



September 20, 2017

Dear Colleague:

As a health care provider, we ask your help again this influenza season in ensuring your patients receive influenza vaccines. Your role in this effort is critical because influenza takes a considerable toll on the public's health each year, causing millions of illnesses and medical visits, hundreds of thousands of hospitalizations and thousands of deaths.

As you prepare for influenza season, we want to share important vaccine updates.

**2017–2018 Recommendation Highlights.** The Advisory Committee on Immunization Practices (ACIP) and CDC continue to recommend annual influenza vaccination with an injectable influenza vaccine for everyone 6 months and older, including pregnant women. The recommendation not to use live attenuated influenza vaccine (LAIV) was extended for the 2017–2018 season. Full recommendations for the 2017–2018 influenza season are online at [https://www.cdc.gov/mmwr/indrr\\_2017.html](https://www.cdc.gov/mmwr/indrr_2017.html).

**Vaccine Supply.** Manufacturers have projected they will produce between 151 million and 166 million doses of injectable influenza vaccine for the 2017–2018 influenza season, which should ensure sufficient supply of vaccine.

**When to Vaccinate.** Optimally, vaccination should occur before onset of influenza activity in the community. We recommend vaccination by the end of October, if possible. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations when vaccine is available. Vaccination efforts should continue throughout the season because the duration of the influenza season varies and influenza activity might not occur in certain communities until February or March. Vaccine administered in December or later is likely to be beneficial even if given after the influenza season has begun.

**Safe Vaccine Administration.** When you “know the site and get it right,” you can help prevent one type of vaccine administration error—shoulder injuries such as deltoid bursitis—generally caused when vaccines are injected high on the shoulder and the needle enters a shoulder bursa. This is an error reported to occur mostly among adults. CDC provides comprehensive vaccine administration resources <https://www.cdc.gov/vaccines/hcp/admin/admin-protocols.html>.

Below are some data that might inform your conversations with patients in the upcoming months:

**Influenza vaccine can prevent flu illness and hospitalization.** CDC estimates that [influenza vaccination prevented approximately 5.1 million influenza illnesses, 2.5 million influenza-associated medical visits, and 71,000 influenza-associated hospitalizations](#) during the 2015-2016 season, with an overall vaccine effectiveness of 48%.

**Influenza vaccination was found to reduce deaths in children.** A study in [Pediatrics](#) was the first of its kind to show that influenza vaccination is effective in preventing influenza-associated deaths among children.

**Influenza vaccination may make illness milder.** While some people who get vaccinated may develop influenza, vaccination may make their illness milder. A 2017 study in [Clinical Infectious Diseases \(CID\)](#) showed that influenza vaccination reduced deaths, intensive care unit (ICU) admissions, ICU length of stay, and overall duration of hospitalization among hospitalized influenza patients.

Influenza vaccine information for providers and patients is available at <http://www.cdc.gov/flu>. The [inactivated influenza vaccine information statement \(VIS\)](#) developed in August 2015 remains applicable and will be used again this season. Many other materials have been updated. Thank you for all you do every year to help protect your patients, families, and communities against influenza.

Best regards,

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