National Influenza Vaccination Disparities Partnership

Webinar

Talking to Patients about Flu: Sharing Facts and Addressing Misconceptions and Hesitancy

January 10, 2018

Questions & Answers

Type your question into the Q&A box

Please submit your evaluation at the end of the webinar

Presenter

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University of California San Diego (UCSD) School of Medicine, Rady Children's Hospital

Medical Director, UCSD Immunization Partnership

Member, American Academy of Pediatrics Committee on Infectious Disease

Objectives

- Identify available flu products for the 2017-18 flu season
- Review and address common misconceptions about flu viruses and vaccine effectiveness
- Review current flu recommendation from the Advisory Committee on Immunization Practices (ACIP)
- Suggest strategies to address flu vaccine hesitancy

INFLUENZA VACCINE 2017-2018

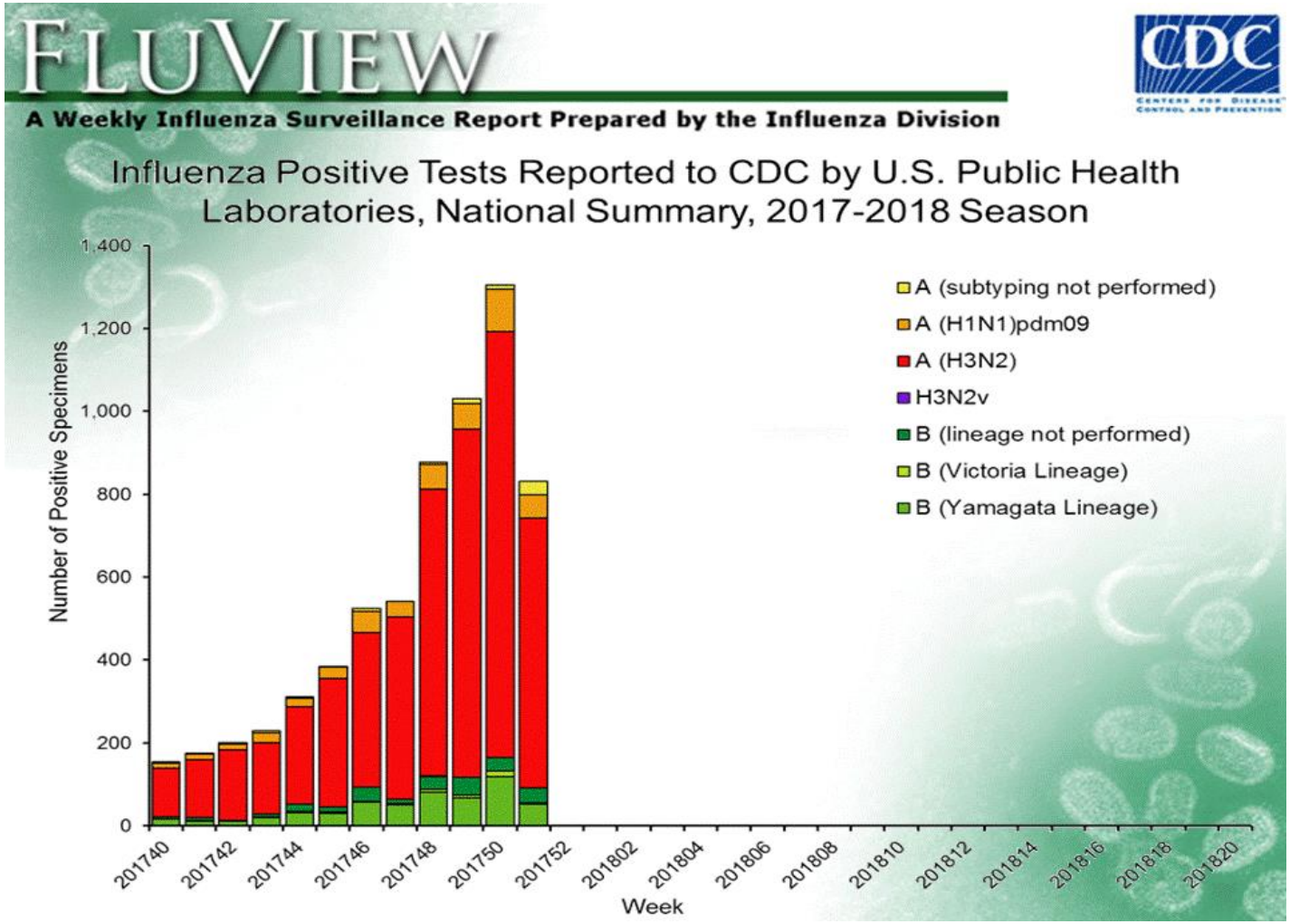
