

November 16, 2010

**SEASONAL INFLUENZA VACCINE POLICY FOR 2010-2011  
(PREVENTION AND CONTROL OF SEASONAL INFLUENZA WITH VACCINES)**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive provides policy for the prevention and control of seasonal influenza through the use of influenza vaccines for 2010-2011.

**2. BACKGROUND**

a. The influenza vaccination program is an essential component of VHA's health promotion and disease prevention programs. Influenza is a cause of substantial morbidity and mortality in the United States (U.S.). Influenza vaccination is the most effective way to primarily protect against the disease and resultant complications. Vaccination also reduces the risk of transmitting influenza to family members, other patients, and to health care personnel. Vaccination of health care personnel can reduce transmission of influenza to patients, co-workers, visitors, and family members. VHA has made influenza vaccination a priority. The influenza vaccine for seasonal influenza is a safe and cost-effective means for preventing and controlling influenza. *NOTE: Influenza vaccination rates of Veteran patients are monitored in the VHA performance measurement system.*

b. Vaccines for seasonal influenza containing the 2010-2011 trivalent vaccine virus strains A/California/7/2009 (H1N1)-like (the same strain as was used for 2009 H1N1 monovalent vaccine), A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens are to be used.

c. For the 2010-2011 influenza season, seasonal influenza vaccine will protect against three strains of influenza, including the 2009 H1N1 influenza virus which caused the 2009 pandemic. Last year because the 2009 H1N1 virus emerged after production began on the seasonal vaccine, two separate vaccines were needed to protect against seasonal influenza and the 2009 H1N1 pandemic influenza virus. Since the virus strain used for the 2009 H1N1 monovalent has been included in the seasonal influenza vaccine for 2010-2011, only one vaccine is necessary.

d. Effective July 1, 2005, trivalent influenza vaccines became covered vaccines under the National Vaccine Injury Compensation Program (VICP) and have been added to the Vaccine Injury Table that lists the vaccines covered under VICP. As required by Federal law under the National Childhood Vaccine Injury Act, all health care providers who administer any vaccine covered by the VICP must provide a copy of the relevant current edition of vaccine information materials, specifically Vaccine Information Statements (VIS) prior to administration of each dose of the vaccine.

(1) VISs are developed by the Centers for Disease Control and Prevention (CDC). The VIS for trivalent inactivated influenza vaccine (TIV), which also covers the newly-approved alternative inactivated vaccine for persons aged 65 years and older, (Fluzone High-Dose

**THIS VHA DIRECTIVE EXPIRES SEPTEMBER 30, 2013**

## VHA DIRECTIVE 2010-050

November 16, 2010

[sanofi pasteur]) is available from the CDC Web site at:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf> and the VIS for live, attenuated influenza vaccine (LAIV) is available at: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf>.

(2) The appropriate VIS must be provided to the parent or legal representative of any child to whom the provider intends to administer such vaccine, and to any adult or legal representative of any adult to whom the provider intends to administer such vaccine.

(3) The materials must be supplemented with visual presentations or oral explanations, as appropriate. **NOTE:** *If the Food and Drug Administration (FDA) approves any updated licensing for any of the influenza vaccine products, any new or interim VIS needs to be used as soon as available from the CDC.*

e. The immunization standard for long-term care facilities from the Department of Health and Human Services, Centers for Medicare and Medicaid Services became effective October 7, 2005. Participating Medicare and Medicaid long-term care facilities are required to offer each resident immunization against influenza annually, as well as lifetime immunization against pneumococcal disease.

(1) For the influenza vaccine, the standard requires: education for the resident or legal representative regarding benefits and potential side effects prior to the annual offering of the vaccine; the right of the resident or legal guardian to refuse vaccination; and the pertinent documentation in the electronic health record.

