

August 18, 2009

**Re: Influenza Vaccine**

Dear IEHP Provider:

On July 31, 2008, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) published new recommendations regarding the use of influenza vaccine for the 2009-2010 influenza season. The following changes and updates are made to the 2009-2010 recommendation:

- Annual vaccination of all children aged 6 months--18 years should begin as soon as the 2009--10 influenza vaccine is available. Annual vaccination of all children aged 6 months--4 years (59 months) and older children with conditions that place them at increased risk for complications from influenza should continue to be a primary focus of vaccination efforts as providers and programs transition to routinely vaccinating all children.
- The 2009--10 trivalent vaccine virus strains are A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane 60/2008-like antigens.
- Most seasonal influenza A (H1N1) virus strains tested from the United States and other countries are now resistant to oseltamivir. Recommendations for influenza diagnosis and antiviral use will be published later in 2009. CDC issued interim recommendations for antiviral treatment and chemoprophylaxis of influenza in December 2008, and these should be consulted for guidance pending recommendations from the ACIP.

The following list delineates the new recommendations for using TIV and LAIV during the 2009-10 Influenza Season:

- Children Aged 6 Months--18 Years
  - Annual vaccination for all children aged 6 months--18 years was recommended. Children and adolescents at high risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children. All children aged 6 months--8 years who have not received vaccination against influenza previously should receive 2 doses of vaccine the first year they are vaccinated.
- Persons at Risk for Medical Complications
  - all children aged 6 months--4 years (59 months);
  - all persons aged  $\geq 50$  years;

- children and adolescents (aged 6 months--18 years) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection;
  - women who will be pregnant during the influenza season;
  - adults and children who have chronic pulmonary (including asthma) or cardiovascular (except hypertension), renal, hepatic, neurological/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus);
  - adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV); and
  - residents of nursing homes and other long-term--care facilities.
  - Persons Who Live With or Care for Persons at High Risk for Influenza-Related Complications
- To prevent transmission to persons identified above, vaccination with TIV or LAIV (unless contraindicated) also is recommended for the following persons. When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to these persons:
    - Healthcare Professionals (HCP);
    - Household contacts (including children) and caregivers of children aged  $\leq 59$  months (i.e., aged  $< 5$  years) and adults aged  $\geq 50$  years; and
    - Household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.
- Children Aged  $< 6$  Months
    - Children aged  $< 6$  months are not recommended for vaccination, and antivirals are not licensed for use among infants.

### *Recommendations for Using Antiviral Agents for Seasonal Influenza*

Annual vaccination is the primary strategy for preventing complications of influenza virus infections. Antiviral medications with activity against influenza viruses are useful adjuncts in the prevention of influenza, and effective when used early in the course of illness for treatment. Four influenza antiviral agents are licensed in the United States: amantadine, rimantadine, zanamivir, and oseltamivir.

LAIV is approved only for use in healthy persons aged 2-49 years, no recommendations for prioritization of LAIV use are made. ACIP has not indicated a preference for LAIV or TIV when considering vaccination of healthy, non-pregnant persons aged 2-49 years.

VFC (Vaccines for Children)-eligible children who are aged 6 months through 18 years should receive influenza vaccination through VFC program. IEHP will reimburse practitioners the cost of the vaccine for IEHP Healthy Families, and Healthy Kids

Members. Please submit your claim to IEHP Claims Dept., P.O. Box 10129, San Bernardino, CA 92423. Please see the following table for NDC codes and the corresponding reimbursement rates.

<b>CPT CODE</b>	<b>DRUG NAME &amp; DOSE</b>	<b>REIMBURSEMENT RATE*</b>	<b>VACCINE</b>
90655	Fluzone 0.25mL	\$13.2	Influenza virus vaccine, split virus, <b>preservative free</b> , 6-35 months dosage, for intramuscular
90656	Fluzone 0.5mL Fluarix 0.5mL Fluvirin 0.5mL Afluria 0.5mL	\$10.6	Influenza virus vaccine, split virus, <b>preservative free</b> , 3 years and above dosage, for intramuscular
90657	Fluzone 0.25mL	\$6	Influenza virus vaccine, split virus, 6-35 months dosage, for intramuscular
90658	Fluzone 0.5mL Fluvirin 0.5mL FluLaval 0.5mL Afluria 0.5mL	\$10.6	Influenza virus vaccine, split virus, 3 years and above dosage, for intramuscular

\*Cost as of August 2009, rates will be adjusted to the current pricing

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). CDC will be releasing the updated H1N1 Flu Vaccine Guideline in the near future. Several vaccines are anticipated to receive FDA's approval. IEHP will provide information on H1N1 Flu Vaccine to you once the official guideline is released.

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