Mark H. Sawyer MD

UCSD School of Medicine/Rady Children's Hospital San Diego

San Diego Immunization Partnership

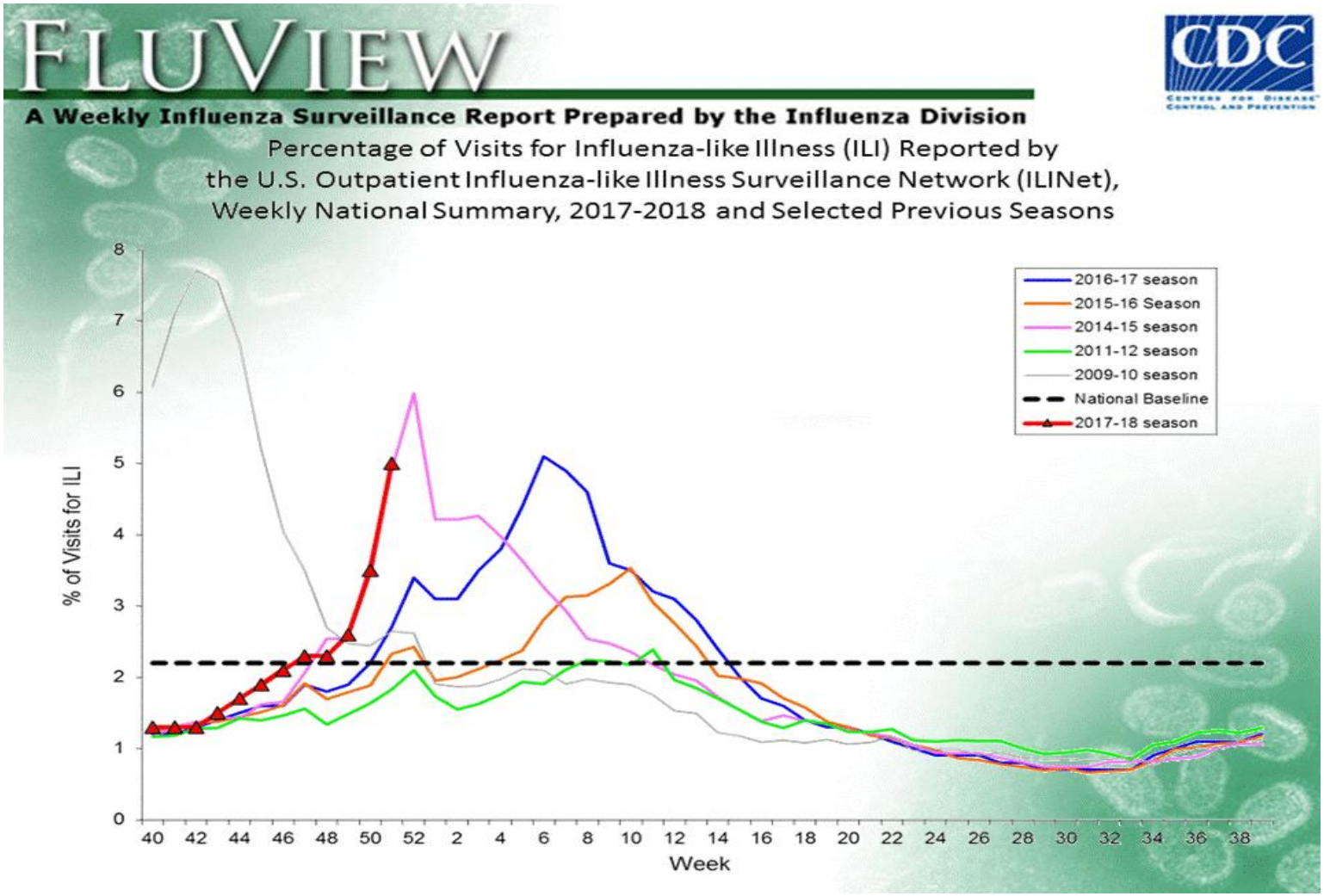
LIVE WELL SAN DIEGO

WEEKLY INFLUENZA SURVEILLANCE – POSITIVE TESTS



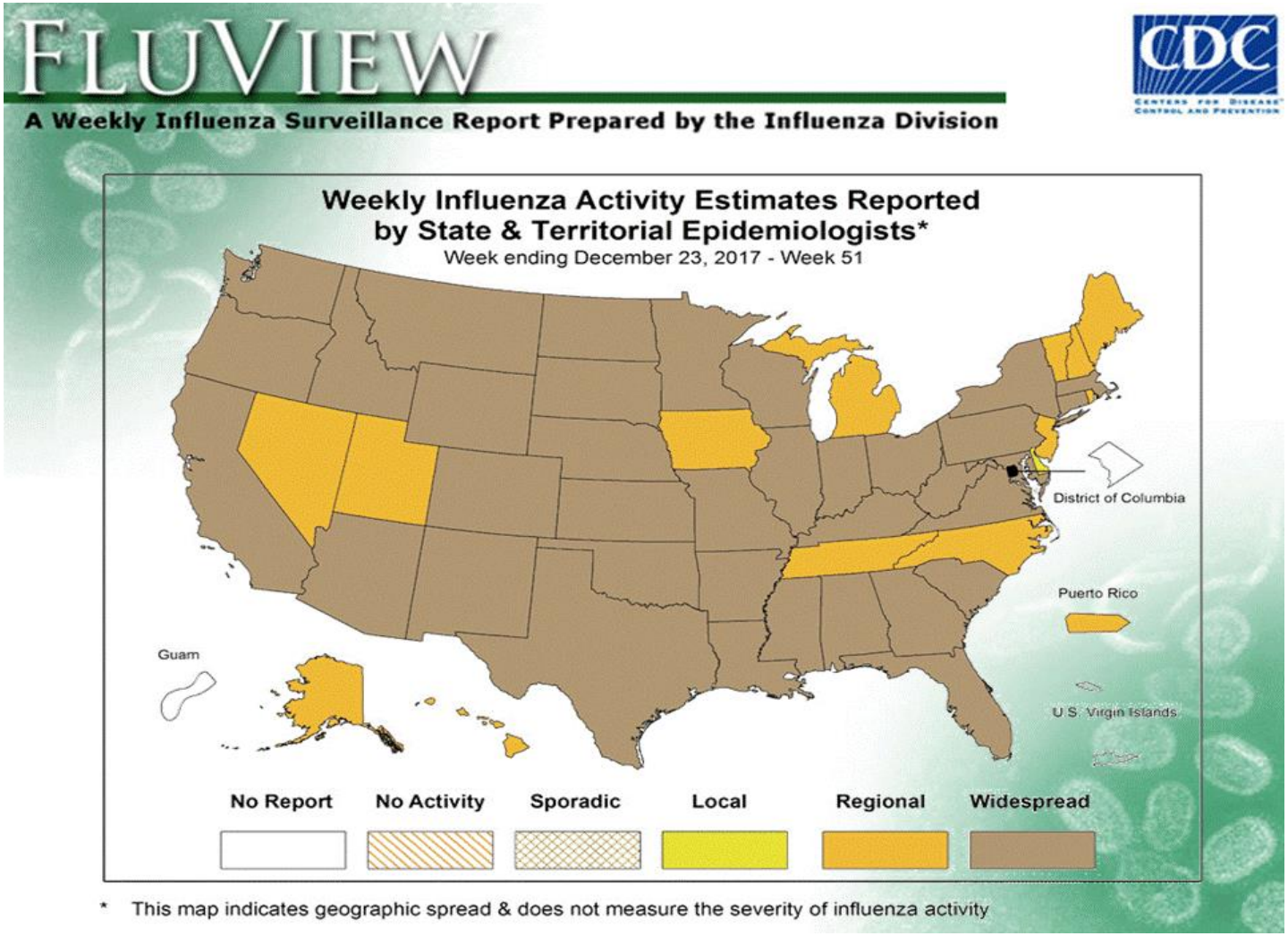
FluView: A weekly influenza surveillance report prepared by the Influenza Division under CDC. Retrieved 1/3/18 from https://www.cdc.gov/flu/weekly/

WEEKLY INFLUENZA SURVEILLANCE – VISITS FOR ILI



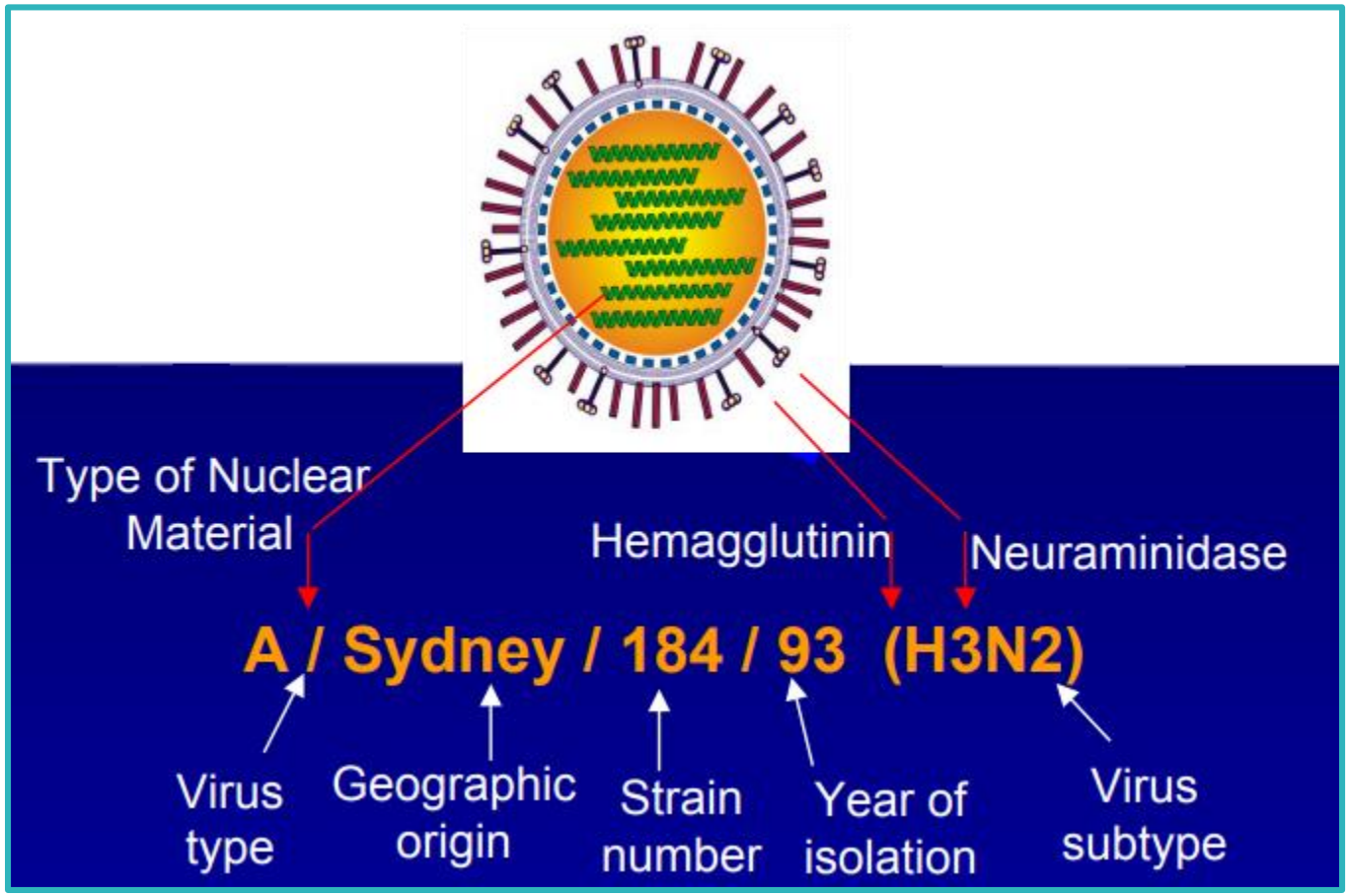
FluView: A weekly influenza surveillance report prepared by the Influenza Division under CDC. Retrieved 1/3/18 from https://www.cdc.gov/flu/weekly/

WEEKLY INFLUENZA SURVEILLANCE – ACTIVITY BY STATE & TERRITORY



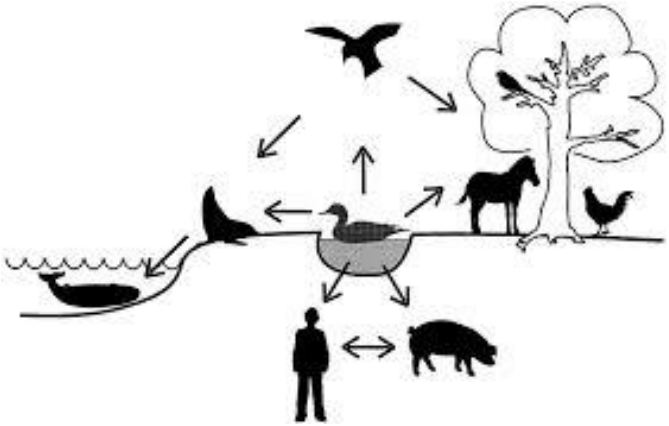
FluView: A weekly influenza surveillance report prepared by the Influenza Division under CDC. Retrieved 1/3/18 from https://www.cdc.gov/flu/weekly/

