

CENTER FOR DISEASE PREVENTION & EPIDEMIOLOGY • OREGON HEALTH DIVISION

INFLUENZA VACCINE CONTINGENCY GUIDELINES

WHAT'S NEW for 2001? An influenza vaccine delay has been confirmed, and a vaccine shortage is possible this season. Due primarily to the reluctance of A/Panama (H3N2) to flourish in embryonated chicken eggs, vaccine deliveries will be delayed in some cases until the latter part of November and even beyond.

In light of the delays and possible shortages, Influenza Vaccine Contingency Guidelines recommended by the Oregon Health Division are as follows.

All available influenza vaccine should be initially employed to protect those persons at high risk of influenza morbidity and mortality and their close contacts, including all household contacts and healthcare providers. The population aged 50-64 years will be given precedence over younger persons lacking risk of influenza complications. Community assessment of priority groups for immunization and voluntary sharing of

available vaccine supplies to protect high-risk susceptibles is of paramount importance in the face of uncertain vaccine deliveries.

MESSAGE TO PROVIDERS

In anticipation of flu vaccine shortages and delays in vaccine delivery, collaboration among community providers is strongly encouraged so that vaccine can be shared with those providers who have inadequate supplies to cover persons listed below in high-risk categories 1-3. Each community should have a strategy for sharing vaccine and a lead agency responsible for coordinating these efforts. Such activities will not only prove beneficial now when faced with vaccine disruptions, but will establish a foundation for confronting similar situations in the future, whether epidemic or pandemic. These contingency guidelines have been prepared to minimize morbidity and mortality resulting from influenza. You are asked to

contact the lead agency in your community, participate in vaccine planning activities, and cooperate with vaccine redistribution plans if needed. If you do not know who the lead agency is in your community, please contact your local health department.

And please remember to administer simultaneous vaccination of pneumococcal vaccine for the eligible high-risk populations.

ADDITIONAL INFORMATION

To update listings of flu clinics and find out about other flu clinics in your areas, please call SafeNet at 1-800-SAFENET, or visit the OregonLive website (<http://www.oregonlive.com>) in November. For information on flu clinics in Southwest Washington, visit the Southwest Washington Health Dept. website (<http://swwhd.wa.gov>). Additional information, updates, recommendations, influenza reports, and global links can be found at the OHD website (<http://www.ohd.hr.state.or.us/acd/docs/influenza.htm>).

Risk Categories in Priority Order for Use in Setting Influenza Vaccination Priorities

HIGH RISK		
Category 1	Category 2	Category 3
Groups at highest risk for influenza-related complications, including: <ul style="list-style-type: none"> ▪ Persons 65 years of age or older ▪ Residents of nursing homes and other chronic-care facilities that house persons of any age who have chronic medical conditions ▪ Adults or children who have chronic disorders of the pulmonary or cardiovascular systems, including children with asthma ▪ Adults and children who have required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression, including immunosuppression caused by medications ▪ Children and teenagers (age 6 months to 18 years) who are receiving long-term aspirin therapy that might put them at risk for developing Reye syndrome after influenza ▪ Women who will be in the second or third trimester of pregnancy during the influenza season 	<ul style="list-style-type: none"> ▪ Household members (including children) of high-risk persons in category 1 	Those persons who provide direct care to persons in category 1, including: <ul style="list-style-type: none"> ▪ Physicians, nurses, and other staff in hospital and outpatient settings who provide direct patient care ▪ Employees of nursing homes and chronic-care facilities who have direct contact with patients or residents ▪ Employees of assisted living and other residences for persons in high-risk groups who provide direct care ▪ Providers of home care to people at high risk (e.g., visiting nurse and volunteer workers) ▪ Emergency medical responders
LOW RISK		
Category 4	Category 5	
<ul style="list-style-type: none"> ▪ All adults 50-64 years of age 	Otherwise healthy persons age 6 months and older who wish to reduce their likelihood of becoming ill with influenza, such as: <ul style="list-style-type: none"> ▪ Students and other persons in institutional settings (e.g., college students in dormitories) ▪ Employees of health care facilities who do not provide direct patient care ▪ Persons who provide essential community services ▪ Healthy persons in the workplace ▪ Others 	



If you need this material in an alternate format, call us at 503/731-4024.