(2) Documentation must show that specific education was provided, that the resident either received influenza vaccine or did not receive the vaccine, and whether a refusal was due to medical contraindications.

f. The Joint Commission has approved an infection control standard that requires accredited organizations to offer influenza vaccination to staff, volunteers, and licensed independent practitioners with close patient contact. The standard became an accreditation requirement beginning January 1, 2007. **NOTE:** *Influenza Vaccine for employees is a performance monitor.*

**3. POLICY:** It is VHA policy to have an annual influenza vaccination program for the prevention and control of seasonal influenza. **NOTE:** *Though this program is based on annual influenza vaccination recommendations of the CDC Advisory Committee on Immunization Practices (ACIP) as published in the Morbidity and Mortality Weekly Report (MMWR), it is necessary to comply with VHA specific issues in accordance with statutes or other regulations, and policies governing vaccine administration to VHA patients and employees.*

**4. ACTION:** The facility Director is responsible for ensuring that the:

a. **Influenza Vaccination Program is Implemented.** An influenza vaccination program in accordance with this Directive, applicable updates from CDC, and any Seasonal Influenza Vaccine Advisories from the Under Secretary for Health must be implemented.

b. **Targeted Population is Covered.** The influenza vaccination program covers all persons aged 6 months or greater in the patient population served by the facility, and employees and volunteers covered by the facility.

c. **Staff and Volunteers are Included.** An annual influenza vaccination program must be developed and implemented at each facility for staff, volunteers, and licensed independent practitioners with close patient contact.

d. **Appropriate Influenza Vaccines are Used.** Appropriate influenza vaccines and antiviral medications with activity against influenza viruses are to be used for those covered by the facility's influenza vaccination program (see Att. A).

e. **Documentation is Ensured.** Documentation requirements must be met, to include:

(1) **Patient Consent and Documentation**

(a) All persons receiving trivalent influenza vaccines must receive information about the vaccine and be given a copy of the most current and appropriate VIS (VIS for TIV or VIS for LAIV ) prior to administration of the vaccine.

(b) The practitioner who has primary responsibility for the patient, or the person who will perform the procedure must:

1. Explain in language understandable to the patient, or surrogate;

a. The nature of the procedure;

b. Expected benefits;

c. Reasonably foreseeable associated risks;

d. Complications or side effects;

e. Reasonable and available alternatives; and

f. Anticipated results if influenza vaccine is not given.

2. Document the non-signature informed consent process in the electronic health record. Documentation must include all of the following:

a. Date of administration of the vaccine;

b. Lot number;

c. Manufacturer;

**VHA DIRECTIVE 2010-050**  
**November 16, 2010**

- d. Route and site of vaccine administration;
- e. Name and title of the individual administering the vaccine; and
- f. Specific CDC VIS provided, indicating the edition date of the material and the date the VIS was provided.

(c) In order to obtain accurate data, it is critical that administration of influenza vaccine to Veteran patients be recorded correctly into the electronic health record.

(d) A signed consent for administration of seasonal influenza vaccine to Veteran patients is not required.

**(2) Employee Consent and Documentation**

(a) Any employee who receives a trivalent influenza vaccine from VA must receive information about the vaccine (i.e., CDC's VIS). The information is to include the:

- 1. Nature of the procedure;
- 2. Expected benefit;
- 3. Reasonably foreseeable associated risks;
- 4. Complications or side effects; and
- 5. Anticipated results if influenza vaccine is not given.

(b) Documentation is to include employee receipt of the specific VIS provided indicating the:

- 1. Edition date of the material and the date the VIS was given to the employee;
- 2. Lot number;
- 3. Manufacturer;
- 4. Route and site of vaccine administration;
- 5. Date of vaccine administration;
- 6. Non-signature informed consent process; and
- 7. Name and title of the individual administering the vaccine.

(c) Documentation and maintenance of employee health records concerning influenza vaccine must be in accordance with Department of Veterans Affairs (VA) Handbook 5019, Part V.

*NOTE: Provision of influenza vaccine to employees, will be at no expense to the employee.*

(d) A signed consent for administration of seasonal influenza vaccine to employees is not required.

f. **Adverse Events are Reported.** Adverse events related to drug products and vaccines must be reported appropriately to the VA Adverse Drug Event Reporting System (ADERS) at: <https://vaww.apps.cmop.va.gov/medSafeportal>. *NOTE: This is an internal VA web site not available to the public.*

(1) All serious adverse events related to drugs or biologics must be reported to the Food and Drug Administration (FDA) MedWatch program by using the VA ADERS (see par. 2 of Directive 2008-059 Adverse Drug Event Reporting and Monitoring). These reports may be faxed directly to the FDA MedWatch program from VA ADERS.