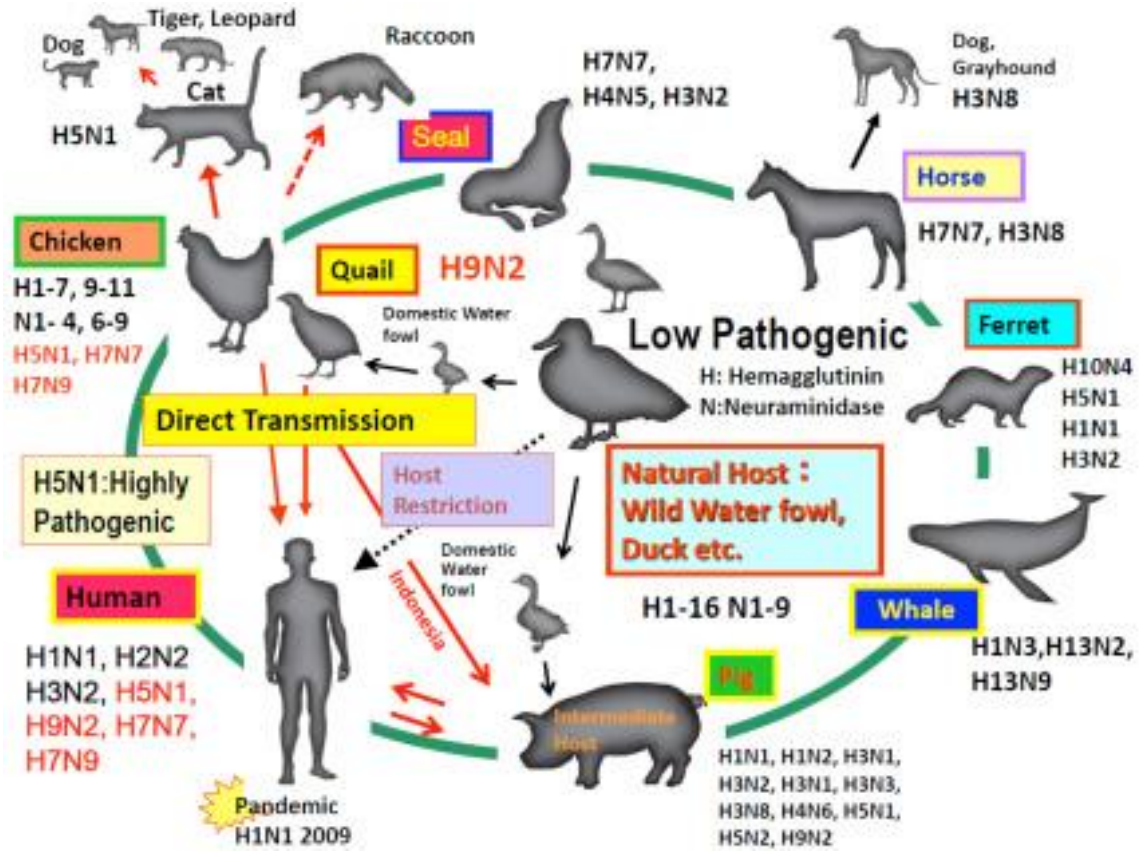
INFLUENZA VIRUS NOMENCLATURE



CDC. Atkinson W, et al. Chapter 13: Influenza. In: *Epidemiology and Prevention of Vaccine-Preventable Diseases, 4th ed.* Department of Health and Human Services, Public Health Service, 1998, 220. Retrieved from https://www.dhhs.nh.gov/dphs/cdcs/avian/documents/overviewtowns.pdf

INFLUENZA ON EARTH





Suzuki, Y. (2013, Nov. 14). Recent research on influenza virus receptor and the mechanism of its host range mutation. Retrieved from http://www.glycoforum.gr.jp/science/glycomicrobiology/GM10/GM10E.html

HOW WE PICK INFLUENZA VACCINE STRAINS

- Worldwide surveillance
- Sophisticated laboratory analysis
  - Serologic comparisons
  - Nucleic acid sequencing
- WHO expert panel
- FDA VRBPAC-Vaccines and Related Biological Products Advisory Committee

SEASONAL INFLUENZA VACCINE PRODUCTION TIMETABLE

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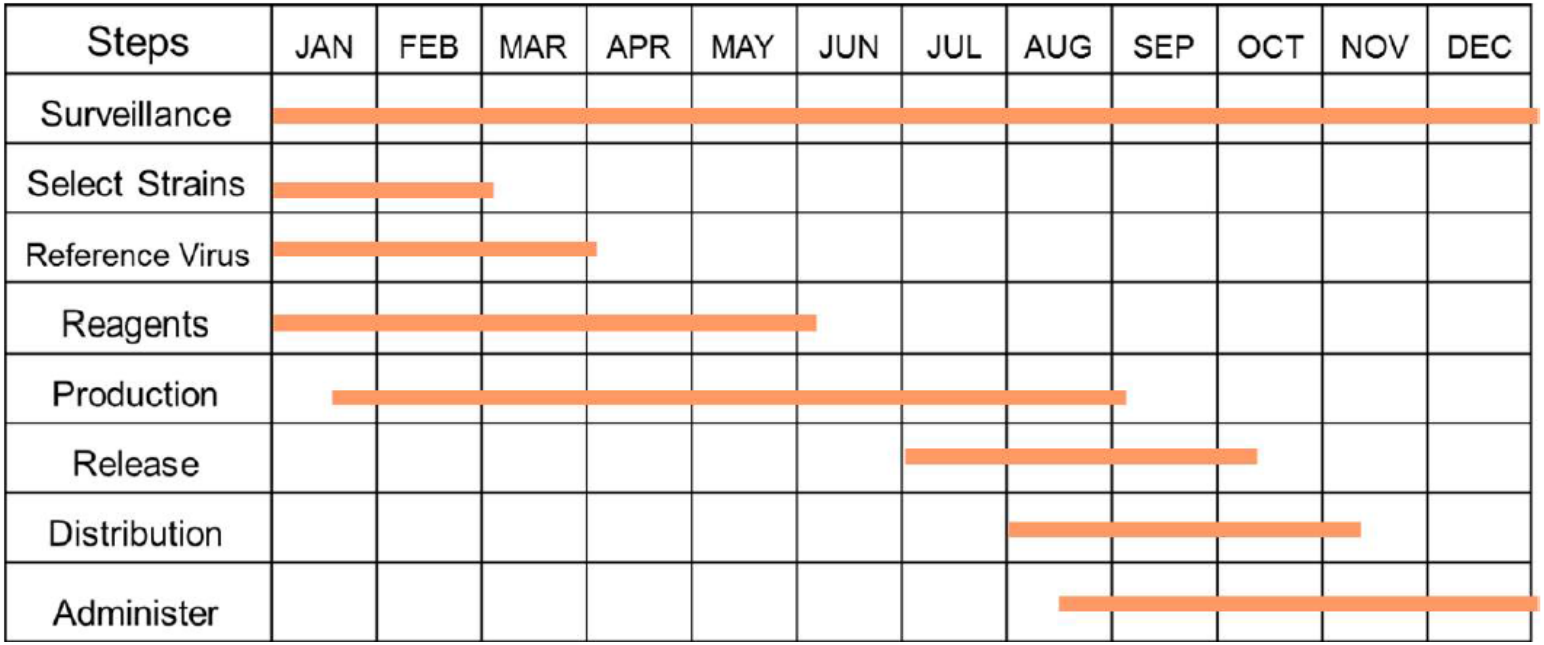
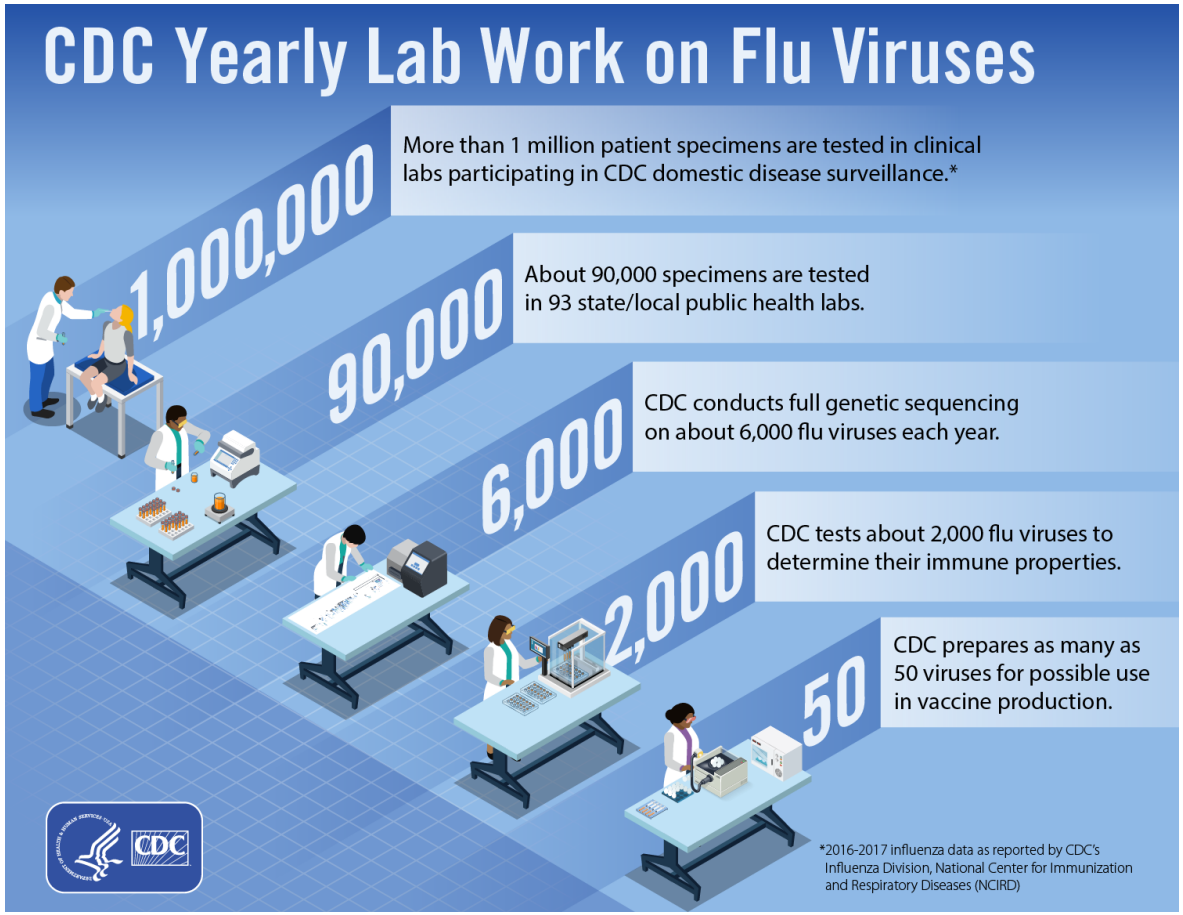
This slide, from the U.S. Food and Drug Administration, illustrates the production timeframe of seasonal influenza vaccine starting from surveillance to the administration of vaccine to the general public



