



September 7, 2011

Re: Influenza Vaccine

Dear IEHP Provider:

On August 26, 2011, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) published the updated recommendations regarding the use of influenza vaccine for the 2011-2012 influenza season. There is no changes in the 2011-2012 recommendation, however, CDC/ACIP reiterate the following points on the latest publication:

1. Routine influenza vaccination is recommended for all persons 6 months of age and older.
2. Children aged 6 months through 8 years require 2 doses of influenza vaccine (administered a minimum of 4 weeks apart) during their first season of vaccination to optimize immune response. In a study of children aged 5 through 8 years who received trivalent inactivated vaccine (TIV) for the first time, the proportion of children with protective antibody responses was significantly higher after 2 doses than after 1 dose.
3. The 2011--12 U.S. seasonal influenza vaccine virus strains are identical to those contained in the 2010-11 vaccine. These include A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens. The influenza A (H1N1) vaccine virus strain is derived from a 2009 pandemic influenza A (H1N1) virus.
4. Allergy to eggs must be distinguished from allergy to influenza vaccine. Severe allergic and anaphylactic reactions can occur in response to a number of influenza vaccine components, but such reactions are rare. A review of reports to the Vaccine Adverse Events Reporting System (VAERS) of adverse events in adults noted four reports of death caused by anaphylaxis following influenza vaccine during 1990--2005; the vaccine components potentially responsible for these reactions were not reported. A prior severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to receipt of influenza vaccine.

5. Recommendations Regarding Persons with Egg Allergy:

- a. Persons who have experienced only hives following exposure to egg should receive influenza vaccine with the following additional measures:
- b. Because studies published to date involved use of TIV, TIV rather than LAIV should be used.
- c. Vaccine should be administered by a health care provider who is familiar with the potential manifestations of egg allergy.
- d. Vaccine recipients should be observed for at least 30 minutes for signs of a reaction following administration of each vaccine dose. Other measures, such as dividing and administering the vaccine by a two-step approach and skin testing with vaccine, are not necessary.
- e. Persons who report having had reactions to egg involving angioedema, respiratory distress, lightheadedness, or recurrent emesis, or persons who required epinephrine or other emergency medical intervention, particularly those that occurred immediately or within minutes to hours after egg exposure are more likely to have a serious systemic or anaphylactic reaction upon reexposure to egg proteins. Before receipt of vaccine, such persons should be referred to a physician with expertise in the management of allergic conditions for further risk assessment.
- f. All vaccines should be administered in settings in which personnel and equipment for rapid recognition and treatment of anaphylaxis are available. ACIP recommends that all vaccination providers be familiar with the office emergency plan.
- g. Some persons who report allergy to egg might not be egg allergic. Those who are able to eat lightly cooked egg (e.g., scrambled eggs) without reaction are unlikely to be allergic. Conversely, egg-allergic persons might tolerate egg in baked products (e.g., bread or cake); tolerance to egg-containing foods does not exclude the possibility of egg allergy. Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and egg-containing foods, plus skin and/or blood testing for immunoglobulin E antibodies to egg proteins.
- h. A previous severe allergic reaction to influenza vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to receipt of influenza vaccine.

6. Different products are available in this season:

- a. TIV preparations, with the exception of Fluzone Intradermal (Sanofi Pasteur), should be administered intramuscularly. For adults and older children, the deltoid is the preferred site. Infants and younger children should be vaccinated in the anterolateral thigh. Specific guidance regarding site and needle length can be found in the ACIP's *General Recommendations on Immunization*
- b. A new intradermally administered TIV preparation, Fluzone Intradermal, was licensed in May 2011. This vaccine is indicated for persons aged 18 through 64 years and contains less antigen than intramuscular TIV preparations (9 µg

rather than 15 μg of each strain per dose) in a smaller volume (0.1mL rather than 0.5 mL). The vaccine is administered intradermally via a single-dose, prefilled microinjection syringe. The preferred site for administration is over the deltoid muscle. The most common adverse reactions include injection-site erythema, induration, swelling, pain, and pruritus. With the exception of pain, these reactions occurred more frequently than with intramuscular vaccine, but generally resolved within 3--7 days. This vaccine is an alternative to other TIV preparations for those in the indicated age range, with no preferential recommendation.

