

# CDC INFLUENZA E-Brief

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U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## 2013-2014 INFLUENZA (FLU) SEASON RECAP

During the 2013-2014 flu season, there were more flu-related hospitalizations among young and middle-aged adults than usual, many of whom were infected with the 2009 H1N1 virus. Last year, 108 laboratory-confirmed influenza-associated pediatric deaths were reported, and nearly 60% of flu-associated hospitalizations were in people 18 to 64 years old. More information is available online at: [“Influenza Activity — United States, 2013-14 Season and Composition of the 2014-15 influenza Vaccines.”](#)

## VACCINATION COVERAGE LAST SEASON

CDC estimates indicate that almost half of the U.S. population age 6 months and older got a flu vaccine during the 2013-2014 season. Among all people  $\geq 6$  months, flu vaccination coverage during the 2013-2014 flu season was 46.2%, which was 1.2% higher than estimated for the 2012-2013 season (45.0%). CDC estimated that the vaccine coverage rate during the 2013-2014 flu season among women who were pregnant was 52.2% and the rate for health care providers (HCP) was 75.2%; this is an improvement over the 2012-2013 season, which was 50.5% and 72.0% respectively.

## SEASONAL INFLUENZA VACCINE & TOTAL DOSES DISTRIBUTED

Currently, manufacturers project 151-159 million doses of flu vaccine to be produced for the U.S. market this season; of these, manufacturers estimate that 132 million doses will be quadrivalent flu vaccine.

For more detailed information, visit:

- [Overall Vaccine coverage during the 2013-2014 flu season](#)
- [Coverage Among Pregnant Women](#)
- [Coverage Among All Health Care Personnel](#)

## VACCINATION RECOMMENDATIONS FOR ALL AGES INCLUDING PEOPLE 65 AND OLDER

Routine annual influenza vaccination is recommended for all persons aged  $\geq 6$  months who do not have contraindications. Vaccination is especially important for people 65 and older because they are often most impacted by serious flu disease each year resulting in hospitalization or death. A recent CDC study concluded that flu vaccines prevent flu-associated hospitalizations in people 65 years and older, even during seasons when vaccine effectiveness is low. The study reinforces CDC’s existing recommendation for annual vaccination of adults 65 years and older who are at high risk for serious flu-related complications. [Please visit the CDC web page.](#)

### INFLUENZA RESOURCES

1. This season’s flu materials free for download [here](#).
2. **FluView:** A Weekly Influenza Surveillance Report prepared by the Influenza Division (CDC). All data are preliminary and may change as more reports are received.
3. Vaccine Information Statements (VISs): Information sheets produced by the CDC that explain both the benefits and risks of a vaccine to vaccine recipients. Click [here](#) for latest information about VISs currently under development or newly released.
4. **Seasonal Influenza Vaccination Resources for Health Professionals:** Information for the 2014-2015 influenza season.
5. New and updated information on [CDC’s influenza website](#).

## CHANGES AND UPDATES IN ACIP VACCINE RECOMMENDATIONS FOR THE 2014-2015 INFLUENZA SEASON

For 2014-15, U.S.-licensed influenza vaccines will contain the same vaccine virus strains as those in the 2013-14 vaccine. Trivalent influenza vaccines will contain hemagglutinin (HA) derived from an A/California/7/2009 (H1N1)-like virus, an A/Texas/50/2012 (H3N2)-like virus, and a B/Massachusetts/2/2012-like (Yamagata lineage) virus. Quadrivalent influenza vaccines will contain these antigens, and also a B/Brisbane/60/2008-like (Victoria lineage) virus.

The Advisory Committee on Immunization Practices (ACIP) updated the 2013 recommendation regarding the use of seasonal influenza vaccines. For recommendations pertaining to use of influenza vaccines in children, ACIP reviewed data on the relative efficacy and safety of live attenuated influenza vaccine (LAIV) and inactivated influenza vaccines (IIVs). Starting in 2014-2015, CDC recommends use of the nasal spray vaccine (LAIV) for healthy children 2 through 8 years of age when immediately available, and if the child has no contraindications or precautions to that vaccine. Studies suggest that the nasal spray flu vaccine may work better than the flu shot in younger children. For more information about the new CDC recommendation, see [Nasal Spray Flu Vaccine in Children 2 through 8 Years Old](#) or the 2014-2015 MMWR Influenza Vaccine Recommendations.



### AVAILABLE VACCINE PRODUCTS AND INDICATIONS

CDC recommends that people get vaccinated against influenza as soon as the 2014-2015 flu season vaccine becomes available in their community. A variety of influenza vaccine products are available, including intramuscular (IM), intradermal, and nasal spray vaccines. Some seasonal flu vaccines will be formulated to protect against four flu viruses (quadrivalent flu vaccines). For a detailed summary of the Advisory Committee on Immunization Practices (ACIP) recommendations for the 2014-2015 flu season in the United States, please visit [Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices \(ACIP\) — United States, 2014-15 Influenza Season](#).