Rady Children's Hospital San Diego

U.S. SURVEILLANCE



WHY DO WE GET IT WRONG?

- We choose the vaccine in February
- Influenza virus is an RNA virus and subject to antigenic drift
  - For influenza virus to multiply, the RNA has to be duplicated by RNA polymerase
  - RNA polymerases are not very accurate
    - RNA sequence: …AGCUAAGAA… ➡ …AGUUAAGAA…
    - Codons: …AGC-UAA-GAA … ➡ …AGU-UAA-GAA…
    - Amino acids: …XYZ… ➡ …QYZ…
    - Protein:
      original structure
      ➡ drifted structure
    - Immune response:
      good ➡ not so good
- Over time, the virus changes

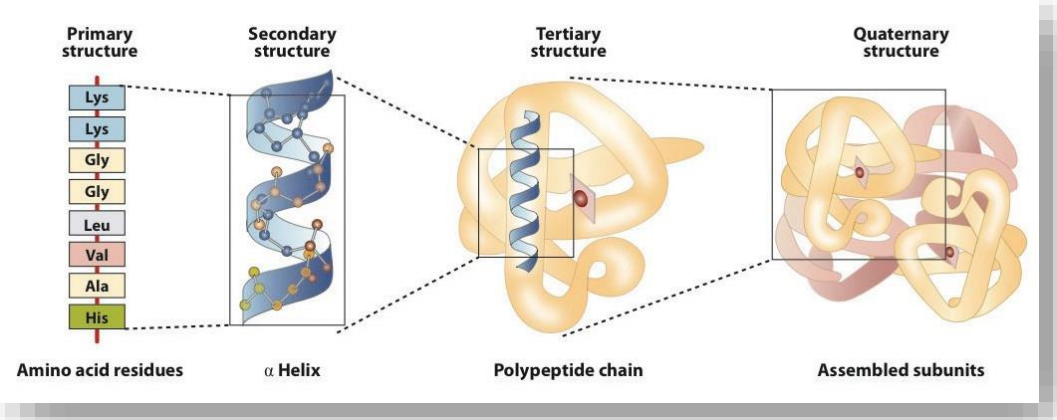


Image retrieved from *The Basics of General, Organic, and Biological Chemistry, 1.0, Chapter 18.4,* https://saylordotorg.github.io/text_the-basics-of-general-organic-and-biological-chemistry/s21-04-proteins.html

2017-2018 INFLUENZA VACCINES

- Influenza A (H3N2) and Influenza B strains are unchanged
- New Influenza A (H1N1) strain A/Michigan replaces A/California based on minor changes in circulating strains
- New product licensed for infants!
  - GSK (Flulaval) licensed for children 6 months and older in November 2016

ACIP Recommendations. MMWR 2016;65:1-54/Pediatrics 2016;138(4):DOI: 10.1542/peds.2016-2527

LIVE WELL SAN DIEGO

US Flu VE Network: Vaccine effectiveness against influenza A/B, 2016–17

Any influenza A or B virus	Influenza positive N vaccinated/Total	(%)	Influenza negative N vaccinated/Total	(%)	Vaccine Effectiveness Unadjusted VE %	95% CI	Adjusted* VE %	95% CI
All ages	883/2052	(43)	2761/5153	(54)	35	(27 to 41)	**42**	**(35 to 48)**
Age group (yr)								
6 mo–8 yr	106/353	(30)	709/1318	(54)	63	(53 to 71)	**61**	**(49 to 70)**
9–17	123/402	(31)	245/606	(40)	35	(15 to 50)	**35**	**(13 to 61)**
18–49	203/529	(38)	716/1629	(44)	21	(3 to 35)	**19**	**(-1 to 34)**
50–64	203/442	(46)	537/909	(59)	41	(26 to 53)	**42**	**(26 to 55)**
≥65	248/326	(76)	554/691	(80)	21	(-8 to 43)	**25**	**(-5 to 46)**

* Multivariate logistic regression models adjusted for site, age, sex, race/ethnicity, self-rated general health status, days from illness onset to enrollment, and calendar time of illness onset

US Flu VE Network & US Hospitalized Adult Influenza Vaccine Effectiveness Network. (2017, June 21). *Influenza Vaccine Effectiveness, 2016-17.* Retrieved from https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2017-06/flu-03-ferdinands.pdf

VARIATION IN INFLUENZA VACCINE EFFECTIVENESS

LIVE WELL SAN DIEGO

Table. Adjusted vaccine effectiveness estimates for influenza seasons from 2005-2017

Influenza Season[1]	Reference	Study Site(s)	No. of Patients[1]	Adjusted Overall VE (%)	95% CI
2004-05	Belongia 2009	WI	762	10	-36, 40
2005-06	Belongia 2009	WI	346	21	-52, 59
2006-07	Belongia 2009	WI	871	52	22 ,70
2007-08	Belongia 2011	WI	1914	37	22, 49
2008-09	Unpublished	WI, MI, NY, TN	6713	41	30, 50
2009-10	Griffin 2011	WI, MI, NY, TN	6757	56	23, 75
2010-11	Treanor 2011	WI, MI, NY, TN	4757	60	53, 66
2011-12	Ohmit 2014	WI, MI, PA, TX, WA	4771	47	36, 56
2012-13	McLean 2014	WI, MI, PA, TX, WA	6452	49	43, 55
2013-14	Gaglani 2016	WI, MI, PA, TX, WA	5999	52	44, 59
2014-15	Zimmerman 2016	WI, MI, PA, TX, WA	9311	19	10, 27
2015-16*	Jackson 2017	WI, MI, PA, TX, WA	6879	48*	41, 55*
2016-17**	Unpublished final estimates	WI, MI, PA, TX, WA	7410	39**	32, 46

*Estimate from Nov 2, 2015–April 15, 2016.

**Interim 2016-2017 VE estimates (4/20/2016-4/9/2017) were presented to ACIP in June 2017 [743KB, 19 pages]

CDC. (2017). *Seasonal Influenza Vaccine Effectiveness, 2005-2017.* Retrieved 1/4/18 from https://www.cdc.gov/flu/professionals/vaccination/effectiveness-studies.htm

INFLUENZA VACCINE EFFECTIVENESS DEPENDS ON:

LIVE WELL SAN DIEGO

- How you decide if someone has influenza
- What population do you study – most vaccines work less well in the very young and very old
- What do you mean by effective:
  - Prevents death
  - Prevents hospitalization
  - Prevents a visit to the doctor or emergency rom
  - Prevents any symptoms

IS THE 2017-2018 VACCINE ONLY 10% EFFECTIVE?