(2) All adverse events related to vaccines must be reported to the FDA and CDC Vaccine Adverse Event Reporting System (VAERS) program through VA ADERS. The Vaccine Adverse Event Report submitted in VA ADERS may then be faxed directly to the FDA and CDC from VA ADERS.

(3) An adverse event, related to voluntary participation, in an employee annual influenza vaccination program is not a work-related Occupational Safety and Health Administration (OSHA) recordable event. This exclusion does not affect eligibility for Office of Workers' Compensation Programs (OWCP) claims.

g. **Necessary Procedures are in Place if There is an Influenza Vaccine Delay or Shortage.** If an influenza vaccine delay or a shortage occurs, prioritization plans for influenza vaccine must be developed at the local facility level. Vaccination efforts are to focus on targeted groups as identified in Attachment B. If there is a continued national influenza vaccine delay or shortage, the prioritization plans developed at the local facility level may need to be altered to be in alignment with applicable CDC updates and VHA communications from the Under Secretary for Health through Influenza Vaccine Advisories.

## 5. REFERENCES

a. CDC. "Prevention and Control of Influenza Recommendations of the Advisory Committee on Immunization Practices (ACIP) 2010," MMWR. Vol. 59 RR-8; 1-66: August 6, 2010. See at: <http://www.cdc.gov/mmwr/pdf/rr/rr5908.pdf>.

b. CDC. "Erratum: Vol. 59, No. RR-8." MMWR. August 13, 2010, 59(31); 993. See <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5931a6.htm>

c. CDC. "Recommended Adult Immunization Schedule – United States", 2010, MMWR. January 15, 2010, See <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5901a5.htm>

**VHA DIRECTIVE 2010-050**  
**November 16, 2010**

- d. CDC. "General Recommendations on Immunization," MMWR. Vol. 55 RR-15; 1-48: December 1, 2006. See <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5515a1.htm>
- e. CDC. "Influenza Vaccination of Health care Personnel," MMWR. Vol. 55 RR-2; 1-16; February 24, 2006. See <http://www.cdc.gov/mmwr/PDF/rr/rr5502.pdf>
- f. CDC. Prevention and Control of Vaccine-Preventable Diseases in Long-Term-Care Facilities. Atlanta, GA: US Department of Health and Human Services, CDC; 2006. Available at <http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>
- g. CDC. Infection Control Guidance for the Prevention and Control of Influenza in Acute-Care Facilities. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at <http://www.cdc.gov/flu/professionals/infectioncontrol/healtharefacilities.htm>
- h. CDC. Inactivated Influenza Vaccine, Vaccine Information Statement at: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flu.pdf>
- i. CDC. Live Intranasal Influenza Vaccine, Vaccine Information Statement at: <http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-flulive.pdf>
- j. CDC. Influenza (Flu) at: <http://www.cdc.gov/flu/>
- k. CDC. News about Vaccine Information Statements. See at: <http://www.cdc.gov/vaccines/pubs/vis/vis-news.htm#flu> .
- l. Public Health Information from VA. Influenza (Flu) at: <http://www.publichealth.va.gov/flu/>
- m. VA Influenza Toolkit Manual 2010--2011 at: <http://vawww.publichealth.va.gov/flu> . *This is an internal VA web site not available to the public.*
- n. U.S. Department of Labor, OSHA, Regulations (Title 29 Code of Federal Regulations (CFR) – Standards) Determination of Work-relatedness, Standard 1904.5, at: [http://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=9636](http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9636) .
- o. Title 42, United States Code, Chapter 6A, Subchapter XIX Vaccines, at: [http://www4.law.cornell.edu/uscode/42/usc\\_sup\\_01\\_42\\_10\\_6A\\_20\\_XIX.html](http://www4.law.cornell.edu/uscode/42/usc_sup_01_42_10_6A_20_XIX.html)
- p. Title 42 CFR, Chapter IV Centers for Medicare and Medicaid Services, Department of Health and Human Services, Part 483 Requirements for States and Long Term Care Facilities, [http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr483\\_main\\_02.tpl](http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title42/42cfr483_main_02.tpl)
- q. VHA Directive 2008-059.

