



NATIONAL INFLUENZA VACCINE SUMMIT NEWSLETTER

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Issue 3

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75 MILLION DOSES EXPECTED BY OCTOBER 31ST (NO TIERING)

Based on discussions with influenza vaccine manufacturers and the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention (CDC) estimates more than 100 million doses of influenza vaccine will be produced for the United States this year. This is 17 million more doses than ever distributed in any previous season. Furthermore, 75 million doses are projected for distribution by October 31st; therefore, once providers have vaccine, they are encouraged to **vaccinate anyone seeking vaccine**.

If vaccine produced in Canada is licensed for distribution in the US, there may be more than 110 million doses available this season. Because the supply projections are robust, no tiering on vaccination is recommended this season.

Although overall influenza supply should be very good, CDC anticipates providers may have difficulty in obtaining sufficient vaccine to vaccinate all three-year-old children. Sanofi pasteur is the only supplier of vaccine that can be administered to these children and all of this vaccine was pre-booked in January 2006, prior to ACIP’s February 2006 recommendation to routinely vaccinate all children aged 24 to 59 months. If a provider has insufficient vaccine for this age group, CDC recommends that children 6 to 23 months of age be prioritized as they are at increased risk for hospitalization.

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VACCINE SUPPLY CONTINGENCY PLANNING WAS A JOINT EFFORT

Although a record amount of influenza vaccine is anticipated for this season, as part of contingency planning for the 2006-07 influenza season, CDC developed a number of influenza vaccine supply scenarios as well as potential strategies to address these scenarios. The scenarios range from a best case (> 100 m doses, with the majority delivered by the end of October) to a worst case (< 40 m doses, with most doses distributed after October). In addition, there are two intermediate scenarios, one in which the primary problem involves a significant percentage of doses distributed after October (without shortfall) and one in which there is both a significant number of doses distributed after October as well as a shortfall. Because each of the seven currently licensed formulations have different age indications, with a limited number of products indicated for use in young children, the scenarios take into account the potential impact on vaccine for young children (mild versus severe) separately from the impact of products indicated for use in older children and adults. Potential strategies have been developed for each of these scenarios, with input from CDC staff as well as public health partner groups, the National Influenza Vaccine Summit, and the ACIP influenza working group.

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CDC TO TRACK VACCINE DISTRIBUTION

To aid in the visibility of influenza vaccine distribution, the CDC is making available jurisdiction-specific summary reports of influenza vaccine distribution data to state and local public health officials. The CDC currently is working closely with the licensed manufacturers of influenza vaccine and seven major influenza vaccine distributors to provide distribution information on a weekly basis throughout the influenza season. The first information was made available on September 13, 2006. The information provided includes the zip code of the entity to which the vaccine was shipped, product type, number of doses, and provider type. A limited amount of jurisdiction-specific prebooking data also is available.

Access to this detailed information is restricted to a limited number of individuals per jurisdiction. These individuals will be identified by the state health departments in response to a request distributed by CDC. In addition, CDC will provide aggregate monthly updates of national influenza vaccine distribution to be shared with members of the National Influenza Vaccine Summit.

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SUMMIT TEAMS PRESS FORWARD

Team 1 - Healthcare Workers

The objectives of this team include: 1) developing resources and tools which target those who operate healthcare facilities to encourage vaccination for their employees; 2) developing resources and tools which directly encourage healthcare workers to get vaccinated themselves; 3) ensuring that educational/motivational tools are available on the web; and 4) placing advertising in medical journals.

All activities will address common misperceptions among healthcare workers regarding influenza vaccination and reasons they give for not seeking vaccination. Letters will be mailed to administrators of healthcare facilities and individual healthcare providers (HCPs) promoting employee vaccination. These letters will be signed jointly by American Medical Association (AMA) and CDC. Tools to help facilitate influenza immunization of healthcare workers are now available on the Summit website at www.ama-assn.org/go/HCWfluimmunization. Included are items designed to educate and motivate healthcare workers to seek vaccinations. A full-page advertisement also is planned to be included in the Journal of the American Medical Association (JAMA). Other professional medical publications will be targeted as well. Healthcare worker materials will be distributed by the Centers for Medicaid Services (CMS), the Joint Commission on Accreditation of Healthcare Organizations, state medical societies, and others.

