

Influenza Vaccine Bulletin #1

June 29, 2005

Influenza Season 2005-06

The National Immunization Program (NIP) of the Centers for Disease Control and Prevention (CDC) publishes and distributes periodic bulletins to update partners about recent developments related to the production, distribution, and administration of influenza vaccine. All recipients of this bulletin are encouraged to distribute each issue widely to colleagues, members, and constituents.

Influenza Vaccine Supply and Production

2005-06 Influenza Vaccine Strains

The Vaccines and Related Biological Products Advisory Committee (VRBPAC) of the Food and Drug Administration (FDA) met on February 16-17, 2005 to determine the influenza vaccine formulation for the United States for the upcoming season. The formulation includes two viruses from last year's vaccine [A/New Caledonia/20/99 (H1N1)-like and B/Shanghai/361/2002-like] and one new virus [A/California/7/2004 (H3N2-like)]. For the A/California/7/2004 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/New York/55/2004, and for the B/Shanghai/361/2002-like antigen, manufacturers may use the antigenically equivalent B/Jilin/20/2003 virus or B/Jiangsu/10/2003 virus.

Projection for the 2005-06 Influenza Vaccine Supply Compared to 2004-05

According to data provided by the manufacturers, total influenza vaccine production in 2004 was approximately 61 million doses, substantially less than the original number of doses planned by licensed manufacturers. The reduced 2004 production was linked to suspension of Chiron's license by the British regulatory authority, (MHRA), resulting in a loss of nearly half the projected U.S. supply. For 2005, projections of production remain uncertain. Sanofi pasteur representatives have announced publicly that they plan to produce between 50 and 60 million doses and MedImmune representatives indicate that about 3 million doses of their Live Attenuated Influenza Vaccine (LAIV) will be available. Meanwhile, Chiron's Liverpool facility is making changes in response to inspectional observations from both MHRA and FDA. If Chiron is able to complete its remediation plan and secure FDA approval, company officials indicate they plan to produce 18-26 million doses for use in the U.S. In late May, GlaxoSmithKline submitted a Biologics License Application to the FDA for its influenza vaccine, and that application is currently under review by the FDA. Company officials have indicated that if their application is approved, they plan to sell about 10 million doses for adults in the U.S.

Ordering Influenza Vaccine

- Following is a statement from sanofi pasteur on June 23, 2005, about ordering and pre-booking of their influenza vaccine:

“The pre-booking process this year has been challenging due to the marketplace’s uncertainty about the supply of influenza vaccine and sanofi pasteur’s ability to meet only a portion of the nation’s over-all needs. Sanofi pasteur went to great lengths to develop a pre-booking approach that would result in the distribution of vaccine to a broad range of providers in a manner designed to support the recommendations of the U.S. Centers for Disease Control and Prevention.

As in previous years, sanofi pasteur closed its pre-booking activities on June 1 and cannot process further pre-book requests for multi-dose vials or 0.5mL syringes. However, Fluzone®, Influenza Virus Vaccine, No Preservative: Pediatric Dose (0.25mL syringes) remains fully available to all immunization providers.”

- MedImmune still has quantities of its live attenuated vaccine (FluMist™) available for pre-booking.
- Providers may need to explore several potential sources to find influenza vaccine that is still available for pre-booking.

Influenza Vaccine Distribution and Administration

Vaccine Distribution Totals for the 2004-05 Influenza Season

During the 2004-05 influenza vaccination campaign, manufacturers distributed approximately 57.1 million doses of vaccine, substantially less than the estimated 83.1 million during the 2003-04 season.

Update on Medicare Payment for Purchase/Administration of Influenza Vaccine

- Based on Medicare’s 2005 Physician Fee Schedule, the average payment rate for administration of influenza and pneumococcal polysaccharide vaccines to Medicare beneficiaries has increased substantially from an average of \$8.21 per dose to \$18.57 per dose. Rates vary by locale and range from \$14.82 to \$31.01. To find the rate in your locale, go to: www.cms.hhs.gov/medlearn/refimmu.asp.
- Medicare’s 2005 payment rate for influenza vaccine has not yet been determined but is expected to rise proportionally in response to the price increases observed this year. (The payment for vaccine is **in addition to** payment for its administration.)

Cost for Influenza Vaccine

Prices for influenza vaccine this year have increased over last year. Purchasers should check with their regular sources of vaccine to determine exact cost. The least expensive price per dose will be for the 10-dose vial presentation, while product packaged in pre-filled syringes will be more expensive.

Latest Influenza Vaccine Coverage Data

- From the 2003 National Health Interview Survey, here are coverage level data for selected groups targeted for influenza vaccine.

SELECTED GROUP	% COVERAGE
Ages 18-49, High-risk	24.2
Ages 50-64, High-risk	46.3
Ages 50-64, Total	36.8
Ages ³ 65	65.5
Pregnant Women	12.8
Health Care Workers	40.1
Household Contacts	18.9

- From the Behavioral Risk Factor Surveillance System (BRFSS), here are selected data collected during the 2004-05 influenza season.

