



City Health Information

October 2004

The New York City Department of Health and Mental Hygiene

Vol. 23(6):29-32

INFLUENZA: PREVENTION AND CONTROL, 2004-2005

Only People at Risk of Serious Illness or Death From the Flu Should Be Vaccinated This Year

People 65 and older and children 6 to 23 months are at highest risk.

Most healthy people ages 2 to 64 should NOT be vaccinated.

NEW YORK CITY, October 2004 — With only half the nation's influenza vaccine available,¹ the New York City Department of Health and Mental Hygiene (DOHMH), along with federal and state health officials, strongly urges doctors, medical providers, and private employee vaccination programs in New York City to strictly follow new recommendations from the Centers for Disease Control and Prevention (CDC) that aim to get limited vaccine supplies to the people who need it most. (See KEY RECOMMENDATIONS on page 30.)

These recommendations are now the standard of care throughout New York State. With strict prioritization, we should be able to vaccinate most New Yorkers at highest risk, including all people 65 and older who want a flu shot.

Health care providers fortunate enough to have vaccine must follow CDC recommendations. Those with remaining supplies after vaccinating high-risk patients should NOT vaccinate low-risk persons! **Instead, call our Provider Access Line** (see RESOURCES). We will re-distribute remaining vaccine to areas and institutions in New York City where the risk of severe illness or death from influenza is greatest.

Many providers will not have vaccine. They should encourage high-risk patients to search for flu shots locally. DOHMH clinics will continue to vaccinate high-risk adults (we do not carry pediatric vaccine). People may experience long lines or be asked to return later.

DOHMH is also providing flu vaccine to people 65 and older at more than 300 senior centers operated by the New York City Department for the Aging. We will continue to distribute pediatric vaccine to providers who participate in our Vaccines for Children program.

Providers should encourage the use of FluMist™, a recently licensed live intranasal influenza vaccine, among healthy persons age 5 to 49, with certain exceptions (see page 31).

All patients — whether they get a flu shot or not — should be advised to take simple but effective precautions to help stop the spread of flu — *cover your cough, wash hands frequently with soap and water, stay home if you're sick with fever and cough.*

Recognizing the need for rapid communication, we will issue regular updates on flu activity and vaccine availability through our HAN (Health Alert Network).

We are determined to get through this season with as few serious flu-related illnesses and deaths as possible, but there is no way to do that without your help. Medical providers in New York City must act fairly and equitably to ensure that limited vaccine supplies are made available to people most in need.

Thomas R. Frieden, M.D., M.P.H.
Commissioner

PREVENTING INFLUENZA AND ITS COMPLICATIONS

Only Populations at High Risk for Influenza-Related Complications Should Be Vaccinated During the 2004-2005 Flu Season

TABLE 1. KEY RECOMMENDATIONS

Who Should Be Vaccinated This Season?

1. People age 65 and older.
2. Children age 6 to 23 months.
3. People age 6 months and older with chronic medical conditions.
4. Pregnant women.
5. Residents of nursing homes and other long-term-care facilities.
6. Children age 6 months to 18 years on long-term aspirin therapy.
7. Caregivers and household contacts of infants under 6 months.*
8. Health care workers with direct patient contact.*

* FluMist™ (LAIV) may be administered to healthy contacts of infants < 6 months and health care workers with direct patient contact.

THESE RECOMMENDATIONS ARE THE STANDARD OF CARE throughout New York State and take precedence over guidelines issued prior to the vaccine shortage. Healthy people ages 2 to 64 should NOT be vaccinated unless they belong to one of these groups.

Source: Centers for Disease Control and Prevention¹

1. People age 65 and older.^{1,2}

Health care providers should make every effort to vaccinate all patients in this age group.

- The elderly are the highest priority for vaccination because they have the highest mortality rates. People 65 and older account for 90% of flu-related deaths.
- Influenza vaccination dramatically reduces hospitalizations among people 65 and older — not only for influenza and pneumonia, but also for heart disease and stroke.³
- People 65 and older who are immunized against flu have a 50% lower risk of dying from all causes during flu season.³

2. Children age 6 to 23 months.^{1,2}

Health care providers should make every effort to vaccinate all patients in this age group.