Team 2 - Pediatrics

The objective of this team is to mobilize local support to increase the utilization of influenza vaccine in all children aged 6 to 59 months and among children attending kindergarten through the eighth grade who either live with a high risk person (e.g. children <5 years old) or who have a high risk condition themselves (e.g. asthma) or whose parents wish to decrease the child's risk of influenza.

Tool kits are being identified/developed that will target pediatricians, family practitioners and others serving children. The National Foundation for Infectious Disease's (NFID) tool kit (Kids Need Flu Vaccine Too!) will be distributed to healthcare providers serving 24 to 59 month olds. For children aged 5-14 years, a flashcard (Influenza: More Serious Than You May Think) will be distributed to healthcare providers serving this age group. The National Association of School Nurse's flyer (Don't Get Sidelined by the Flu - Tips From the School Nurse - Help Keep Your Child Healthy and Flu-Free) will be discussed in school and day care classes, and then sent home with students for parents/caregivers. The National Parents and Teachers Association (NPTA) will be the primary conduit for distributing this flyer to the local PTAs. Grandparents and retired family members also represent an excellent resource in reaching these children. They will be targeted with the Association for Retired People's (AARP) tool entitled "Grandparents: Focus on the Child" (www.aarp.org/families/grandparents/focus_child/a2004-01-20-healthcare.html?print=yes).

Team 3 - Universal Vaccination

The objective of this team is to target high-risk persons as well as the general population who wish to decrease their risk of influenza or who are contacts of high risk persons to further reduce the impact of influenza. **(See note below.)**

The objective will be accomplished by developing/identifying effective communication messages and identifying appropriate communication channels for delivering influenza messages. With such a large number of organizations and individuals in the target groups, the focus will be on: 1) colleges and university students; 2) employees in their work sites; and 3) faith-based groups. To better manage team activities, two sub-teams were initiated - one to develop the messages while the other investigates communication channels and intermediaries including the partners and collaborators who can facilitate message dissemination. A letter promoting vaccination for high risk college and university students and their contacts and any who wish to decrease their risk of influenza will be signed jointly by the American College Health Association (ACHA) and CDC for distribution to all ACHA member colleges and universities. The CDC collaborated with the National Business Group on Health (NBGH) to conduct a Webinar on September 12 targeted at NBGH member organizations to encourage vaccination in the workplace. Plans and strategies for use in faith-based settings are currently under discussion but implementation will likely be postponed until the 2007-2008 influenza season.

NOTE: It should be noted that CDC's ACIP currently does not target vaccination for non-pregnant healthy persons aged 5 through 49 who are not health care workers or contacts of high risk persons. However, ACIP does state that "vaccination providers should administer influenza vaccine to any person who wishes to reduce the likelihood of becoming ill with influenza or transmitting influenza to others should they become infected (the vaccine can be administered to children aged ≥ 6 months), depending on vaccine availability (see Influenza Vaccine Supply and Timing of Annual Influenza Vaccination). A strategy of universal influenza vaccination is being assessed by ACIP."

Team 4 - Extending Vaccination Season

The objectives of this team are to: 1) address the misperception that influenza vaccination season ends in December since the influenza season peaks in February and later in most years, to thereby extend the season through January and beyond, and 2) facilitate dialogue among Summit partners on broader communications issues.

A number of interesting and creative activities currently are planned. To honor healthcare providers and organizations for innovative approaches in promoting and delivering influenza vaccine throughout the season, recognition awards will be presented in 2007 (at either the CDC's National Immunization Conference and/or the National Influenza Vaccine Summit). Educational efforts are being coordinated with the partnerships team (described below) to promote extending the vaccination season during the provider educational conference call scheduled for October/November. Depending on vaccine supply and the timing of the influenza season, a "vaccination day" is being considered for December/January to

promote vaccinations throughout the influenza season. In addition, the Team is assembling other best practice ideas to share with Summit partners.

Team 5 - Provider Tool Kit

The objectives of this team include: 1) collecting existing healthcare provider influenza vaccination tool kits from health departments, vaccine manufacturers and other stakeholder organizations; and 2) unifying, those tool kits and customizing them for use by the Nation's healthcare providers.

