

# 2010–11 Seasonal Influenza Vaccine Pocket Information Guide

## Who should be vaccinated?

Annual vaccination against seasonal influenza is recommended for all people age 6 mos and older who do not have a valid contraindication to the vaccine.

## Important Points for Healthcare Providers

- Vaccination should begin as soon as vaccine becomes available in late summer and should continue until the supply is gone.
- Vaccine immunity has not been shown to diminish significantly during the influenza season, even in those vaccinated early.<sup>1</sup>
- Six manufacturers will produce an unprecedented 170 million doses (approximately) of vaccine for the 2010–11 U.S. influenza season; five will produce vaccine for children.

<sup>1</sup> Song JY, et al. Long-term immunogenicity of influenza vaccine among the elderly: Risk factors for poor immune response and persistence. *Vaccine* 2010;28(3):3929-35

## Talking Points with Patients

- Influenza is a serious respiratory disease caused by a virus. It is not the same as the common cold or an intestinal illness.
- Influenza is contagious for 24 hours before any symptoms develop. Though everyday preventive actions (e.g., handwashing) can help prevent transmission of the virus, the best way to avoid influenza infection is to get vaccinated.
- During the 2009–10 season, the 2009 H1N1 virus led to an unusually high number of severe infections and deaths among adults younger than age 65 yrs, pregnant women, and children. This virus is expected to return in the 2010–11 season.
- People previously vaccinated with pandemic H1N1 2009 vaccine still need to be vaccinated with the 2010–11 seasonal vaccine. It contains protection against the H1N1 virus and two others.
- It is important that everyone age 6 mos and older be vaccinated for their own protection, as well as the protection of those they love and for those who are especially vulnerable to the serious and sometimes deadly complications of influenza.

**Influenza is a serious and unpredictable disease!  
Vaccinate everyone age 6 months and older.**

## Healthcare personnel: Get vaccinated and urge your patients to. Your recommendation is recognized as a key motivator!

### Contraindications and Precaution\*

- Do not give influenza vaccine to a person who has had an anaphylactic reaction to a prior dose of the vaccine or any of its components (e.g., eggs). Minor illnesses with or without fever do not contraindicate use of influenza vaccine.
- Do not give nasal-spray LAIV to people who are younger than age 2 yrs, age 2 through 4 yrs with possible reactive airways disease (e.g., history of recurrent wheezing or a recent wheezing episode\*\*), age 50 yrs or older, pregnant; have a high-risk medical condition\*; or are a child or teen receiving long-term aspirin therapy. Injectable TIV may be preferred for people who have close contact with severely immunosuppressed people during periods when the immunocompromised person requires protective isolation due to theoretical concerns over transmission of a live virus.
- Guillain-Barré syndrome within 6 wks following a previous dose of influenza vaccine is a precaution for vaccination with TIV or LAIV.

### Vaccine Dosing and Administration

- Give 2 doses of influenza vaccine (TIV or LAIV) separated by at least 4 wks to all children younger than age 9 yrs who are receiving influenza vaccine for the 1<sup>st</sup> time; received their 1<sup>st</sup> dose of seasonal vaccine during the 2009–10 season but failed to get their 2<sup>nd</sup> dose; or failed to get at least 1 dose of 2009 H1N1 vaccine. If uncertain about previous season's history, give 2 doses this season.
- TIV: Give 0.25 mL if age 6–35 mos; give 0.5 mL if age 3 yrs or older. Give IM with a 22–25g, 1–1½" needle. Choose vaccine according to patient's age (i.e., Fluzone: 6 mos & older; Fluarix: 3 yrs & older; Fluvirin: 4 yrs & older; Afluria: 9 yrs & older\*\*\*; FluLaval & Agriflu: 18 yrs & older; Fluzone [high-dose]: 65 yrs & older).
- LAIV (FluMist): Give 0.2 mL (0.1 mL sprayed into each nostril) to healthy non-pregnant people ages 2 through 49 yrs.

### Side Effects

- TIV's most common side effects are soreness and redness at the injection site, lasting 1–2 days.
- LAIV's most common side effects are runny nose & nasal congestion.

\*For details, go to [www.cdc.gov/flu/professionals/vaccination](http://www.cdc.gov/flu/professionals/vaccination).

\*\*Ask parents of children age 2–4 yrs: "In the past 12 months, has a healthcare provider ever told you that your child had wheezing or asthma?" If yes, do not give LAIV; instead give TIV.

\*\*\*If no other age-appropriate TIV is available, Afluria may be considered for a child age 5–8 yrs at high risk for influenza complications, after risks and benefits have been discussed with the parent or guardian.