**VHA DIRECTIVE 2010-050**  
**November 16, 2010**

**6. FOLLOW-UP RESPONSIBILITY:** The Chief Officer, Patient Care Services (11), is responsible for the contents of this Directive. Questions relating to influenza or the influenza vaccine may be referred to the Infectious Diseases Program Office at (513) 475-6398.

**7. RECISSIONS:** VHA Directive 2009-058 is rescinded. This VHA Directive expires on September 30, 2013.

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Under Secretary for Health

**DISTRIBUTION:** E-mailed to the VHA Publications Distribution List 11/16/2010

ATTACHMENT A

**INFLUENZA VACCINE AND ANTIVIRAL MEDICATIONS WITH ACTIVITY  
AGAINST SEASONAL INFLUENZA VIRUSES**

There are two types of trivalent influenza vaccines available for use in the United States (U.S.), trivalent inactivated influenza vaccine (TIV) and live, attenuated influenza vaccine (LAIV). Both TIV and LAIV contain an influenza A (H1N1) California/7/2009-like strain which was also the strain used for the 2009 pandemic H1N1 monovalent vaccine. These influenza vaccines are to be given in alignment with the package inserts provided by manufacturers, Center for Disease Control and Prevention (CDC) recommendations, and any Veterans Health Administration (VHA) communications from the Under Secretary for Health pertinent to influenza vaccines for the 2010-2011 influenza season. *NOTE: Information pertinent to influenza vaccines can be found in VA's Influenza Manual 2010-2011 at: <http://vaww.publichealth.va.gov/flu/>. This is an internal web site and is not available to the public.* Health care providers must give the most current and appropriate Vaccine Information Statements (VIS), developed by CDC, to patients, parents, legal representatives, health care personnel, and volunteers prior to administration of either Trivalent Inactivated Influenza Vaccine (TIV) or Live, Attenuated Influenza Vaccine (LAIV).

**1. Trivalent Inactivated Influenza Vaccine (TIV)**

a. TIV can be used for any person aged 6 months or older, including those who are healthy, and those with chronic medical conditions.

*NOTE: There are currently six TIVs available in the United States for the 2010 – 2011 influenza season: Fluzone® a formulation approved for those who are 6 to 35 months of age, a formulation approved for those who are 36 months old or older, and a formulation approved for those who are 6 months old or older; Fluzone High-Dose approved for those who are 65 years of age or older, Fluvirin® approved for those who are 4 years of age and older; Fluarix® approved for those who are 3 years of age or older; FluLaval® approved for those who are 18 years of age and older; and Afluria® approved for those who are 6 months old or older.*

b. TIV is administered annually.

c. TIV has vaccine virus strains updated annually.

d. TIV contains noninfectious virus (i.e., inactivated, killed).

e. TIV is administered intramuscularly by injection. *NOTE: Adults and older children need to be vaccinated in the deltoid muscle. Consideration needs to be given to using a needle length of at least 1 inch, because shorter needles may not penetrate muscle tissue in certain adults and older children. Infants and young children less than 12 months should be vaccinated in the anterolateral aspect of the thigh using a needle length of 7/8 – 1 inch.*

f. TIV cannot cause influenza.

**VHA DIRECTIVE 2010-050**  
**November 16, 2010**

- g. TIV can be co-administered with influenza antivirals.
- h. TIV can be administered in the presence of minor illnesses with or without fever.
- i. TIV usage for those who have experienced Gullian-Barré Syndrome (GBS)

(1) Usage of TIV for those who have experienced GBS is an issue. Whether influenza vaccination specifically might increase the risk for recurrence of GBS is unknown. However, as a precaution, persons who are not at high risk for severe influenza complications and who are known to have experienced GBS within 6 weeks of receipt of an influenza vaccine generally should not be vaccinated. As an alternative, physicians might consider using influenza antiviral chemoprophylaxis for these persons.

(2) Although data are limited, the established benefits of influenza vaccination might outweigh the risks for many persons who have a history of GBS and who are also at high risk for severe complications from influenza.

j. CDC recommendations indicate that TIV can be simultaneously administered with other vaccines; however, co-administration with other vaccines has been evaluated systematically only among adults who received pneumococcal polysaccharide vaccine or zoster vaccine.

k. Moderate or severe acute illness with or without fever is a precaution for TIV.

l. Persons who should be vaccinated with TIV include:

(1) Children aged 6 months to less than 2 years of age.