Plans are that these tool kits include guidelines for: 1) vaccine ordering; 2) vaccine storage; 3) vaccine distribution/delivery; 4) vaccine payment/reimbursement; and 5) vaccine clinics. All tool kits received by this team will be reviewed and approved for content and applicability, posted on the Summit's website, and disseminated through the Summit's extensive email network. If your organization has a tool kit already developed and you would like to share it with the group, please contact Roberta Smith (roberta.smith@state.co.us) or Annemarie Beardsworth (annemarieb@doh.state.ri.us).

Team 6 - Partnerships

This team will utilize partnerships to: 1) improve education; 2) reduce vaccination barriers; and 3) investigate ways of sharing the fiscal risks of healthcare providers offering vaccinations.

In partnership with medical organizations, CDC coordinated two conference calls for healthcare providers likely to offer influenza vaccinations. The first call, co-sponsored by the American Academy of Family Physicians (AAFP) and the American College of Physicians (ACP), was held on Thursday, September 7th. This call targeted healthcare providers serving adults and focused on prioritizing vaccination, vaccine supply, and common misperceptions. The next call on Monday, September 11th, targeted pediatric healthcare providers. Co-sponsors included the American Academy of Pediatrics (AAP) and the AAFP. A third call will be scheduled in either October or November and will address extending the vaccination season and vaccine supply. Sharing fiscal risks is currently being discussed and will be addressed further as the vaccination season progresses.

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FREE ADVERTISING FOR INFLUENZA CLINICS

The American Lung Association (ALA) and Maxim Health Systems once again will offer their national Flu Clinic Locator for both influenza clinics and for persons seeking a vaccination.

Healthcare providers interested in advertising their clinics

Registration is required and training available to healthcare administrators interested in becoming site administrators for your influenza clinics. To start this process, you will need to sign an updated agreement designed to ensure a successful outcome. This agreement requires each administrator to: 1) keep all posted clinic information up-to-date; 2) follow CDC guidelines in managing your clinics; and 3) post only clinics that are open to the public. If your organization can commit to all three requirements, please visit www.lungusa2.org/embargo/flucliniclocator/FCLAgreement0806.doc.

Persons seeking an influenza vaccination

The public may find influenza clinics that are in their areas by visiting the Flu Clinic Locator at www.lungusa2.org/embargo/flucliniclocator.

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COMBINED MEETING OF AMA AND AAP IMMUNIZATION INITIATIVES

The American Medical Association (AMA) has made adult immunization and influenza one of its strategic initiatives. As part of this initiative, on June 21st, 2006, the AMA hosted a brief meeting prior to the National Influenza Vaccine Summit. Participants wholeheartedly agreed that an Adult Immunization Summit should be planned to focus on general goals for adult immunization as well as four objectives: 1) to improve the valuation of adult immunization; 2) to improve the vaccine delivery infrastructure; 3) to facilitate healthcare providers to immunize adult patients; and 4) to address vaccine financing. The most

recent summit started to develop some tangible first steps toward addressing these objectives and achieving improvement in adult immunization coverage.

Immunization also is a strategic priority for the American Academy of Pediatrics (AAP) which recently formed a Task Force on Immunization. The Task Force established three priorities: 1) to increase the number of children receiving vaccines in the medical home; 2) to stabilize the vaccine supply chain; and 3) to improve the current vaccine finance system. With the introduction of new vaccines that carry a considerable price tag, the Task Force feels the time is right for a Pediatric Immunization Key Stakeholder Meeting.

As more adolescent and adult vaccines such as HPV enter the market, the traditionally separate concerns of pediatric and adult immunizations are becoming increasingly similar. The AMA and AAP believe this is an opportune time to come together, understand each other's concerns, and define some areas of common interest for action. Thus, it seems appropriate to combine into one three-day event the AMA's Adult Immunization Summit and the AAP's Pediatric Immunization Key Stakeholder Meeting. The AAP and AMA have identified many stakeholders who have interest in both adult and pediatric immunization and hope this combined event will facilitate the stakeholders' participation in both meetings. The uniting of these two important immunization gatherings will facilitate dialogue and exchange of ideas, concerns, etc. **The AAP and AMA have agreed to co-host this meeting on adult and pediatric immunization in Chicago in February, 2007.** Additional details about the meeting will be forthcoming in the next Influenza Summit Newsletter.