- Based on experience in Australia with one strain (H3N2)
- No official estimates yet for the U.S. vaccine effectiveness this season
- United States' effectiveness will depend on which strains circulate here
- So far, the majority of strains characterized in the United States are still similar to the vaccine strains

2017-2018 INFLUENZA VACCINE PRODUCTS

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Influenza Vaccine Products for the 2017–2018 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation)[1]	How Supplied	Mercury Content (mcg Hg/0.5mL)	Age Group	Vaccine Product Billing Code[2]	
					CPT	Medicare
AstraZeneca	FluMist[3] (LAIV4)	0.2 mL (single-use nasal spray)	0	2 through 49 years	90672	90672
GlaxoSmithKline	Fluarix (IIV4)	0.5 mL (single-dose syringe)	0	3 years & older	90686	90686
ID Biomedical Corp. of Quebec, a subsidiary of GlaxoSmithKline	FluLaval (IIV4)	0.5 mL (single-dose syringe)	0	6 months & older	90686	90686
		5.0 mL (multi-dose vial)	<25	6 months & older	90688	90688
Protein Sciences Corp.	Flublok (RIV3)	0.5 mL (single-dose vial)	0	18 years & older	90673	90673
	Flublok (RIV4)	0.5 mL (single-dose syringe)	0	18 years & older	90682	90682
Sanofi Pasteur, Inc.	Fluzone (IIV4)	0.25 mL (single-dose syringe)	0	6 through 35 months	90685	90685
		0.5 mL (single-dose syringe)	0	3 years & older	90686	90686
		0.5 mL (single-dose vial)	0	3 years & older	90686	90686
		5.0 mL (multi-dose vial)	25	6 through 35 months	90687	90687
		5.0 mL (multi-dose vial)	25	3 years & older	90688	90688
	Fluzone High-Dose (IIV3-HD)	0.5 mL (single-dose syringe)	0	65 years & older	90662	90662
	Fluzone Intradermal (IIV4-ID)	0.1 mL (single-dose microinjection system)	0	18 through 64 years	90630	90630
Seqirus	Afluria (IIV3)	0.5 mL (single-dose syringe)	0	5 years & older[4]	90656	90656
		5.0 mL (multi-dose vial)	24.5		90658	Q2035
	Afluria (IIV4)	0.5 mL (single-dose syringe)	0	5 years & older[4]	90686	90686
		5.0 mL (multi-dose vial)	24.5		90688	90688
	Fluad (aIIV3)	0.5 mL (single-dose syringe)	0	65 years & older	90653	90653
	Fluvirin (IIV3)	0.5 mL (single-dose syringe)	≤1	4 years & older	90656	90656
		5.0 mL (multi-dose vial)	25		90658	Q2037
	Flucelvax (ccIIV4)	0.5 mL (single-dose syringe)	0	4 years & older	90674	90674
		5.0 mL (multi-dose vial)	25		90749/90756[5]	Q2039/90756[6]

- A lot of products are available
- Different types of vaccine
- Different presentations
- Different ages

Footnotes

1. IIV3/IIV4 = egg-based trivalent/quadrivalent inactivated influenza vaccine (injectable); where necessary to refer to cell culture-based vaccine, the prefix "cc" is used (e.g., ccIIV3/ccIIV4); RIV3/RIV4 = trivalent/quadrivalent recombinant hemagglutinin influenza vaccine (injectable); aIIV3 = adjuvanted trivalent inactivated influenza vaccine.
2. An administration code should always be reported in addition to the vaccine product code. Note: Third party payers may have specific policies and guidelines that might require providing additional information on their claim forms.
3. Live attenuated influenza vaccine (LAIV4; FluMist) is not recommended by CDC's Advisory Committee on Immunization Practices for use in the U.S. for the 2017–18 influenza season.
4. Afluria is approved by the Food and Drug Administration for intramuscular administration with the PharmaJet Stratis Needle-Free Injection System for persons age 18 through 64 years.
5. CPT code 90756 was released on July 1, 2017 for implementation on January 1, 2018. Payers may implement the code based on beneficiaries' needs any time after the code's release. The CPT Editorial Panel allotted a 6-month period to allow payers adequate time to prepare their systems; however, processing periods for individual payers may accommodate a more abbreviated timeframe.
6. The Centers for Medicare & Medicaid Services (CMS) will implement vaccine code 90756 on January 1, 2018. Before January 1, 2018, claims should use the HCPCS (Healthcare Common Procedure Coding System) Q2039 when billing Medicare.

Immunization Action Coalition Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org

Technical content reviewed by the Centers for Disease Control and Prevention
www.immunize.org/catg.d/p4072.pdf • Item #4072 (9/17)

WHAT ARE THE AGE RESTRICTIONS?

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Vaccine	≥6 mos	≥3 yrs	≥4 yrs	≥5 yrs	≥18 yrs	2-49 yrs	18-49 yrs	18-64 yrs	≥65 yrs
Fluzone/Sanofi	X								
Flulaval/GSK	X								
Fluarix/GSK		X							
Fluvirin/Novartis			X						
Flucelvax/Novartis			x						
Afluria IIV3 and IIV4/Seqiris				X					
~~FluMist/MedImmune~~						Ø			
FluBlok/RIV 3 and 4 Protein Sciences					X				
Fluzone-Intradermal								X	
Fluzone-High dose									X
Fluad-adjuvant/Seqiris									X

INFLUENZA CHART – AGES

LIVE WELL SAN DIEGO

PEDIATRIC/ADULT INFLUENZA VACCINE 2017 2018

6–35 MONTHS OLD

Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
0.25 mL single-dose syringe

6 MONTHS & OLDER

FluLaval® Quadrivalent
GlaxoSmithKline Biologicals
0.5 mL single-dose syringe

36 MONTHS & OLDER

Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
0.5 mL single-dose syringe

Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
5.0 mL** multi-dose vial

Fluzone® Quadrivalent
Sanofi Pasteur, Inc.
0.5 mL single-dose vial

Fluarix® Quadrivalent
GlaxoSmithKline Biologicals
0.5 mL single-dose syringe

FluLaval® Quadrivalent
GlaxoSmithKline Biologicals
5.0 mL** multi-dose vial

4 YEARS & OLDER

Fluvirin® Trivalent, Seqirus
5.0 mL** multi-dose vial

Fluvirin® Trivalent, Seqirus
0.5 mL single-dose syringe

Flucelvax® Quadrivalent, Seqirus
0.5 mL single-dose syringe

5 YEARS & OLDER

Afluria® Trivalent
Seqirus
0.5 mL single-dose syringe

Afluria® Trivalent
Seqirus
5.0 mL** multi-dose vial

2–49 YEARS OLD & HEALTHY

FluMist® Quadrivalent
MedImmune Vaccines, Inc.
0.2 mL single-dose nasal sprayer

Not recommended by ACIP for use in 2017-18.

Reminders:

DOSE	6–35 months	3+ years
Fluzone® syringes (dose differs by age)	0.25mL	0.5mL
FluLaval® syringes (same dose for all ages)	0.5mL	0.5mL

Children under 9 years of age with a history of <2 doses of influenza vaccine are recommended to receive 2 doses this flu season. See bit.do/flurecs2017

** Multi-dose vials contain preservative and typically cannot be given to children younger than 3 years of age and pregnant women per California law (Health and Safety Code 124172).

All influenza vaccines are stored in the refrigerator. Questions: Toll-free: 877-2Get-VFC (877-243-8832)

Vaccines with the VFC logo are available through the Vaccines for Children Program in 2017-2018 and can only be used for VFC eligible children (≤18 years of age).

For influenza vaccines licensed only for adults, see page 2.

CDPH

IMM-859 (8/17) Page 1

18-64 YEARS OLD

Fluzone® Intradermal Quadrivalent
Sanofi Pasteur, Inc.
0.1 mL single-dose syringe

18 YEARS & OLDER

FluBlok® Trivalent
Protein Sciences
0.5 mL single-dose vial

Image not available

Afluria® Quadrivalent
Seqirus
0.5 mL single-dose syringe

Image not available

FluBlok® Quadrivalent
Protein Sciences
0.5 mL single-dose syringe

Image not available

Afluria® Quadrivalent
Seqirus
5.0 mL multi-dose vial

65 YEARS & OLDER

Fluzone® High-Dose Trivalent
Sanofi Pasteur, Inc.
0.5 mL single-dose syringe

FLUAD™ Adjuvanted Trivalent
Seqirus
0.5 mL single-dose syringe

All influenza vaccines are stored in the refrigerator. Questions: Toll-free: 877-2Get-VFC (877-243-8832)

** Multi-dose vials contain preservative and cannot be given to children younger than 3 years of age and pregnant women per California law (Health and Safety Code 124172).