SELECTED GROUP	% COVERAGE
Ages 18-64, High-risk	25.5
Ages ³ 65	62.7
Ages 6-23 Months	48.4
Ages 2-17, High-risk	34.8
Health Care Workers	35.7

Influenza Vaccine Communications and Resources

Changes to Recommendations for the 2005-06 Influenza Season

On February 10-11, 2005, the Advisory Committee on Immunization Practices (ACIP) met in Atlanta to consider updates to its annual influenza vaccination recommendations. The updated version for the 2005-06 influenza season will be published in the Morbidity Mortality Weekly Report either in late June or July 2005. In addition to an updated vaccine formulation, changes to the recommendations include the following:

- Persons with any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions or that can increase the risk of aspiration should be vaccinated against influenza;

- All health-care personnel should be vaccinated against influenza and facilities that employ health-care workers should be encouraged to provide vaccine to workers in ways that maximize uptake;
- LAIV should be considered for vaccination of healthy persons 5-49 years of age, including health-care personnel and other persons in close contact with groups at high risk and people wanting to avoid influenza. During periods when inactivated vaccine is in short supply, use of LAIV is encouraged when feasible for eligible persons (including health-care personnel) because use of LAIV by these persons may increase availability of inactivated vaccine for persons in high risk groups;
- CDC and other agencies will (1) assess the vaccine supply, (2) make recommendations in the summer regarding the need for tiered timing of vaccination of different risk groups, and (3) publish ACIP recommendations regarding tiering in a separate document.

CDC Influenza Vaccine Communications Update

For the 2005-06 influenza season, CDC will have information and updates for the public, providers, and the press available on its website (www.cdc.gov/flu), as well as its annual educational print materials for the public and providers. Electronic files of campaign materials will be available for download from the CDC Flu Gallery website beginning in late August. CDC will continue to make appropriate materials available over time, as more information about vaccine supply and tiering of priority groups within the recommendations becomes available.

National Influenza Vaccine Summit Overview

Since 2001, the CDC's National Immunization Program and the American Medical Association (AMA) have co-sponsored the National Influenza Vaccine Summit, an informal collaboration of organizations involved in influenza vaccination in the United States. The Summit has met once or more each year since then, most recently in Chicago on May 10-11, 2005. The Summit brought together 154 representatives from 85 public, private, and non-profit organizations—all stakeholders in the annual effort to administer influenza vaccine to over 193 million high-priority individuals each year.

Summit participants identified three influenza vaccination themes in 2005-06:

1. Lack of knowledge, indifference, and/or frustration among the general public, priority persons, and health-care providers,
2. Stability of influenza vaccine supply, and
3. Crisis planning regarding vaccine supply and pandemic influenza.

The Summit will further refine action steps developed for these three themes in breakout groups and will implement those in 2005-06. For more information, visit the Summit website at www.ama-assn.org/ama/pub/category/13732.html.

Resource Materials

“Improving Influenza Vaccination Rates in Health-Care Workers: Strategies to Increase Protection for Workers and Patients”

This 21-page monograph, released by the National Foundation for Infectious Diseases (NFID), is an all-inclusive report with detailed information about influenza immunization rates among health-care workers and strategies health-care institutions can use to improve annual influenza vaccination rates among employees. You may download the entire document at www.nfid.org/publications/hcwmonograph.pdf

Morbidity and Mortality Weekly Reports

Review recently published Morbidity and Mortality Weekly Reports (MMWR) articles related to influenza and influenza vaccine by clicking on www.cdc.gov/flu or on the following links.

- For information on 2005-influenza vaccine pre-booking and distribution strategies, go to [Influenza Vaccine Prebooking and Distribution Strategies for the 2005--06 Influenza Season](#)
- To see the full report on BRFSS data from the 2004-05 season, visit [Estimated Influenza Vaccination Coverage Among Adults and Children --- United States, September 1, 2004--January 31, 2005](#)
- A complete report on strategies for increasing adult vaccination coverage rates is available at [Improving Influenza, Pneumococcal Polysaccharide, and Hepatitis B Vaccination Coverage Among Adults Aged <65 Years at High Risk </P><P>A Report on Recommendations of the Task Force on Community Preventive Services](#)
- For more on improving influenza vaccination coverage for health-care workers, go to [Interventions to Increase Influenza Vaccination of Health-Care Workers --- California and Minnesota](#)
- Connecticut's analysis of influenza vaccine coverage among callers to its hotline is detailed at [Brief Report: Vaccination Coverage Among Callers to a State Influenza Hotline --- Connecticut, 2004--05 Influenza Season](#)

Influenza Vaccine Bulletins

Refer to previous bulletins at www.cdc.gov/flu/professionals/flubulletin.htm. Individual requests for subscriptions to the bulletin should be e-mailed to listserv@listserv.cdc.gov Type *subscribe flu-serve* in the body of the e-mail.

Upcoming Events

EVENT	LOCATION	2005 DATE(S)
Advisory Committee on Immunization Practices (ACIP) www.cdc.gov/nip/acip	Atlanta, GA	June 29-30, October 26-27
NACCHO-ASTHO Annual Conference www.naccho.org/conferences/annual_conference.cfm	Boston, MA	July 12-15
Immunization Update: Satellite Broadcast and Webcast www.phppo.cdc.gov/phtn/immup2005/default.asp	Web conference	July 28
National Immunization Awareness Month (NIAM)	National	August
National Vaccine Advisory Committee (NVAC) www.hhs.gov/nvpo/nvac/index.html	Washington, DC	September 27-28
National Adult Immunization Awareness Week (NAIAW)	National	September 25- October 3