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FREE VACCINE POCKET GUIDES ARE VERY SUCCESSFUL!

The Summit has once again produced an "Influenza Vaccination Pocket Information Guide" for distribution to healthcare providers nation-wide. The pocket guides were developed and distributed in conjunction with the Immunization Action Coalition (IAC) and supported by unrestricted educational grants from GlaxoSmithKline, MedImmune, Novartis Vaccines, and sanofi pasteur. This is the fourth consecutive year that the guides have been a Summit project and each year the project takes on new partners. Many of the major medical, nursing and pharmacist organizations, specialty societies, state health departments, Indian Health Service area facilities, Quality Improvement Organizations (QIOs), health plans, ESRD clinics, and community vaccinators ordered nearly one million pocket guides.

New for 2006 was the availability of a pocket guide for pneumococcal polysaccharide vaccine (PPV) to help encourage vaccination of high-risk patients for pneumococcal disease. The PPV pocket guide was produced and funded solely by IAC. It is similar in design to the influenza pocket guide but is a different color (lime green).

Nearly one million influenza pocket guides cards were distributed before the supply was depleted. A ready-to-print image is still available on the IAC website at www.immunize.org/fluguide. PPV guides still may be ordered at www.immunize.org/pocketguides.

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NOTICE SENT TO ALL MEDICARE PROVIDERS

The following notice was sent to all Medicare providers on September 22nd.

September is the perfect time to start talking with your patients about getting the flu shot. Medicare provides coverage for the flu vaccine and its administration. Influenza vaccination is a covered Part B benefit. Note that influenza vaccine is NOT a Part D covered drug.

Please encourage your Medicare patients to take advantage of this vital benefit. And don't forget – health care professionals and their staff benefit from the flu vaccine also. Protect yourself, your patients, and your family and friends. Get your flu shot!

COMMENT: It is important to note that certain Medicare beneficiaries are enrolled in Medicare Advantage Plans. These Plans have responsibility for all A and B Services, including influenza vaccinations. Therefore, these persons need to receive their influenza vaccinations “in-network” or the provider will not be entitled to payment by Medicare.

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SUMMIT TO TRACK VACCINE AVAILABILITY

The Summit in collaboration with the CDC and the Health Industry Distributors Association (HIDA) recently met to discuss a new project for the upcoming influenza vaccination season. Under discussion for rapid implementation is a system by which health care providers seeking vaccine could go to the Summit website and find a listing of the distributors who have vaccine for sale. This information would be updated every other week throughout the vaccination season so the information would be current and thereby more useful. The Healthcare Distribution Management Association (HDMA) also has agreed to facilitate this system by notifying its members. More information soon will be available.

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HIDA ESTABLISHES “CODE OF CONDUCT” FOR VACCINE DISTRIBUTORS

The Health Industry Distributors Association (HIDA), a regular and valued partner in the Summit, has proposed and developed a voluntary Code of Conduct for distributors of influenza vaccine. This Code of Conduct is part of HIDA’s Flu Business Practices Initiative and was developed to ensure transparency at every stage of vaccine delivery from manufacturer to a vaccine provider. The idea and need for such a code was discussed at the Summit’s January 2006 meeting, during which the Summit agreed this idea warranted further consideration, development and implementation for the 2006-2007 vaccination season. Additional information regarding this Code will be provided in the next Newsletter.

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ALA’S “FACES OF INFLUENZA” CAMPAIGN LAUNCHED

On September 19th, the American Lung Association launched a high-profile, multi-year national and regional public awareness initiative called Faces of Influenza at a major press conference in New York City. The press conference served to announce the initiative and unveil the Faces of Influenza Portrait Gallery – a photo exhibition of dramatic black-and-white portraits and personal stories of famous and not so famous Americans who fall into one or more of the groups recommended for immunization by the Centers for Disease Control and Prevention (CDC). The objective of the initiative is to help Americans put a “face” on this serious disease and recognize annual influenza immunization as an important preventive measure to protect themselves and their families each year. This initiative is made possible through a collaboration with sanofi pasteur.