- c. The intranasally administered live attenuated influenza vaccine (LAIV), FluMist (MedImmune) is indicated for healthy, nonpregnant persons aged 2 through 49 years. Within the indicated groups specified for each vaccine in the package inserts, no preference is indicated for LAIV versus TIV

Information regarding vaccine choice for persons aged ≥ 65 years

As with other 2011-2012 influenza vaccines, Fluzone High-Dose will contain the three recommended virus strains (A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens). ACIP recommends that all persons aged ≥ 65 years receive an inactivated 2011-2012 seasonal influenza vaccination but has not expressed a preference for Fluzone High-Dose or any other inactivated influenza vaccine for use in persons aged ≥ 65 years. Whether or not the higher post-vaccination immune responses observed among Fluzone High-Dose vaccine recipients will result in greater protection against influenza illness is not known. High-dose vaccine should not be administered to persons aged < 65 years.

IEHP Criteria for use of LAIV and Intradermal vaccine:

No recommendations for prioritization of LAIV or intradermal vaccine use are made. ACIP has not indicated a preference for LAIV, intradermal or TIV when considering vaccination of healthy, non-pregnant persons for the appropriate age group. Providers should use TIV over LAIV or intradermal in most circumstances.

Reimbursement

VFC covered vaccines

VFC (Vaccines for Children)-eligible children who are aged 6 months through 18 years should receive influenza vaccination through VFC program.

IEHP Medi-Cal (Over 18 years old), Healthy Families, Healthy Kids and Medicare DualChoice (HMO SNP)

IEHP will reimburse practitioners the cost of the vaccine for IEHP Medi-Cal (over 18 years old), Healthy Families, Healthy Kids and Medicare DualChoice (HMO SNP) Members. Submit your completed CMS1500 claim form with the correct CPT code to **IEHP Claims Dept., P.O. Box 10129 San Bernardino, CA 92423.**

IEHP Medi-Cal (Over 18 years old), Healthy Families, Healthy Kids

CPT CODE	DRUG NAME & DOSE	REIMBURSEMENT RATE*	VACCINE
90655	Fluzone 0.25mL	\$12.70	Influenza virus vaccine, split virus, preservative free , 6-35 months dosage, for intramuscular (single dose)
90656	Afluria 0.5mL Fluzone 0.5mL Fluarix 0.5mL Fluvirin 0.5mL	\$12.97	Influenza virus vaccine, split virus, preservative free , 3 years and above dosage, for intramuscular (single dose)
90657	Fluzone 0.25mL	\$13.80	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular
90658	Afluria 0.5mL Fluzone 0.5mL Fluvirin 0.5mL FluLaval 0.5mL** Agriflu 0.5mL**	\$11.60	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular
90662	Fluzone High Dose	\$27.83	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular

*Cost as of August 2011 (Wholesale Acquisition Cost (WAC) +5%)

**FluLaval and Agriflu are indicated for >18 years old

IEHP Medicare DualChoice (HMO SNP) - (Part B covered Vaccine)

MEDICARE CODE	DRUG NAME	REIMBURSEMENT RATE*	VACCINE
Q2035	Afluria	\$13.05	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular
Q2036	Flulaval	\$8.78	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular
Q2037	Fluvirin	\$13.25	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular
Q2038	Fluzone	\$14.01	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular
Q2039	NOS (Not Otherwise Specified)	\$13.03	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular
90662	Fluzone High Dose	\$27.83	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for intramuscular

*Rate subject to change based on Medicare payment schedule

Information regarding influenza surveillance, prevention, detection, and control is available on CDC/NCID's website at <http://www.cdc.gov/flu/>

Surveillance information is available through the CDC Voice Information System at 888-CDC-FACT (888-232-3228) or CDC Fax Information Service at 888-CDC-FAXX (888-232-3299).

Should you have any questions regarding the above, please call us at (909) 890-2067.

Sincerely,



William Henning, D.O.
Chief Medical Officer



Chris Chan, Pharm.D.
Director of Pharmaceutical Services