

Who should not get a flu shot?
Talk with a doctor before getting a flu shot if you:
1) Have ever had a severe allergic reaction to eggs or to a previous flu shot
or
2) Have a history of Guillain-Barré syndrome (GBS).

If you are sick with a fever when you go to get your flu shot, you should talk to your doctor or nurse about getting your shot at a later date. However, you can get a flu shot at the same time you have a respiratory illness without fever or if you have another mild illness.

How effective is the flu shot?
With the flu shot, when the "match" between vaccine and circulating strains is close, the vaccine prevents influenza in about 70%-90% of healthy persons younger than age 65 years. Among elderly persons living outside chronic-care facilities (such as nursing homes) and those persons with long-term (chronic) medical conditions, the flu shot is 30%-70% effective in preventing hospitalization for pneumonia and influenza. Among elderly nursing home residents, the flu shot is most effective in preventing severe illness, secondary complications, and deaths related to the flu. In this population, the shot can be 50%-60% effective in preventing hospitalization or pneumonia and 80% effective in preventing death from the flu.

What are the risks from getting a flu shot?
The viruses in the flu shot are killed (inactivated), so you cannot get the flu from a flu shot. The risk of a flu shot causing serious harm, or death, is extremely small. However, a vaccine, like any medicine, may rarely cause serious problems, such as severe allergic reactions. Almost all people who get influenza vaccine have no serious problems from it.

What Everyone Should Know about Influenza and Influenza Vaccine
(continued from previous page)

About two weeks after vaccination, antibodies develop that protect against influenza virus infection. Flu vaccines will not protect against flu-like illnesses caused by non-influenza viruses.

When to Get Vaccinated

October or November is the best time to get vaccinated, but getting vaccinated in December or even later can still be beneficial since most influenza activity occurs in January or later in most years. Though it varies, flu season can last as late as May.

Who Should Get Vaccinated?

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year either because they are at high risk of having serious flu-related complications or because they live with or care for high risk persons. During flu seasons when vaccine supplies are limited or delayed, ACIP makes recommendations regarding priority groups for vaccination (http://www.cdc.gov/flu/about/qa/flushot.htm).

People who should get vaccinated each year are:

1. People at high risk for complications from the flu, including:

- Children aged 6–59 months of age,
- Pregnant women,
- People 50 years of age and older,
- People of any age with certain chronic medical conditions, and
- People who live in nursing homes and other long term care facilities.

2. People who live with or care for those at high risk for complications from flu, including:

- Household contacts of persons at high risk for complications from the flu (see above)
- Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)
- Health care workers.

3. Anyone who wants to decrease their risk of influenza.

Use of the Nasal Spray Flu Vaccine

Vaccination with the nasal-spray flu vaccine is an option for healthy persons aged 5-49 years who are not pregnant, even healthy persons who live with or care for those in a high risk group. The one exception is healthy persons who care for persons with severely weakened immune systems who require a protected environment; these healthy persons should get the inactivated vaccine.

Who Should Not Be Vaccinated

Some people should not be vaccinated without first consulting a physician. They include:

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination in the past.
- People who developed Guillain-Barré syndrome (GBS) (http://www.cdc.gov/flu/about/qa/gbs.htm) within 6 weeks of getting an influenza vaccine previously.
- Children less than 6 months of age (influenza vaccine is not approved for use in this age group).
- People who have a moderate or severe illness with a fever should wait to get vaccinated until their symptoms lessen.

If you have questions about whether you should get a flu vaccine, consult your health-care provider.

For more information, visit www.cdc.gov/flu,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6358 (TTY).

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What are the side effects that could occur?

- Soreness, redness, or swelling where the shot was given
- Fever (low grade)
- Aches

If these problems occur, they begin soon after the shot and usually last one to two days.

Can severe problems occur?

- Life-threatening allergic reactions are very rare. Signs of serious allergic reaction can include breathing problems, hoarseness or wheezing, hives, paleness, weakness, a fast heartbeat, or dizziness. If they do occur, it is within a few minutes to a few hours after the shot. These reactions are more likely to occur among persons with a severe allergy to eggs, because the viruses used in the influenza vaccine are grown in hens' eggs. People who have had a severe reaction to eggs or to a flu shot in the past should not get a flu shot before seeing a physician.

- Guillain-Barré syndrome: Normally, about one person per 100,000 people per year will develop Guillain-Barré syndrome (GBS), an illness characterized by fever, nerve damage, and muscle weakness. In 1976, vaccination with the swine flu vaccine was associated with getting GBS. Several studies have been done to evaluate if other flu vaccines since 1976 were associated with GBS. Only one of the studies showed an association. That study suggested that one person out of 1 million vaccinated persons may be at risk of GBS associated with the vaccine.

More facts about potential side effects of the influenza vaccine can be found in "Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices (ACIP)."

What should I do if I have had a serious reaction to influenza vaccine?

- Call a doctor, or get to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when you got the flu shot.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS)* form, or call VAERS at 1-800-822-7967.

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Page found at http://www.cdc.gov/flu/about/qa/flushot.htm