Young children, especially those under 2 years, have the highest hospitalization rates for influenza and its complications — substantially higher, even, than healthy adults 65 years and older.^{4,5}

3. People age 6 months and older with chronic medical conditions:^{1,2}

- Heart disease.
- Pulmonary disorders, including emphysema and asthma.
- Diabetes.
- Renal disease.
- Hemoglobinopathies.
- Immunodeficiency caused by HIV infection or immunosuppressive therapy (such as radiation therapy, chemotherapy, and high-dose steroids).

Patients with high blood pressure or high cholesterol are not at higher risk for complications of influenza and, unless indicated by age or other conditions listed in Table 1, should NOT be vaccinated this year.

4. Pregnant women.^{1,2}

Pregnant women are at increased risk for influenza-related complications and hospitalization, and should be vaccinated this year.

Inactivated influenza vaccine has *not* been associated with adverse fetal effects, even when given in the first trimester.

5. Residents of nursing homes and other long-term-care facilities.^{1,2}

The vaccination of residents (and staff) is critical to prevent dangerous outbreaks.

Influenza vaccination of health care workers in long-term-care facilities has been shown to dramatically decrease deaths among residents. Employee vaccination rates of over 50% are associated with an estimated 40% decline in resident deaths.^{6,7}

6. Children age 6 months to 18 years on long-term aspirin therapy.^{1,2}

Because of the risk of Reye syndrome associated with salicylates in the presence of influenza infection, children and adolescents age 6 months to 18 years on long-term aspirin therapy should be vaccinated.

7. Caregivers and household contacts of infants under 6 months.^{1,2}

While these infants have high influenza-related hospitalization rates, influenza vaccine is not approved for them. Vaccinating caregivers and household contacts protects infants under 6 months.

FluMist™ (LAIV) may be administered to healthy caregivers and contacts (see page 31).

8. Health care workers with direct patient contact.^{1,2}

“Direct contact” is defined as routine daily hands-on or face-to-face contact with patients. This would include doctors, nurses, and others who care for patients; paramedics; and triage receptionists with frequent face-to-face patient contact.

Facilities with limited vaccine supply should *first* vaccinate staff in direct contact with the highest-risk patients (e.g., those who work in neonatal intensive care units, transplant units, and emergency departments).

FluMist™ (LAIV) may be administered to all health care workers except those in direct contact with severely immunocompromised patients in special care units (*see below*).

TABLE 2. INFLUENZA VACCINATION: CONTRAINDICATIONS AND ADVERSE EFFECTS

Contraindications

- Known anaphylactic hypersensitivity to eggs or to other components of the vaccine.
- A history of a severe reaction to influenza vaccine.

Possible Adverse Effects

- Soreness at the injection site (15%-20% of those vaccinated).
- Fever and malaise (rare — usually in persons without prior exposure, such as young children).
- Allergic reactions (rare).

Vaccinating Children in High-Risk Groups

Children under 9 years who have not been previously vaccinated require 2 doses of pediatric vaccine. However, available vaccine should NOT be held in reserve to ensure that the second dose will be available.

Live Intranasal Influenza Vaccine (LAIV) Is Encouraged For Use in Most Healthy Persons

FluMist™, a live attenuated intranasal influenza vaccine, was licensed in 2003 for use in healthy persons ages 5 to 49 years. It should be encouraged this season for healthy contacts of high-risk individuals, including caregivers and household contacts of infants under 6 months and health care workers with direct patient contact.

FluMist™ should NOT be used in immunocompromised patients, those with chronic medical conditions, or pregnant women. Health care workers who receive LAIV should avoid contact with severely immunosuppressed patients for 7 days after vaccination.

For more information, visit: www.cdc.gov/flu/about/qa/nasal-spray.htm.

Pneumococcal Vaccine Should Be Encouraged

Pneumococcal polysaccharide vaccine (PPV23) reduces the risk of bacterial complications of influenza infection. It is recommended for all persons 65 and older and for many of the same groups for whom influenza vaccine is indicated.

Physicians should vaccinate all eligible patients with PPV23 — especially those who do not receive influenza vaccine this year.