Available from California Department of Public Health EZIZ.org
http://eziz.org/assets/docs/IMM-859.pdf

INFLUENZA VACCINES – HOW TO KEEP THEM STRAIGHT?

- Is it trivalent or quadrivalent?
- Is it injectable or nasal?
- Is it made in eggs or in cell cultures?
- Is it a special product?
- What are its age restrictions?
- Who makes it/what is the brand name?

IS IT TRIVALENT OR QUADRIVALENT?

- Currently, there are 7 quadrivalent IIV vaccines expected for 2017-2018
- Approximately 75% of this year's vaccine will be quadrivalent
- Some companies making IIV4 vaccines will also have their old IIV3 vaccines on the market
- Some products are only available as trivalent
- CDC expresses no preference between trivalent and quadrivalent

IS IT MADE IN EGGS?

- All are made in eggs except FluBlok/Protein Sciences Corp and Flucelvax/Novartis
- Flublok is a recombinant vaccine (like Hep B vaccine) and may be referred to as RIV
- Flucelvax is a whole virus vaccine, but it is made in cells and may be referred to as ccIIV

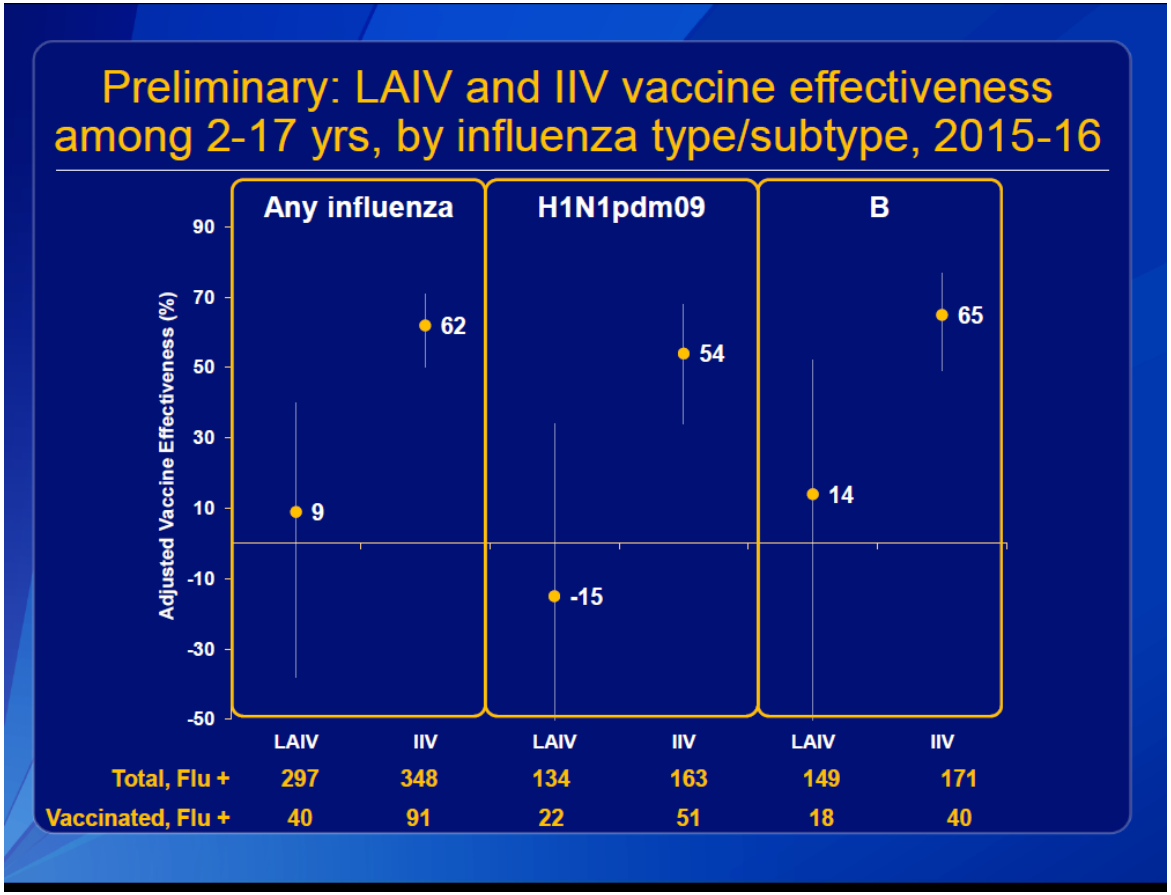
IS IT A SPECIAL PRODUCT?

- IIV High dose-Fluzone High Dose/Sanofi
  - Recommended for those 65 years of age and over
  - More antigen, more local side effects
  - Slightly better effectiveness in seniors
- IIV adjuvented-Fluad/Seqirus – NEW this year
  - Recommended for those 65 years of age and over
- IIV Intradermal-Fluzone Intradermal/Sanofi
  - Recommended for those 18-64 years of age

WHAT HAPPENED TO LAIV?

LAIV is not recommended for use this influenza season

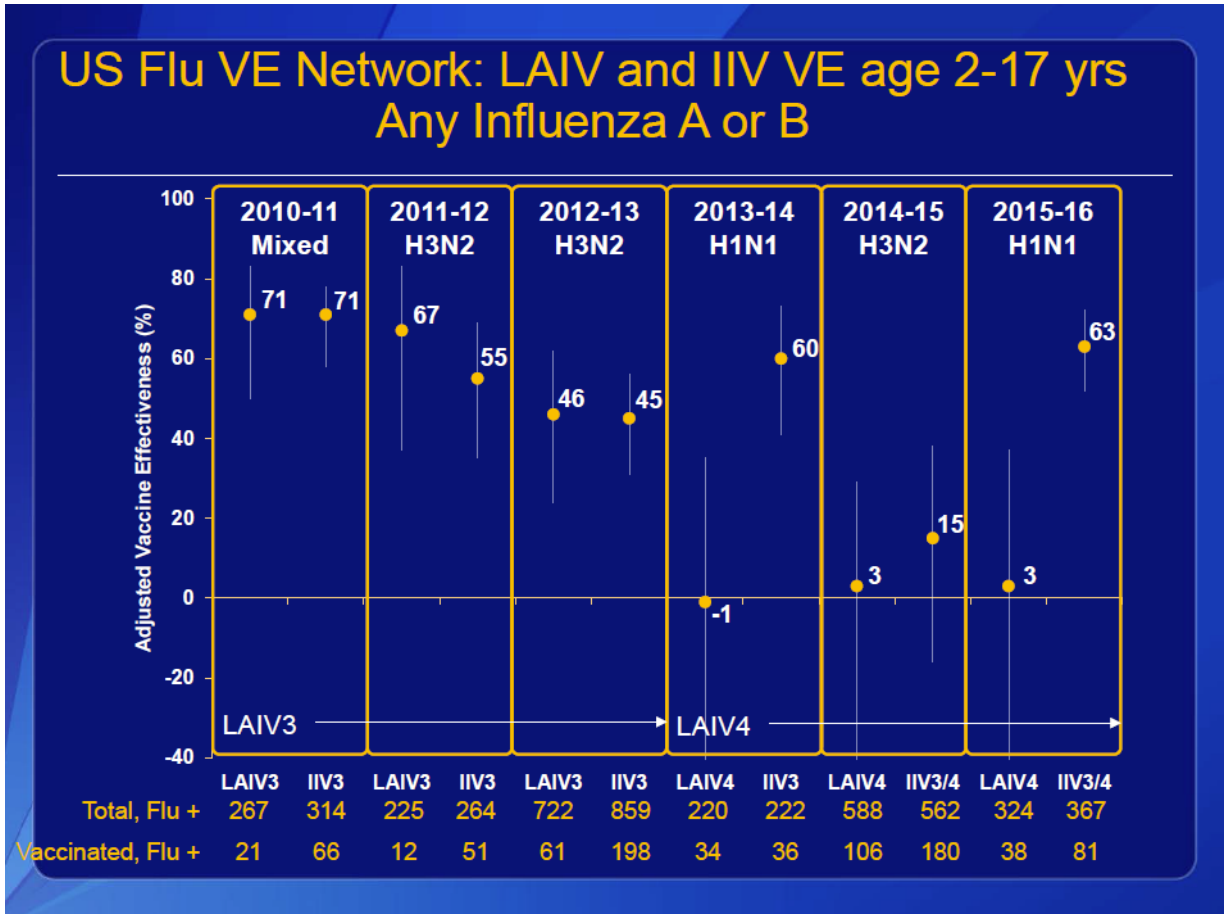
LAIV – POOR EFFECTIVENESS



- CDC Influenza VE Network study
- Outpatients with cough illness <8 days
- Test-negative design
- PCR confirmed cases

https://www.cdc.gov/vaccines/acip/meetings/minutes-archive.html

THIS WAS NOT NEW!