As discussed at the June meeting of the National Influenza Vaccine Summit, several high-profile celebrity spokespersons have been recruited to put a recognizable, trusted “face” on influenza for the national media efforts. The initiative also features well-known physicians/public health figures, including U.S. Assistant Secretary for Health, Admiral John O. Agwunobi, MD, MPH, Department of Health & Human Services, as well as everyday people, including those who lost children to influenza and several others who embody CDC’s influenza immunization recommendations.

The Lung Association Faces of Influenza initiative also includes the following, all available on a new Web site: www.facesofinfluenza.org

- Educational materials
- New television and radio public service announcements featuring Jean Smart and the target groups recommended for vaccination
- Photographs and stories featured in the Faces of Influenza Portrait Gallery
- Access to the Lung Association’s Flu Clinic Locator – the largest online directory of public influenza clinics

The American Lung Association will provide updates on its Faces of Influenza initiative later in the immunization season.

If you have any questions or would like further information on this highly visible campaign, please contact Todd Whitley, American Lung Association, at twhitley@lungusa.org.

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USEFUL INFORMATION ABOUT THIS SEASON’S VACCINE

Manufacturer	Vaccine	Formulation	Thimerosal preservative	Age indication
sanofi pasteur, Inc.	Fluzone®, Inactivated TIV	Multi-dose vial	Yes	≥ 6 months
		Single-dose pre-filled 0.5 mL syringe or vial	None	≥ 36 months
		Single-dose pre-filled 0.25 mL syringe	None	6-35 months
MedImmune Vaccines, Inc	FluMist™ LAIV	Single-dose sprayer	None	Healthy persons 5-49 years
Novartis Vaccine (formerly Chiron Corporation)	Fluvirin™ Inactivated TIV	Multi-dose vial	Yes	≥ 4 years
		Single-dose 0.5 mL syringe	<1µg Hg/0.5mL dose, preservative free	≥ 4 years
GlaxoSmithKline, Inc.	Fluarix™ Inactivated TIV	Single-dose pre-filled syringe 0.5 mL	<1µg Hg/0.5mL dose, preservative free	≥ 18 years

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2006-2007 INFLUENZA ACIP RECOMMENDATIONS

“Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices (ACIP),” MMWR July 28, 2006; 55(RR10); 1–42
www.cdc.gov/mmwr/preview/mmwrhtml/rr5510a1.htm

Primary Changes in 2006-2007

www.cdc.gov/flu/professionals/vaccination/primarychanges.htm

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ACIP RECOMMENDATIONS FOR HEALTHCARE WORKERS

“Influenza Vaccination of Health-Care Personnel, Recommendations of the Health care Infection Control Practices Advisory Committee (HICPAC) and the Advisory Committee on Immunization Practices (ACIP),” MMWR February 24, 2006; 55(RR02); 1–16
www.cdc.gov/mmwr/preview/mmwrhtml/rr5502a1.htm

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INFLUENZA RESOURCES & EVENTS

What’s New?

This page lists all documents recently posted or updated on the CDC Flu web site, including but not limited to press releases, recommendations, and surveillance reports.

www.cdc.gov/flu/whatsnew.htm

Upcoming Events

National Adult Immunization Awareness Week, September 24–30, 2006, Nationwide,

www.cdc.gov/nip/events/naiaw/

Adult/Pediatric Vaccine Summit, January, 2007, Chicago, Illinois

Dates, location and registration information should be available for the October Newsletter.

How do I subscribe to this newsletter?

To receive future issues of the National Influenza Summit Newsletter, please do the following:

1. Address an email to: listserv@listserv.cdc.gov.
2. Type in body of the email: subscribe flu-serve.
3. Send the email.

You will receive an email confirmation of subscription. You will receive upcoming issues of this newsletter as well as other information or announcements pertaining to influenza.

How do I access previous newsletters?

Previous issues of National Influenza Vaccine Summit Newsletters are available on the CDC website at

www.cdc.gov/flu/professionals/flubulletin.htm, and on the Summit website at www.ama-assn.org/go/influenzasummit.

Comments and suggestions for this newsletter?

jrh3@cdc.gov

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