Generally, only one lifetime dose is needed. However, a single re-vaccination is recommended after 5 years for immunocompromised patients and people over 65 who were vaccinated *before* age 65.

TREATING INFLUENZA^{2,8}

There are currently 4 licensed agents effective against influenza — amantadine, rimantadine, zanamivir, and oseltamivir. All 4 agents are pregnancy Category C (pregnancy and fetal risks are presently unknown). Treatment with antiviral drugs for influenza is an adjunct to influenza vaccine for the prevention and control of influenza.

These agents are not a substitute for vaccination and widespread use is normally discouraged to avoid unnecessary adverse effects and increases in the development of drug-resistant strains. Should these or other treatment guidelines change in the current vaccine shortage, DOHMH will update providers.

Antivirals given within 2 days of illness onset can reduce the duration of illness, but evidence for prevention of influenza-related complications is limited. In the absence of vaccination, antivirals may be indicated for use in groups with high influenza-related mortality. Antivirals remain an important strategy for controlling influenza outbreaks in institutions.

For detailed information on the use of antiviral agents in influenza treatment and prophylaxis; dosage (including adjustments for persons 65 years and older, with impaired renal function and/or liver disease, or with seizure disorders); and adverse effects and contraindications visit www.cdc.gov/flu/professionals/treatment/.

TABLE 3. INACTIVATED INFLUENZA VACCINE DOSAGE, BY AGE

	Dosage	Number of Doses	Route
6–35 months	0.25 mL	1* or 2**	IM
3–8 years	0.50 mL	1* or 2**	IM
9 years	0.50 mL	1*	IM

*Only one dose is needed if the child received influenza vaccine during a previous influenza season.

**The second dose should be administered at least one month after the first dose. (However, available vaccine should NOT be held in reserve to ensure that the second dose will be available.)

Source: Centers for Disease Control and Prevention²

REPORTING AND SURVEILLANCE

DOHMH intensively monitors influenza activity, along with many partners. Through our HAN (Health Alert Network) we will provide regular updates throughout the season to health care providers, hospitals, and nursing homes on levels of flu activity and vaccine availability.

Hospitals and nursing homes must report the occurrence of one or more laboratory-confirmed nosocomial cases of influenza and/or any increased incidence of influenza-like illness (temperature $\geq 100^{\circ}\text{F}$, with either cough or sore throat, in the absence of another known disease).

Long-term-care facilities experiencing a suspected or confirmed influenza outbreak must complete the Nosocomial

Report Form DOH 4018 and fax it to the New York State Department of Health (NYS DOH), Bureau of Communicable Disease Control, at 518-474-7381. For a copy of the form, visit www.health.state.ny.us/nysdoh/infection/infecreport.pdf. The NYS DOH will notify the NYC DOHMH. Questions about nosocomial influenza reporting can be directed to the New York City Influenza Surveillance Coordinator at 212-442-9050.

In addition, providers should report suspected influenza-related deaths in children younger than 18 years to the Bureau of Communicable Disease at 212-788-9830 during normal business hours. After hours, call the Poison Control Center at 212-764-7667.

RESOURCES

NYC Department of Health and Mental Hygiene

- Provider Access Line: 1-866-692-3641
After business hours: 212-764-7667
- Health Alert Network (HAN):
www.nyc.gov/health/nycmed or 1-888-692-6339
- E-mail questions to DOHMH: nycflu@health.nyc.gov
- Provider information:
nyc.gov/html/doh/html/imm/impinfo.html

Other Organizations

- NYC Department for the Aging (schedule of vaccinations at 300 senior centers): www.nyc.gov/html/dfta/pdf/04-05calender.pdf
- Centers for Disease Control and Prevention: 1-800-232-2522 or www.cdc.gov/flu/professionals/treatment/
- Immunization Action Coalition: www.immunize.org

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October 2004 The New York City Department of Health and Mental Hygiene Vol. 23(6):29-32

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Suggested citation: Zucker J, Palevsky S, Wake E, Nivin B, Freiden T.

Influenza: Prevention and Control; 2004-2005. *City Health Information*. 2004;23:29-32.