



Public Health - Dayton & Montgomery County

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HOTSHOTS - September 2016 2016-2017 Seasonal Influenza Vaccine

The Advisory Committee on Immunization Practices (ACIP) has updated its recommendations regarding the use of seasonal influenza vaccines for the 2016-17 season. The changes are as follows:

Only injectable flu shots are recommended for use this season.

- Live attenuated influenza vaccine (LAIV) - or the nasal mist vaccine- is **not** recommended for use during the 2016-17 season because of concerns about its effectiveness.
- FluMist is still an FDA-licensed product so there may be a supply on the U.S. market; however, it's important for providers and the public to be aware that the CDC recommends this vaccine not be used during this influenza season.

For 2016–17, U.S.-licensed influenza vaccines have been updated to better match circulating viruses.

- Trivalent influenza vaccines contain: an A/California/7/2009 (H1N1) pdm09-like virus; an A/Hong Kong/4801/2014 (H3N2)-like virus (*New*); and a B/Brisbane/60/2008-like virus (B/Victoria lineage).
- Quadrivalent vaccines contain the above three viruses and a second influenza B strain: B/Phuket/3073/2013-like virus (B/Yamagata lineage).

There are a few newly licensed and updated influenza vaccine products.

- In November 2015, FDA licensed Fluad (Seqirus, Holly Springs, North Carolina). It is a trivalent, MF59-adjuvanted inactivated influenza vaccine, for persons aged ≥ 65 years.
- In May 2016, FDA licensed Flucelvax Quadrivalent (Seqirus) for persons aged ≥ 4 years. It is a cell culture-based IIV4 prepared from virus propagated in Madin-Darby canine kidney cells rather than in eggs.

The recommendations for influenza vaccination of persons with egg allergy have been modified:

- CDC removed the recommendation of observing patients with egg allergy for 30 minutes postvaccination for an allergic reaction. Instead, consideration can be given to observing patients for 15 minutes postvaccination to avoid the risk of injury if syncope should occur. In addition, CDC noted that for patients who have a history of a severe allergic reaction to eggs (e.g., angioedema, respiratory distress), the influenza vaccine should be administered under the close supervision of a medical provider who can manage these potential reactions.

The algorithm for determining the doses for children aged 6 months through 8 years as follows:

- Children 6 months through 8 years who have previously received 2 or more total doses of trivalent or quadrivalent influenza vaccine before July 1, 2016 need only 1 dose for the 2016-17season. The 2 previous doses do not need to have been given during the same season or consecutive seasons.
- Children 6 months through 8 years who have previously received only 1 dose or no doses of influenza vaccine need two doses of vaccine (spaced at least 28 days apart) to be fully protected for the 2016-17season.

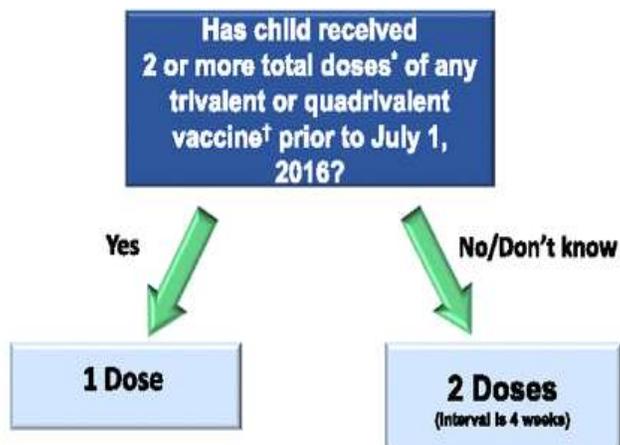
Everyone aged 6 months and older should receive flu vaccine every year. Vaccination should not be delayed to wait for specific vaccine formulation. To avoid missed opportunities for vaccination, offer flu vaccination during routine health-care visits and hospitalizations as soon as vaccine is available and continue to offer it throughout the flu season. Annual flu vaccination is a good time to assess patients for the need for other vaccines.

More information is available at: <http://www.cdc.gov/mmwr/volumes/65/rr/rr6505a1.htm>

Health Commissioner - Jeffrey A. Cooper, M.S. • Medical Director - Thomas Herchline, M.D.

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Number of Seasonal Influenza Doses for Children 6 Months Through 8 Years of Age



* The two doses need not have been received during the same season or consecutive seasons. † Receipt of LAIV4 in the past is still expected to have primed a child's immune system, despite recent evidence for poor effectiveness. There currently are no data that suggest otherwise.