

2016-2017 Pediatric and Adult Flu Webinar Q&A

1. I thought the package insert for intradermal flu vaccine states that it is not recommended for use during pregnancy. Any clarification?

- a. Inactivated influenza vaccine quadrivalent intradermal (IIV4-ID) is a pregnancy category B.

Pregnancy category B means there are no adequate and well-controlled studies in pregnant women with Fluzone Intradermal® Quadrivalent. This vaccine should be used during pregnancy only if clearly needed. Providers should enroll women who receive Fluzone Intradermal® Quadrivalent during pregnancy in Sanofi Pasteur Inc.'s vaccination pregnancy registry by calling 1-800-822-2463.

For more information, refer to the Fluzone Intradermal® package insert at:

www.fda.gov/downloads/BiologicsBloodVaccines/Vaccines/ApprovedProducts/UCM426679.pdf.

Remember, women who are pregnant are a special population at risk for medical complications attributable to influenza and should be vaccinated at any time during their pregnancy. Vaccination helps protect women during and after pregnancy. Getting vaccinated also protects the developing baby during pregnancy and for several months after the baby is born. A study that looked at flu vaccine effectiveness in pregnant women found that vaccination reduced the risk of flu-associated acute respiratory infection by about one half. Another study found that babies of women who got a flu vaccine during their pregnancy were about one-third less likely to get sick with flu than babies of unvaccinated women. This protective benefit was observed for up to four months after birth.

It is always important to discuss vaccines, the risk of disease and the benefit of vaccination when assessing your patient's immunization status.

<http://www.cdc.gov/vaccines/pregnancy/downloads/pregnancy-vaccination.pdf>

2. For those instances where 2 doses of flu vaccine are needed and the previous dose was FluMist, does FluMist still qualify as a dose or do you have to give an additional dose?

- a. When assessing whether a child aged 6 months through 8 years needs 2 doses of 2016-17 flu vaccine, we can accept any dose of a trivalent or quadrivalent vaccine given before July 1, 2016. If LAIV (FluMist®) was given before July 1, 2016, it counts towards the 2-dose series. Remember that the 2 doses of flu vaccine do not need to have been received in the same season or consecutive seasons, however, both doses need to have been received before July 1, 2016.

ACIP does not recommend administering LAIV during the 2016-17 influenza season, however, if a child is administered a dose of LAIV (FluMist®) during the 2016-17 influenza season, it will count as a valid dose towards protection and towards the 2-dose series.

See the handout 'Who Needs Two Doses of 2016-17 Seasonal Influenza Vaccine' at:

www.michigan.gov/flu → Current Flu Season Vaccination Materials for Health Care Professionals → Influenza Vaccine Updates

3. Does the single dose flu vaccine recommendation still apply for those adults taking a biologic (e.g. Embril or Humara)?

- a. Only one dose of flu vaccine is recommended for the influenza season, regardless of the patient's health condition and current or past medications. The only exception is for children 6 months through 8 years of age who may need two doses, depending on their flu vaccine history.

4. In the slides where the different vaccines were compared, there was a statement at the bottom that I want clarification on: "approved for any underlying medical condition." I thought flu vaccine has precautions for Guillain-Barré Syndrome?

- a. Inactivated influenza vaccines (IIV) are approved for use in persons with any underlying medical condition. For IIV, the only true contraindication is anaphylactic reaction to a previous dose of flu vaccine or one of its components. A history of Guillain-Barré Syndrome within 6 weeks of a previous flu vaccination dose is a **precaution**. This means a discussion should occur between the provider and the patient to weigh the risks and benefits of the vaccine.

It is important to screen for vaccines so you can establish true contraindications and precautions. You can find a screening tool at the Immunization Action Coalition (IAC). Here is a screening tool for Inactivated Influenza Vaccination: <http://www.immunize.org/catg.d/p4066.pdf>

Further screening tools can be found there as well: <http://www.immunize.org/handouts/screening-vaccines.asp>

5. Where can I find the influenza vaccine information statement (VIS)?

- a. The influenza VIS is on www.michigan.gov/immunize → Health Care Professionals/Providers → VIS, or directly: www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914_6385-138197--,00.html

6. For the children's 2-dose flu vaccine algorithm, do the 2 doses received prior to July 1, 2016, need to be given in the same flu season?

- a. No. When assessing for whether a child aged 6 months through 8 years needs 1 or 2 doses of flu vaccine in 2016-17, the 2 seasonal flu vaccines in a child's history do not need to have been received in the same season or in consecutive seasons. The 2-dose handout is available online for your reference at www.michigan.gov/flu → Current Flu Season Vaccination Materials for Health Care Professionals → Influenza Vaccine Updates

7. If a client gets LAIV this flu season and then discovers LAIV isn't recommended for the 2016-17 flu season, can they receive an injectable flu vaccine?

- a. LAIV is not recommended for the 2016-17 flu season, but if a dose is given, the dose will count as a valid dose. There is no recommendation to revaccinate persons who have received LAIV this flu season. Communicate with your clients about the change in flu vaccine recommendations due to lack of vaccine effectiveness last season. By keeping your clients informed about the current recommendation they will feel a part of the decision making process.

8. Have there been efforts to educate private practice physicians and pharmacies about the recommendation not to use LAIV, as not all would be expected to get or read ACIP updates? Should local health department staff work to educate their local providers? There are still emails going out from the manufacturer for individuals to order this vaccine.

- a. Yes. There have been educational pieces distributed to healthcare providers, including private practices. Messages have been sent through our MDHHS listserv to providers and to our local health departments. We also send out newsletters and update the MDHHS influenza website as needed (www.michigan.gov/flu).

We have to work together to ensure that the messages get out. Our listserv only connects to providers that have signed up. It is through the help of our partners (such as the local health departments) that our messages reach more people.

We want to ensure that there is a consistent message from MDHHS to the local health departments and to providers. Our key messages are included on our “What Providers Need to Know: Influenza Vaccination Recommendation Updates for 2016-2017” handout which is posted at www.michigan.gov/flu → Current Flu Season Vaccination Materials for Health Care Professionals → Influenza Vaccine Updates

9. Will MCIR be sending out vaccine reminders for flu vaccine, pneumococcal and pertussis this year?

- a. MCIR does not generate reminders on its own for the entire State of Michigan. We strongly encourage providers to send out reminder letters through their practices. A reminder letter is better received when it comes from a patient’s own physician office. The provider can send out reminder letters to their patients regarding flu, pertussis and pneumococcal vaccinations.

For help in learning how to run reminder letters, please contact your MCIR region office for assistance at: <https://www.mcir.org/providers/contact-regions/>