

Proposed Influenza Vaccine Recommendations 2014-15 Season

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Advisory Committee on Immunization Practices

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Proposed Recommendations

- ❑ MMWR Policy Note format for 2014-15

- ❑ Annual influenza vaccination is recommended for all persons aged 6 months and older.

- ❑ New and/or revised information:
 - Influenza vaccine virus composition for 2014-15
 - Minor change to egg allergy language
 - Minor change in pediatric dosing algorithm
 - New recommendations regarding use of LAIV and IIV for young children where either is available and appropriate

Use of LAIV and IIV for Healthy Children aged 2 through 8 Years

- ❑ All individuals ≥ 6 months of age should receive influenza vaccine. Influenza vaccination should not be delayed to procure a specific vaccine preparation if an appropriate one is already available.
- ❑ When both LAIV and IIV are available, LAIV should be used for healthy children aged 2 through 8 years who have no contraindications or precautions (Category A).
- ❑ If LAIV is not immediately available, IIV should be used. Vaccination should not be delayed in order to procure LAIV.

Use of LAIV and IIV for Healthy Children aged 2 through 8 Years

- ❑ All individuals ≥ 6 months of age should receive influenza vaccine. Influenza vaccination should not be delayed to procure a specific vaccine preparation if an appropriate one is already available.
- ❑ When available, LAIV should be used for healthy children aged 2 through 8 years who have no contraindications or precautions (Category A).
- ❑ If LAIV is not immediately available, IIV should be used. Vaccination should not be delayed in order to procure LAIV.

Persons Who Should Not Receive LAIV

- ❑ **LAIV Should not be administered to:**
 - Those aged <2 years or >49 years;
 - Those with contraindications as per the package insert:
 - Children aged 2-17 years who are receiving aspirin
 - Persons who have had severe allergic reactions to the vaccine or its components;
 - Pregnant women;
 - Immunosuppressed persons;
 - Persons with egg allergy;
 - Children aged 2-4 years who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a health-care provider stated that they wheezing or asthma within the last 12 months
 - Persons who have taken influenza antiviral medications within the previous 48 hours.
- ❑ **Other chronic medical conditions conferring higher risk of complications due to influenza are precautions to use of LAIV**
 - Per package insert, safety has not been established

Vaccine Strain Selection for 2014-15

- ❑ FDA Vaccine and Related Biologic Products Advisory Committee (VRBPAC) met on February 28, 2014

- ❑ For 2014-15, recommended the same composition as for the 2013-14 Northern Hemisphere vaccine:
 - an A/California/7/2009 (H1N1)pdm09-like virus;
 - an A/Texas/50/2012 (H3N2)-like virus;
 - a B/Massachusetts/2/2012-like virus.
 - for quadrivalent vaccines, these viruses and a B/Brisbane/60/2008-like virus

Determining Doses for Children aged 6 months through 8 years

- ❑ Children age 6 months through 8 years receiving vaccine for the first time require 2 doses
- ❑ Need to consider doses of pandemic 2009 H1N1
- ❑ For 2012-13 and 2013-14 two accepted approaches
 - Simplified approach considering only doses since July 2010
 - Second approach considering all vaccination history
- ❑ For 2014-15, both approaches retained, with additional information that children in this age group who received at least 1 dose of 2013-14 seasonal vaccine need only one dose in 2014-15
 - Vaccine viruses unchanged this season
 - Analogous to 2011-12 recommendations (strains also unchanged)

Vaccination of Persons with Severe Egg Allergy

- ❑ Persons with symptoms other than hives are recommended to
 - Receive recombinant influenza vaccine (RIV3) if age 18 through 49, or
 - Be referred to a “physician with expertise in the management of allergic conditions.”
- ❑ Joint Task Force on Practice Parameters (ACAAI/AAAAI), 2013:
 - Cites 2012 review of 4,172 patients, including 513 with history of severe allergic reaction--no occurrences of anaphylaxis; some milder reactions
 - Recommends that “special precautions regarding medical setting and waiting periods after administration of IIV to egg-allergic recipients beyond those recommended for any vaccine are not warranted”
- ❑ However,
 - Occasional cases of anaphylaxis possibly due to egg in VAERs
 - Concern that not all settings may have required equipment and personnel
- ❑ New language seeks to
 - Clarify that referral not strictly necessary,
 - Maintains 30 min wait period: reiterates need for resuscitative resources

Vaccination of Persons with Severe Egg Allergy

Proposed change from:

“Persons who report having had reactions to egg involving such symptoms as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who required epinephrine or another emergency medical intervention, particularly those that occurred immediately or within a short time (minutes to hours) after egg exposure...may receive RIV3, if aged 18 through 49 years and there are no other contraindications. If RIV3 is not available or the recipient is not within the indicated age range, **such persons should be referred by a physician with expertise in the management of allergic conditions for further risk assessment before receipt of vaccine**”.

To:

“...may receive RIV3, if aged 18 through 49 years, and there are no other contraindications. If RIV3 is not available or the recipient is not within the indicated age range, **IIV should be administered by a physician with experience in the recognition and management of severe allergic conditions.**”

Thank you!

For more information please contact Centers for Disease Control and Prevention

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