

SOUTH CAROLINA INFLUENZA (FLU) PLAN

2007-2008 Influenza Season

The risks for complications, hospitalizations, and deaths from influenza are higher among persons 65 and older, young children, and persons of any age with certain underlying health conditions. In addition, flu shots for all pregnant women, adults 50 or older and everyone living with children under the age of 2 can also help close the health gap between minorities and whites, according to the U.S. Public Health Service.

Influenza epidemics cause an average of 36,000 deaths and over 200,000 excess hospitalizations annually in the United States, and pandemic influenza poses a threat of much higher mortality. Influenza impacts all age groups - infection rates are highest in children, serious illness and mortality are highest in the elderly and chronically ill.

In the United States, the primary option for reducing the effect of influenza is taking the flu vaccine, either as the shot or the nasal spray. The prevention and control of influenza depends on effective laboratory-based surveillance and reporting, vaccination of the targeted population groups, and the use of antiviral medications as adjuncts to vaccine.

DHEC programs maintain a seasonal influenza vaccination campaign and several surveillance systems for influenza-like illnesses and for influenza viral isolations. Adequate surveillance for influenza is essential for the following reasons: 1) to monitor influenza morbidity, 2) to plan for the use of vaccine and antiviral agents, 3) to monitor the predominant circulating strains and to determine if they are well matched to the current year's influenza vaccine, and 4) to look for the emergence of novel viral strains.

Those who neglect or refuse to get flu shots include a disproportionate number of minorities, said Dr. Jose Cordero, an assistant surgeon general at the Centers for Disease Control and Prevention (CDC) in Atlanta. Most people who die from influenza are 65 or older. But in that age group, only 68 percent of whites and 47 percent of African Americans and 49 percent of Hispanic Americans got flu shots in South Carolina during 2005. The Healthy People 2010 goal is to achieve both influenza and pneumococcal immunization levels of at least 90 percent for all South Carolinians.

Minorities, especially those who aren't fluent in English, are less likely to know or be informed by a physician that they need a flu shot every year. Raising flu vaccination rates among minorities will require shattering some myths. It is important to counter the biggest myth of all, that the vaccine causes flu. Modern vaccine causes almost no unpleasant side effects beyond

a slight sore spot on the arm for an hour (if you elect to take the shot form of the vaccine). A nasal spray influenza vaccine is also available for healthy, non-pregnant persons between the ages of 5 through 49 years.

Experience shows that health care workers can spread the highly contagious influenza virus to patients in their care. This is particularly troubling for the many patients at high risk for influenza-related complications, hospitalizations, and death since less than 50 percent of health care workers are actually immunized against influenza each year.

"It's just good common sense for all health care workers to get vaccinated to protect themselves and to keep from giving potentially fatal flu to their high-risk patients", says Dr. Jerry Gibson, Director of DHEC's Bureau of Disease Control.

"It's vital to not miss the chance to get high-risk persons vaccinated easily without any extra office visits, by being sure that every physician's office or clinic includes an offer of vaccine to protect against influenza, pneumonia, and tetanus", says Gibson. "Moreover, every nursing home resident and hospital inpatient should be offered protective vaccines while in the care of these institutions. There is no excuse for missing these opportunities", says Gibson.

In April of this year, The National Influenza Vaccine Summit convened. The summit is an initiative co-sponsored by the Centers for Disease Control and Prevention and the American Medical Association including representatives from influenza vaccine research, production, distribution, public health and medical providers. A projected estimate of 132 million doses of influenza vaccine are expected to be available for the 2007-2008 season

The Advisory Committee on Immunization Practices (ACIP) recommends annual influenza vaccination for the following groups:

- All persons, including school-aged children, who want to reduce the risk of becoming ill with influenza or of transmitting influenza to others
- All children aged 6-59 months (i.e., 6 months – 4 years)
- Women who will be pregnant during the influenza season
- All persons aged \geq 50 years
- Children and adolescents (aged 6 months -18 years) receiving long term aspirin therapy who therefore might be at risk for experiencing Reye's syndrome after influenza virus infection

- Adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus)
- Adults and children who have immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus – HIV)
- Adults and children who have 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 for aspiration
- Residents of nursing homes and other chronic-care facilities
- Healthy household contacts (including children) and caregivers of children aged < 5 years and adults aged \geq 50 years, with particular emphasis on vaccinating contacts of children aged <6 months
- Healthy household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza
- Health-care personnel

It should be noted that vaccination with the live, nasal-spray flu vaccine (FluMist™) is always an option for healthy persons aged 5-49 years who are not pregnant. This vaccine is not subject to prioritization and can be given to healthy 5-49 year olds at any time during the influenza season.

The optimal time to vaccinate against influenza is October and November; those planning vaccination campaigns might consider scheduling those events after mid-October, to ensure vaccine availability.

Strains:

Both the inactivated and the live, attenuated vaccines prepared for the 2007-2008 influenza season will include: A/Solomon Islands/3/2006 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like viruses.