To date, approximately 117.8 M doses of seasonal influenza vaccine have been distributed in the United States. Additional details about vaccine supply and distribution is available on [CDC's Seasonal Influenza webpage under Questions and Answers](#).

## CDC'S INFLUENZA PROGRAM

CDC provides leadership and a cutting-edge scientific and programmatic foundation for the diagnosis, prevention, and control of influenza domestically and internationally. CDC's annual seasonal influenza activities improve preparedness by:

- Strengthening surveillance and diagnostic capacity
- Improving public awareness and provider knowledge about influenza and the importance of vaccination, other prevention measures, and early treatment
- Enhancing our international, Federal, State, and local partnerships to respond quickly to influenza epidemics and emerging influenza with pandemic potential

Prevention of seasonal influenza requires an annual reassessment of virus strains contained in the vaccine; the assessment is based on CDC surveillance data. The vaccine must be produced and administered annually to account for seasonal variations. Since 2010, the Advisory Committee on Immunization Practices (ACIP) has recommended influenza vaccine for all Americans six months and older. To implement this recommendation, CDC works to educate providers and raise public awareness. CDC makes special efforts to reach high-risk individuals, such as pregnant women, and provides further outreach to subspecialty medical providers to increase vaccination of persons at especially high risk of severe illness or death from influenza. CDC also promotes vaccination at non-traditional venues, such as retail pharmacies, to increase access to vaccine services outside of clinic settings and hours.

Access CDC influenza program's related information and materials at: <http://www.cdc.gov/flu/>.

## CDC'S INTERNATIONAL INFLUENZA PROGRAM AND PARTNERSHIPS



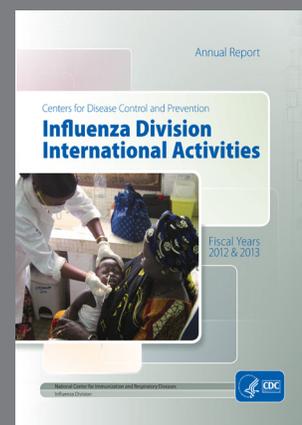
In compliance with the International Health Regulations (IHR), CDC provides funding to increase the number of National Influenza Centers (NICs) worldwide, establishing NICs where none existed previously as well as to establish and enhance national influenza surveillance systems worldwide. Today, more than 100 NICs in over 100 countries conduct year-round surveillance for influenza. This involves receiving and testing thousands of influenza virus samples from patients with suspected flu illness. The laboratories send representative viruses to five WHO Collaborating Centers for Reference and Research on Influenza including CDC in Atlanta.

International and domestic partnership webs connect when in February of each year, WHO consults with experts from WHO Collaborating Centers, Essential Regulatory Laboratories, and other partners to review data generated by the worldwide network of influenza laboratories. Afterward, WHO makes recommendations for the composition of the seasonal influenza vaccine for the Northern Hemisphere. The U.S. Vaccines and Related Biological Products Advisory Committee (VRBPAC) - which is a part of the U.S. Food and Drug Administration (FDA) - considers the WHO recommendations and makes a final decision regarding composition of seasonal flu vaccine for the United States.

## SPOTLIGHT

### CDC's International Flu Activities

The latest report on **CDC's international flu activities** summarizes the progress that has been made over the past two fiscal years. It highlights CDC's work in establishing, expanding and maintaining influenza surveillance and laboratory capacity in more than 50 countries where CDC has provided support.



### "Influenza Virus Types"

There are three types of influenza (flu) virus: A, B, and C. Human influenza A and B viruses cause seasonal epidemics of disease almost every winter in the United States. Influenza type C infections cause mild respiratory illness and are not thought to cause epidemics. Influenza A viruses are divided into subtypes based on two proteins on the surface of the virus: the hemagglutinin (HA) and the neuraminidase (NA). There are 18 different HA subtypes and 11 different NA subtypes. Influenza B viruses are not divided into subtypes, but can be further broken down into lineages and strains. Currently circulating influenza B viruses belong to one of two lineages: B/Yamagata and B/Victoria.

### Updated Preparedness and Response Framework for Influenza Pandemic

Available online from the **Morbidity and Mortality Weekly Report**, CDC updated its framework to describe influenza pandemic progression using six intervals (two pre-pandemic and four pandemic intervals) and eight domains. This updated framework can be used for influenza pandemic planning, has been aligned with the pandemic phases restructured in 2013 by the World Health Organization, and serves as recommendations for risk assessment, decision-making, and action in the United States. The updated framework replaces the U.S. Federal Government stages from the 2006 implementation plan for the National Strategy for **Pandemic Influenza**.

Use of this updated framework is anticipated to improve pandemic preparedness and response in the United States. This framework incorporates information from newly developed tools for pandemic planning and response, including the Influenza Risk Assessment Tool and the Pandemic Severity Assessment Framework, and has been aligned with the pandemic phases restructured in 2013 by the World Health Organization.