Timeline and Activities of Flu Vaccination Efforts in 2000-01

Time Period	Activity and Targeted Group
<p>On-going (on arrival of vaccine)</p>	<ul style="list-style-type: none"> • Immunization providers should start routine vaccination of high-risk patients, their household contacts, and their direct care givers (risk categories 1, 2, and 3) when patients are seen at their primary medical clinic for routine care, are hospitalized, seen at home or at pharmacies, as soon as vaccine is available • Immunization providers are encouraged to identify and recall their patients in risk categories 1, 2, and 3 for immunization as soon as vaccine is available • Vaccination programs for risk categories 1, 2, and 3 should begin in long-term care (LTC) facilities, medical clinics, other health care facilities and pharmacies, if vaccine is available • Collaboration is encouraged among community providers (particularly LTC facilities, medical clinics and pharmacies) to ensure that adequate vaccine supplies are redistributed in order to vaccinate risk categories 1, 2, and 3. Some communities may consider an option of redirecting patients to clinics having sufficient vaccine if allowed by insurance coverage • OHD will assist, as possible, with any statewide redistribution of vaccine that may be needed if a shortage occurs. To facilitate this, county health departments are asked to report to OHD their vaccine supplies upon request
<p>November 16 through the duration of the flu season (pending vaccine availability)</p>	<p>Scenario I:</p> <ul style="list-style-type: none"> • If vaccine supply is inadequate or unknown in your community: <ul style="list-style-type: none"> ○ Vaccination programs/campaigns, community-based clinics, and/or walk-in clinics should be delayed until high-risk persons and their contacts (categories 1, 2, 3) are vaccinated and more vaccine becomes available <p>Scenario II:</p> <ul style="list-style-type: none"> • If adequate vaccine is available in your community to cover the high-risk persons and their contacts (categories 1, 2, 3): <ul style="list-style-type: none"> ○ Vaccination programs/campaigns, community-based clinics, and/or walk-in clinics should commence mid-November and continue through the duration of flu season pending vaccine availability. These clinics include vaccination of healthy persons under 65 years of age (categories 4, 5) ○ Vaccination of high-risk persons in all settings should continue (categories 1, 2, 3)

Flu Hunting Season Opens

BEGINNING OCTOBER 1, the Oregon State Public Health Lab will begin accepting specimens for “rule out influenza” testing. Throat wash kits will be available from the OSPHL (503/229-5882) or from your local health department. Lab slips should be marked “rule out influenza” and include a legible provider name and correct ten-digit phone number. Specimens must be collected within 3 days of clinical onset and not later than 5 days after onset from patients who present with compatible

illness, (viz., temperature $\geq 38\frac{1}{2}^{\circ}\text{C}$, cough, myalgia, and two or more of the following: headache, sore throat, rhinorrhea, malaise, chills, prostration). Specimens should be kept cool (but not frozen). If they will be >24 hours in transit, use a cold pack.

Fluvirin

FLUVIRIN (Medeva Pharma Ltd.) is not currently indicated for children under 4 years of age. Providers should use other available approved

vaccines for immunization of children in this age group. The other influenza vaccines approved for use in the U.S. have no restrictions on age of administration after 6 months of age: Fluzone split-virus (Aventis Pasteur, Inc.); Flugen (Parkedale Pharmaceuticals); and Flushield (Wyeth Lederle). For the 2000-2001 season, trades of Fluvirin doses already in pediatric clinics and intended for children under 4 years of age for other available vaccines for this population group are recommended.