Low effectiveness for 3 years in a row

https://www.cdc.gov/vaccines/acip/meetings/minutes-archive.html

ACIP RECOMMENDATION FOR 2017-2018

- The recommendation to avoid use of LAIV was originally made for the 2016–17 season
- ACIP/CDC has repeated this recommendation for 2017-2018
- This recommendation will be reevaluated as new data becomes available

Grohskopf, L. A., Sokolow, L. Z., Broder, K. R., et al. (2017, August 25). Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2017–18 Influenza Season. *Morbidity and Mortality Weekly Report, 66*(2), 1-20. doi:http://dx.doi.org/10.15585/mmwr.rr6602a1

WHO SHOULD GET A FLU VACCINE?

LIVE WELL SAN DIEGO

Everyone 6 months of age and older!

Rady Children's Hospital San Diego

WHO IS *NOT* GETTING A FLU VACCINE?

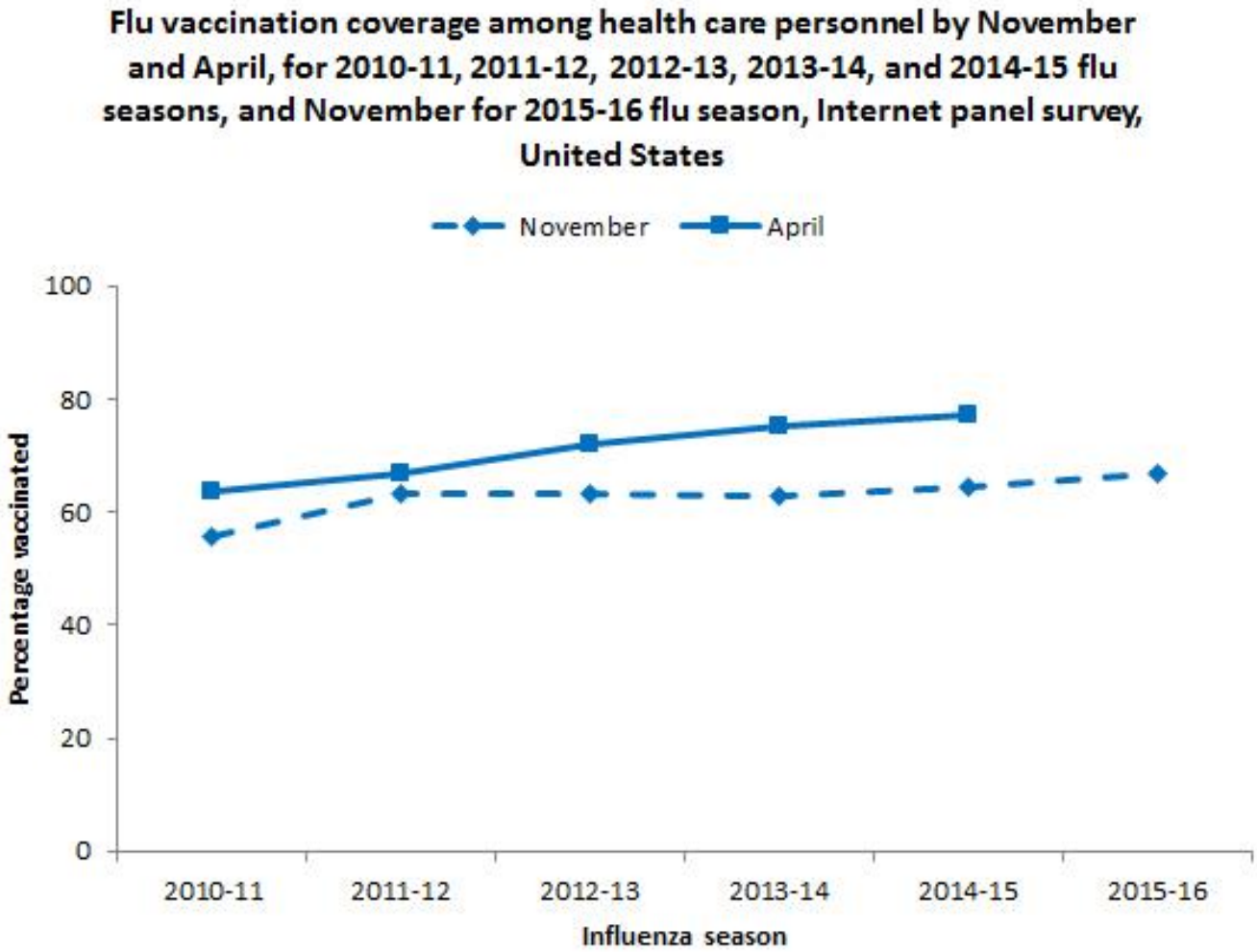
LIVE WELL SAN DIEGO

Group	2015-2016 Unvaccinated
Seniors	37%
Adults ≥18 years	58%
Adults,18-64 years, high risk	54%
Pregnant women	50% overall 33% if offered 80% if not offered
Children	41%

www.cdc.gov/flu

http://www.cdc.gov/flu/weekly/

HEALTHCARE WORKER INFLUENZA VACCINATION

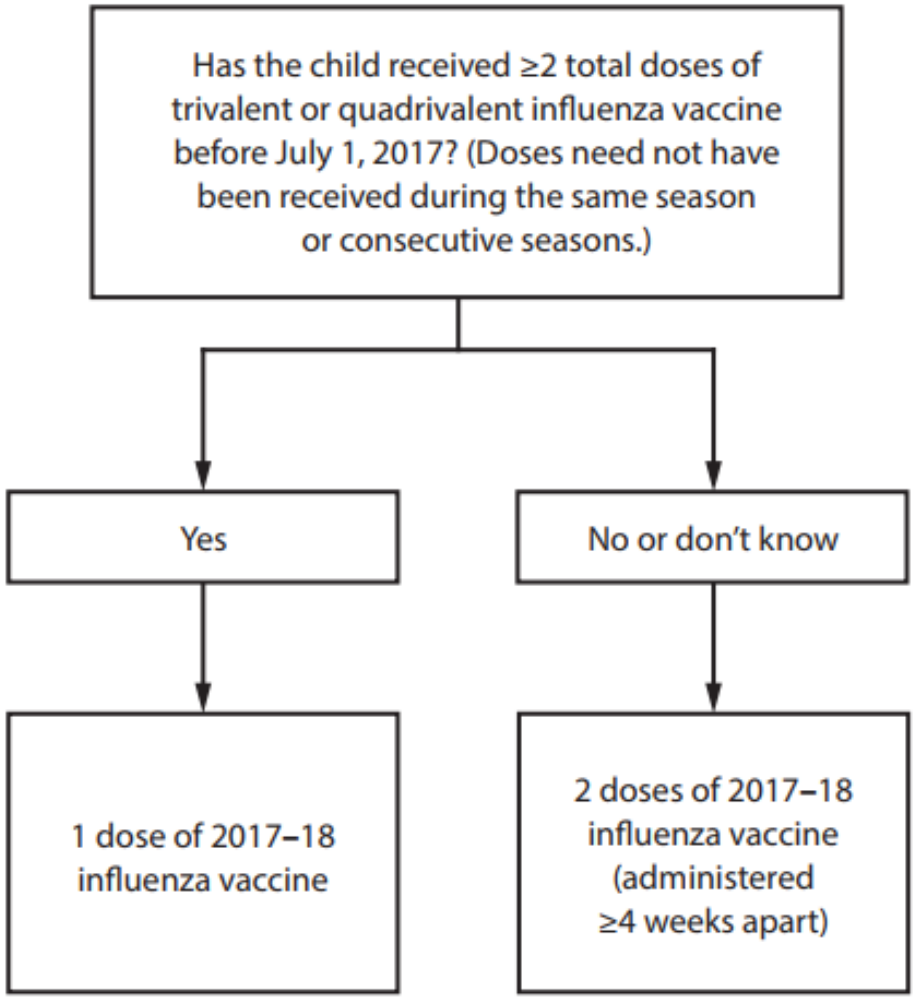


CDC. (2018). 2017-2018 Influenza Season Week 52 ending December 30, 2017. *Weekly U.S. Influenza Surveillance Report.* Retrieved from http://www.cdc.gov/flu/weekly/

TWO DOSES OF INFLUENZA VACCINE FOR YOUNG CHILDREN – UPDATE

LIVE WELL SAN DIEGO

Influenza vaccine for children aged
6 months through 8 years,
2017–18 influenza season



Grohskopf, L. A., Sokolow, L. Z., Broder, K. R., et al. (2017, August 25). Prevention and control of seasonal influenza with vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2017–18 Influenza Season. *Morbidity and Mortality Weekly Report, 66*(2), 1-20. doi:http://dx.doi.org/10.15585/mmwr.rr6602a1

VACCINES DURING PREGNANCY RATIONALE

- Routine protection of adult women
- Special protection because of increased risk of disease during pregnancy (e.g., influenza)
- Protection of infants immediately after birth through passive transfer of antibody (e.g. pertussis)
- Protection of infants by prevention of transmission of disease from mother to baby