(2) Persons aged 50 years and older. For the subset of persons 65 years of age or older, FDA has approved a TIV with a higher hemagglutinin (HA) antigen concentration (Fluzone High-Dose [sanofi pasteur]). Currently, there is no preferential recommendation to use this vaccine as opposed to other FDA-approved trivalent inactivated vaccines for this age group. The decision to use this vaccine should be as the result of a discussion between the health care provider and vaccine recipient.

(3) Children and adolescents (aged 6 months to 18 years) who are receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection.

(4) Women who are, or will be, pregnant during the influenza season.

(5) Adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological or neuromuscular conditions, hematological or metabolic disorders (including diabetes mellitus).

(6) Adults and children who are immunosuppressed, including immunosuppression caused by medications or by human immunodeficiency virus.

(7) Residents of Community Living Centers, nursing homes and other long-term care facilities.

(8) Family members, health care personnel, and others who have close contact with immunosuppressed persons requiring a protected environment (e.g., hematopoietic stem cell transplant recipients).

m. Persons who should not be vaccinated with TIV include:

(1) Children less than 6 months of age;

(2) Persons known to have anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine unless the recipient has been desensitized; and

(3) Persons with moderate to severe acute febrile illness usually should not be vaccinated until their symptoms have abated.

## **2. Live, Attenuated Influenza Vaccine (LAIV)**

a. LAIV may be used for healthy non-pregnant persons 2 years to 49 years of age. **NOTE:** *Since safety or effectiveness has not been established in persons with underlying medical conditions that confer a higher risk of influenza complications, it is generally stated for use in healthy, non-pregnant persons aged 2 years to 49 years of age (use of the term healthy in this recommendation refers to persons who do not have any of the underlying medical conditions that confer high risk for severe complications).* **NOTE:** *There is currently one LAIV available in the United States for the 2010-2011 influenza season: FluMist®.*

b. LAIV is administered annually.

c. LAIV is updated annually with vaccine virus strains.

d. LAIV is administered intranasally by sprayer.

e. LAIV contains live attenuated influenza viruses that have the potential to cause mild signs or symptoms related to vaccine virus infection (e.g., rhinorrhea, nasal congestion, fever, or sore throat).

f. LAIV can be administered to appropriate persons with minor acute illnesses (e.g., diarrhea or mild upper respiratory tract infection with or without fever). However, if nasal congestion is present that might impede delivery of the vaccine to the nasopharyngeal mucosa, deferral of administration needs to be considered until resolution of the illness, or TIV should be administered instead.

**VHA DIRECTIVE 2010-050**  
**November 16, 2010**

- g. If the LAIV recipient sneezes after administration, the dose should not be repeated.
- h. If influenza antiviral therapy has been taken, LAIV should not be administered until 48 hours after cessation of influenza antiviral therapy, and influenza antiviral medications should not be administered for 2 weeks after receipt of LAIV.
- i. Persons receiving antivirals within the period 2 days before to 14 days after vaccination with LAIV should be revaccinated at a later date.
- j. CDC recommendations indicate that LAIV can be simultaneously administered with other vaccines; however, co-administration has been evaluated systematically only among children aged 12 months to 15 months of age who received measles, mumps, and rubella or varicella vaccine. CDC further suggests that it may be prudent to space vaccinations of LAIV and other live vaccines at least 4 weeks apart.
- k. As a precautionary measure, health care personnel who receive LAIV need to avoid providing care to severely immunosuppressed patients requiring a protective environment (e.g., hematopoietic stem cell transplant recipients) for 7 days after vaccination.
- l. Hospital visitors who received LAIV need to avoid contact with severely-immunosuppressed persons requiring a protective environment (e.g., hematopoietic stem cell transplant recipients) for 7 days after vaccination.
- m. Medical personnel at higher risk for influenza complications (including persons with underlying medical conditions placing them at higher risk or who are likely to be at risk, including pregnant women, persons with asthma, and persons aged 50 years or older) can administer LAIV.
- n. LAIV should not be administered by severely immunosuppressed persons.
- o. LAIV is an option for vaccination of healthy, non-pregnant persons aged 2 years to 49 years, including health care personnel and other close contacts of high-risk persons.
- p. A moderate or severe illness with or without fever is a precaution for use of LAIV.
- q. Development of GBS within 6 weeks following a previous dose of influenza vaccine is considered to be a precaution for the use of influenza vaccines.
- r. Persons who should not be vaccinated with LAIV include:
  - (1) Children less than 2 years of age;
  - (2) Persons aged 50 years or older;
  - (3) Persons with a history of hypersensitivity, including anaphylaxis, to any of the components of LAIV or to eggs;