Approved influenza vaccines for different age groups are shown below:

Vaccine	Trade name	Manufacturer	Presentation	Thimerosal mercury content (mcg Hg/0.5 mL dose)	Age group	No. of doses	Route
TIV*	Fluzone®	Sanofi Pasteur	0.25-mL prefilled syringe	0	6–35 mos	1 or 2†	Intramuscular§
			0.5-mL prefilled syringe	0	≥36 mos	1 or 2†	Intramuscular§
			0.5 mL vial	0	≥36 mos	1 or 2†	Intramuscular§
			5.0-mL multidose vial	25	≥6 mos	1 or 2†	Intramuscular§
TIV*	Fluvirin™	Novartis Vaccine	5.0-mL multidose vial	24.5	≥4 yrs	1 or 2†	Intramuscular§
TIV*	Fluarix™	GlaxoSmithKline	0.5-mL prefilled syringe	<1.0	≥18 yrs	1	Intramuscular§
TIV*	FluLaval™	GlaxoSmithKline	5.0-mL multidose vial	25	≥18 yrs	1	Intramuscular§
LAIV‡	FluMist™**	MedImmune	0.2-mL sprayer	0	5–49 yrs	1 or 2††	Intranasal

* Trivalent inactivated vaccine (TIV). A 0.5-mL dose contains 15 mcg each of A/Solomon Islands/3/2006 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.

† Two doses administered at least 1 month apart are recommended for children aged 6 months–8 years who are receiving TIV for the first time and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year.

§ For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh.

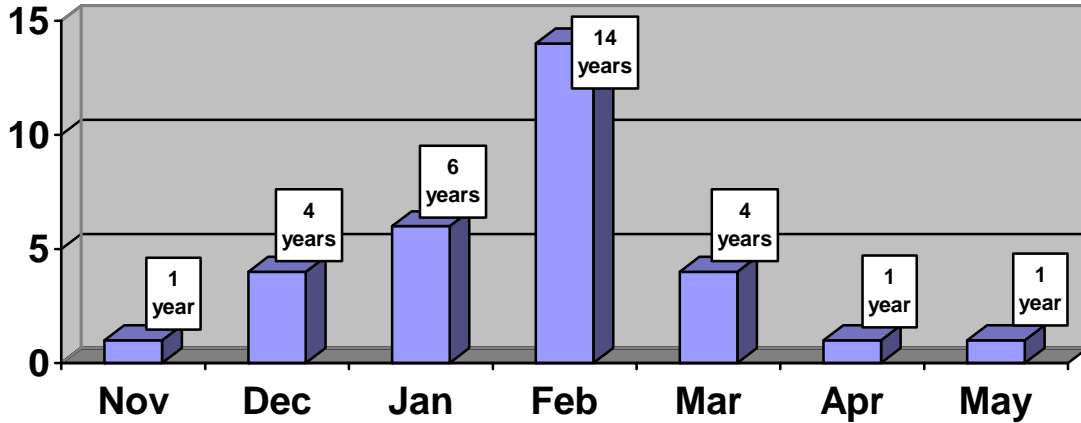
‡ Live attenuated influenza vaccine (LAIV).

** FluMist dosage and storage requirements have changed for the 2007–08 influenza season. FluMist is now shipped to end users at 35°F–46°F (2°C–8°C). LAIV should be stored at 35°F–46°F (2°C–8°C) upon receipt and should remain at that temperature until the expiration date is reached. The dose is 0.2 mL, divided equally between each nostril.

†† Two doses administered at least 6 weeks apart are recommended for children aged 5–8 years who are receiving LAIV for the first time, and those who received only 1 dose in their first year of vaccination should receive 2 doses in the following year.

Source: CDC. Prevention and Control of Influenza – Recommendations of the Advisory Committee on Immunization practices (ACIP), MMWR Vol 56 (RR-6), July 13, 2007.

Peak Months for Flu Activity United States, 1976-2006



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DHEC's collaborative effort with the South Carolina Coalition for Older Adult Immunization works to improve the immunization rates of Medicare beneficiaries in South Carolina. Efforts include:

- Provide Senior Vaccination Season packets to health care providers
- Television commercials and radio announcements with educational messages regarding the importance of influenza and pneumococcal immunizations.
- Promotion of the Flu Clinic Finder.

Contact your local county health department

<http://www.scdhec.net/health/county.htm> or family doctor to find out when they will begin giving flu shots this October. The 2007 National Influenza Vaccination week will be November 26 – December 2. For additional information on influenza vaccine and/or disease surveillance contact:

Vaccine assistance – contact DHEC Immunization Division 1-800-277-4687 (1-800-27-SHOTS)

<http://www.scdhec.gov/health/disease/immunization/links.htm>

Influenza Disease Surveillance – contact DHEC Division of Acute Disease

Epidemiology803-898-0861

<http://www.scdhec.gov/health/disease/acute/flu.htm>

For additional information on influenza visit the CDC web site at

www.cdc.gov/nip/Flu.

Medical Review of North Carolina, Inc. (MRNC) is designated by the Centers for Medicare & Medicaid Services (CMS) as the Quality Improvement Organization (QIO) for North and South Carolina. MRNC operates in South Carolina under the service mark Carolina Medical Review (CMR). A Flu Clinic Finder is available on this web site that will identify providers who are scheduling flu shots –www.mrnc.org

South Carolina Lung Association

<http://www.alaga.org/>