CHANGES IN PREGNANCY THAT INCREASE RISK OF INFECTION

Gestation	Risk of Hospitalization
1st trimester	7.6/10,000
2nd trimester	15.8/10,000
3rd trimester	26.2/10,000

- Modulated immune response
- Expanded vascular volume
- Decreased lung capacity
- Increased oxygen consumption

Neuzil, K. M., Reed, G. W., Mitchel, E. F., Simonsen L., & Griffin, M. R. (1998). Impact of influenza on acute cardiopulmonary hospitalizations in pregnant women. *American Journal of Epidemiology, 148,* 1094-1102

IMMUNIZATION OF PREGNANT WOMEN PROTECTS THEIR BABIES

- 316 mother-infant pairs in Bangladesh in 2004-2005
- Mothers immunized randomly with influenza vaccine or pneumococcal vaccine
- 63% vaccine effectiveness in preventing lab-confirmed influenza in babies
- 36% reduction in febrile respiratory in mothers

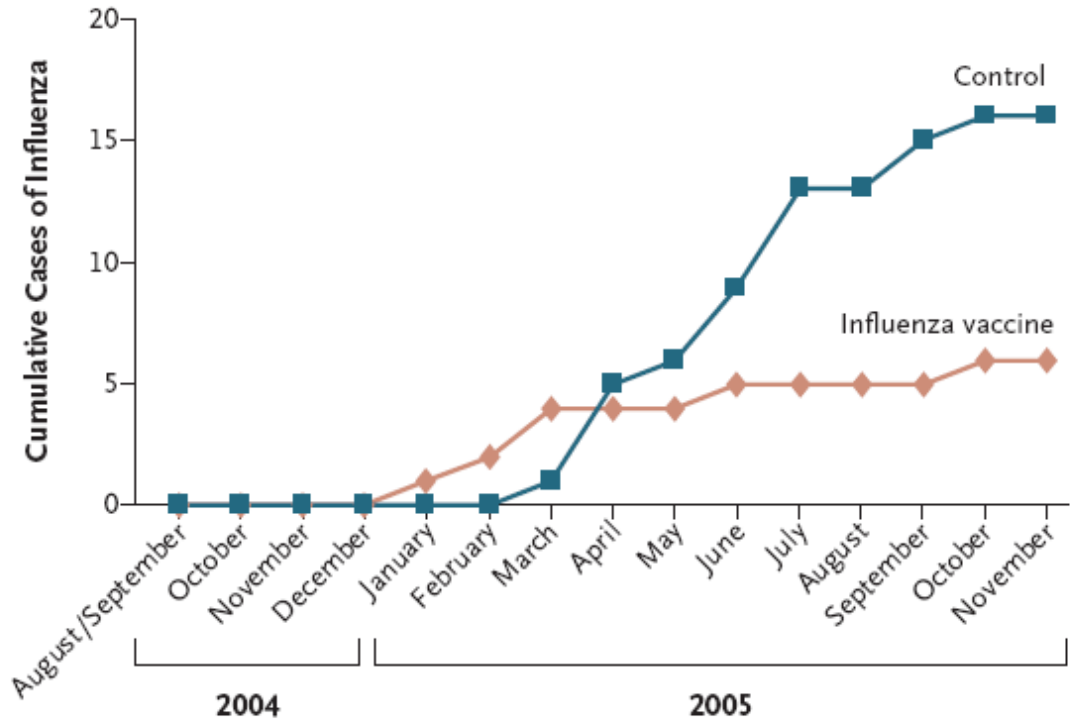


Figure 2. Cumulative Cases of Laboratory-Proven Influenza in Infants Whose Mothers Received Influenza Vaccine, as Compared with Control Subjects.
Testing for influenza antigen was performed from December 2004 to November 2005.

Zaman, K., Roy, E., Arifeen, S. E., et al. (2008). Effectiveness of maternal influenza immunization in mothers and infants. *The New England Journal of Medicine, 359,* 1555-1564. doi:10.1056/NEJMoa0708630

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Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010–11 and 2011–12

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Commentary

Commentary on: "Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010–11 and 2011–12" ☆

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Donahue, J. G., Kieke, B. A., King, J. P., et al. (2017). Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010-11 and 2011-12. *Vaccine, 35*(40), 5314-5322. doi:10.1016/j.vaccine.2017.06.069

COMMENTARY

LIVE WELL SAN DIEGO

"The current findings cannot be considered causal, and could be due to chance. Nevertheless, it is important to consider these in the context of previous work, which taken as a whole does not support any change in the ACIP recommendations to vaccinate against influenza during pregnancy. In the meantime, it is important to search for opportunities to ask the same research question in other datasets."

Rady Children's Hospital San Diego

Chambers, C. D., Xu, R., Mitchell, A. A.. (2017). Commentary on: ''Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010–11 and 2011–12." *Vaccine, 35*(40), 5323-5324. doi:10.1016/j.vaccine.2017.08.038.

INFLUENZA VACCINE AND EGG ALLERGY – STOP WORRYING!

- Current manufacturing techniques have lowered the amount of ovalbumin contained in influenza vaccines to an amount that does not trigger allergic reactions
- Review of published data on 4,172 egg-allergic patients: No cases of anaphylaxis after IIV
- Anaphylaxis to influenza vaccine in egg-allergic patients is no more common than anaphylaxis to any other vaccine
- Any influenza vaccine product can be given to egg-allergic individuals, including those who have had anaphylaxis to egg; you should be just as prepared to treat an anaphylactic reaction to influenza vaccine as you are for any other vaccine
- 30-minute waiting period dropped to 15 minutes

Grohskopf, L. A., Sokolow, L. Z., Broder, K. R., et al. (2016). Prevention and Control of Seasonal Influenza with Vaccines. *MMWR Recommendations Report, 65*(5),1–54. doi:http://dx.doi.org/10.15585/mmwr.rr6602a1

SUMMARY

- Influenza season has started early this year
- Circulating strains of influenza are always changing
- We do not yet know how effective this year's vaccine is, but vaccination in the most important thing people can do to avoid influenza
- There is a new FDA-approved influenza vaccine product this year for 6-month-old children
- Large portions of our population do not get influenza vaccine every year; we need to keep working to improve coverage rates
- Influenza vaccine continues to be recommended routinely during pregnancy to protect the mother and the baby
- It is safe to give influenza vaccine to egg-allergic people

WHERE TO GO FOR MORE INFORMATION

- Your local health department

  (San Diego HHSA Immunization Branch [SDIZ.org])

- Your state health department

  (California Department of Public Health [www.cdph.ca.gov])

- CDC

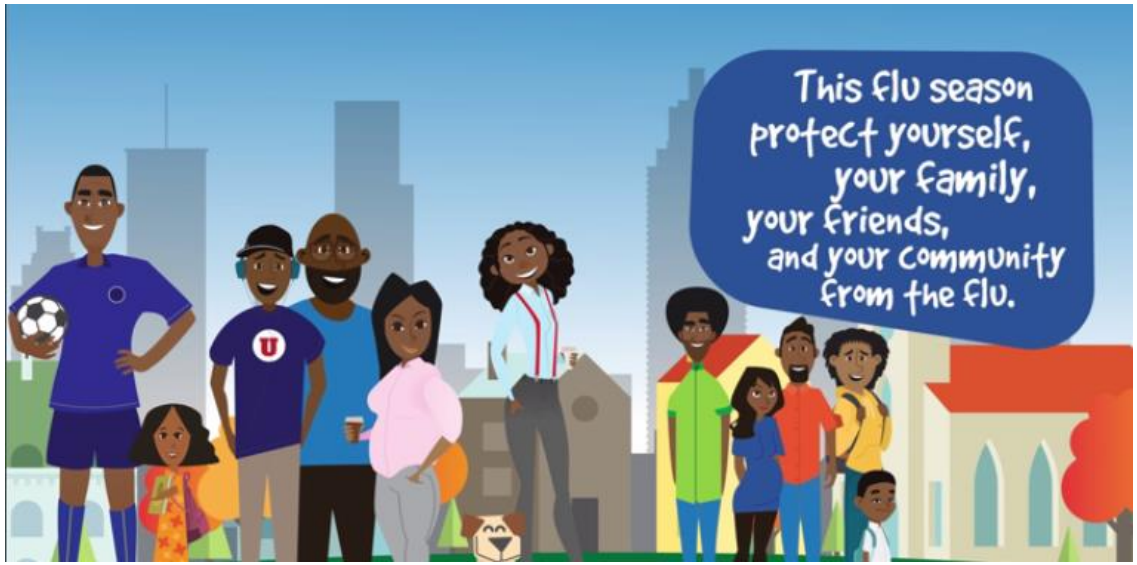
  (cdc.gov/vaccines)

Questions & Answers

Type your question into the Q&A box

National Influenza Vaccination Disparities Partnership
WEBINAR

THANK YOU!



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