- (4) Persons with asthma;
- (5) Adults and children who have chronic pulmonary, cardiovascular (except hypertension) renal, hepatic, neurological or neuromuscular conditions, hematological, or metabolic disorders (including diabetes mellitus);
- (6) Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV);
- (7) Children 2 years to 4 years of age whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma, or whose health record indicates a wheezing episode has occurred during the preceding 12 months;
- (8) Children or adolescents aged 6 months to 18 years receiving aspirin or other salicylates (because of the association of Reye syndrome with wild-type influenza virus infection);
- (9) Pregnant women; and
- (10) Close contacts of immunosuppressed persons who require a protected environment.

### **3. Antiviral Medications with Activity Against Influenza Viruses**

a. 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 and for chemoprophylaxis after an exposure to the influenza virus. These agents are not a substitute for vaccination, although they are critical adjuncts in preventing and controlling influenza.

b. During the 2007-2008 influenza season, there was some resistance of influenza A (H1N1) viruses to Oseltamivir, but no identified resistance to influenza B viruses. Influenza A (H1N1) virus strains that were resistant to Oseltamivir remained sensitive to Zanamivir. Oseltamivir and Zanamivir were the only antiviral medications for influenza recommended for use in the United States. This recommendation was carried through for the early part of the 2008-2009 influenza season.

c. September 22, 2009, CDC published Updated Interim Recommendations for the Use of Antiviral Medications in the Treatment and Prevention of Influenza for the 2009-2010 Season (see <http://www.cdc.gov/h1n1flu/recommendations.htm>). As noted in this CDC document, the guidance can be adapted according to local epidemiologic data, antiviral susceptibility patterns, and antiviral supply considerations. Clinical judgment is always an important part of treatment decisions.

d. As of June 2010, in the United States approximately 99 percent of seasonal influenza A (H1N1) viruses (i.e., H1N1 viruses not associated with the 2009 pandemic) tested have been resistant to oseltamivir. None of the influenza A (H3N2) or influenza B viruses tested were

**VHA DIRECTIVE 2010-050**  
**November 16, 2010**

resistant to oseltamivir. However, few seasonal influenza viruses isolated after May 2009 are available for testing.

e. As of June 2010, with few exceptions, 2009 pandemic influenza A (H1N1) virus strains that began circulating in April 2009 remained sensitive to oseltamivir, and all were sensitive to zanamivir.

f. CDC recommendations for antiviral use to be published at a later date in 2010.

**ATTACHMENT B**

**DELAY OR SHORTAGE OF SEASONAL INFLUENZA VACCINE**

If there is a delay or shortage of seasonal influenza vaccine, focus vaccination efforts on the following groups:

1. Children aged 6 months to 4 years of age;
2. Persons aged 50 years and older;
3. Persons who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurological or neuromuscular conditions (include any condition such as cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function, or the handling of respiratory secretions, or that can increase the risk for aspiration, and hematological or metabolic disorders (including diabetes mellitus);
4. Persons who have immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus);
5. Women who are or will be pregnant during the influenza season;
6. Children and adolescents (aged 6 months – 18 years of age) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye syndrome after influenza virus infection;
7. Residents of Community Living Centers, nursing homes, other long-term care facilities, and any other chronic-care facilities;
8. American Indians and Alaska Natives;
9. Persons who are morbidly obese (body-mass index of 40 or greater);
10. Health care personnel;
11. Household contacts and caregivers of children less than 5 years of age and adults aged 50 years and older, with particular emphasis on vaccinating contacts of children aged less than 6 months; and
12. Household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

***NOTE:** If there is a continued limited supply of seasonal influenza vaccine nationally, it may become necessary for a national tiered timing of vaccination of different groups as announced by the Centers for Disease Control and Prevention and the Under Secretary for Health.*