



# City Health Information

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## INFLUENZA PREVENTION AND CONTROL, 2010-2011

- Everyone aged 6 months and older should be immunized against influenza.
- All pregnant women should receive inactivated vaccine.
- Every health care worker should receive an annual influenza vaccination.
- The A (H1N1) influenza virus component of this year's vaccine is the same as last year's pandemic strain.
- A new high-dose seasonal vaccine is indicated for adults aged 65 years and older.

In the 2009-2010 influenza season, a novel influenza virus, 2009 pandemic influenza A (H1N1) (pH1N1), affected about 61 million people in the United States (US), causing more than 274,000 hospitalizations and 12,500 deaths.<sup>1</sup> In New York City (NYC), 2,063 hospitalizations and 124 deaths were attributed to influenza A.<sup>2</sup> Unlike in previous years, the highest hospitalization rates were in younger age groups, and most patients hospitalized with influenza in NYC had chronic health conditions such as asthma or diabetes.<sup>1,3,4</sup> Most deaths due to influenza were in adults aged 50 to 64 years; 80% of these fatalities were in people with underlying medical conditions.<sup>5</sup>

Seasonal influenza causes an average of about 226,000 hospitalizations<sup>1</sup> and 23,600 deaths<sup>6</sup> in the US each year. People aged 65 years and older remain at high risk for severe complications of seasonal influenza, as do children younger than 2 years old and people of any age with chronic health conditions (**Table 1**).<sup>4</sup>

Annual influenza vaccination is the most effective way of preventing influenza and its complications. Vaccination is now universally recommended for everyone aged 6 months and older, including healthy nonpregnant adults aged 19 through 49 years (unless medically contraindicated, ie, egg allergy), with priority given to groups listed in the box on the next page.<sup>4</sup>

### TABLE 1. MEDICAL CONDITIONS THAT INCREASE RISK FOR SEVERE INFLUENZA COMPLICATIONS

- Chronic pulmonary disorders (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus)
- Immunosuppression, including HIV-related or caused by medication or malignancy
- Long-term aspirin therapy in children and adolescents <19 years because of the risk for Reye syndrome after influenza infection



### PRIORITY GROUPS FOR INFLUENZA VACCINATION<sup>4</sup>

- Children aged 6 through 59 months
- People aged  $\geq 50$  years, especially those  $\geq 65$  years
- People of any age with certain high-risk medical conditions (**Table 1**)
- Women who are pregnant or will be pregnant during influenza season
- Residents of long-term care facilities (aged  $\geq 6$  months)
- American Indians/Alaskan Natives
- People with body mass index  $\geq 40$  kg/m<sup>2</sup>
- Health care workers
- Household contacts and caregivers of:
  - children aged  $< 5$  years, especially  $< 6$  months
  - adults aged  $\geq 50$  years, especially those  $\geq 65$  years
  - people with certain medical conditions (**Table 1**)

Visit [www.nyc.gov/flu](http://www.nyc.gov/flu) for updated recommendations.

### INFLUENZA IN CHILDREN

The burden of influenza in children includes increased visits to clinics, emergency departments, and hospitals and excess use of antibiotics.<sup>7,8</sup> Infants and children younger than 2 years of age are at greater risk for hospitalization than older children and at similar risk to people aged 65 and older.<sup>4</sup> The children at highest risk for severe influenza complications are those aged 6 through 59 months and those with certain medical conditions, including neurologic/developmental disorders (**Table 1**).<sup>4</sup> From April 2009 to March 2010, more than 300 pediatric deaths attributed to laboratory-confirmed 2009 pH1N1 influenza were reported to the Centers for Disease Control and Prevention; the majority of these children had one or more underlying medical conditions.<sup>4</sup>

School-aged children are important agents in the chain of influenza transmission, leading to adverse consequences such as school absenteeism, increased antibiotic use and medical care visits, and parental work loss.<sup>9</sup> Reducing influenza among children may reduce its spread to household contacts and within the community.<sup>4,10</sup> In one community-based trial, vaccination of approximately 20% to 25% of children aged 1½ to 18 years resulted in indirect protection against medically attended acute respiratory illness of 8% to 18% of adults aged 35 years and older.<sup>11</sup>

### INFLUENZA IN ADULTS

Pregnant women have a 4-fold greater risk of hospitalization than nonpregnant women.<sup>12</sup> Vaccinating pregnant women against influenza protects them and provides immunity to newborn children.<sup>13</sup> All pregnant women should be vaccinated during influenza season with inactivated influenza vaccine containing no more than 1.25  $\mu$ g of mercury per 0.5-mL dose (see **Table 2**, page 53).<sup>4,14</sup> Vaccination is recommended at any stage of pregnancy.

The NYC Health Department strongly recommends that all health care workers and others who can transmit influenza

to high-risk people be vaccinated. Vaccination coverage among health care workers in New York State increased considerably in the 2009-2010 influenza season as a result of a state-mandated vaccination requirement; 75% of health care workers were vaccinated, compared with 37% in the 2008-2009 season.<sup>15</sup> Because it is important to continue this progress, health care facilities should provide vaccination for all staff who have patient contact.

### VACCINATION PRACTICE TIPS

- Make vaccinations more convenient: consider evening and weekend hours.
- Prominently display educational materials about immunization in your waiting room (**Resources**).
- Use every office visit as an opportunity to vaccinate. Recommending vaccination for patients and their children will increase the vaccination rate.<sup>16</sup>
- Inform parents about the number of doses their children need to receive (see **Table 2**, page 53, and **Box**, top of page 52).
- Take time to discuss any concerns that patients or parents may have about vaccination.
- Protect yourself and your patients. Be a role model: get vaccinated and have your staff do the same.
- Use standing orders for large practices, ambulatory care centers, inpatient facilities, emergency departments, pharmacies, and long-term care facilities (<http://www.nyc.gov/html/doh/downloads/pdf/imm/imm-flu-so2010.pdf>).
- Enroll in the Citywide Immunization Registry (see **Box** below).

Many insurance providers now cover the cost of vaccine administration and are phasing out copays for preventive services, including influenza and pneumococcal immunizations. Under the Affordable Care Act, as of September 23, 2010,

### THE CITYWIDE IMMUNIZATION REGISTRY

The New York Citywide Immunization Registry (CIR) is an electronic central record-keeping system that tracks the immunization status of people vaccinated in NYC. The CIR:

- Identifies patients who are due for an immunization.
- Provides an official printout of an immunization record.
- Maintains the security and confidentiality of patient information.

You must report immunizations given to children  $< 19$  years of age. Reporting of immunizations given to patients  $\geq 19$  years is voluntary with patients' documented consent. Providers administering seasonal influenza and pneumococcal vaccines should encourage their adult patients to participate in the CIR to ensure availability of future vaccination records.

To register, visit the CIR Web site: [www.nyc.gov/cir](http://www.nyc.gov/cir), or call 212-676-2323 for more information.

## CPT BILLING CODES FOR INFLUENZA AND PPSV VACCINATION

90655	Influenza virus vaccine, split virus, preservative free, for children 6-35 months of age, for intramuscular use
90656	Influenza virus vaccine, split virus, preservative free, for use in individuals 3 years of age and above, for intramuscular use
90657	Influenza virus vaccine, split virus, for children 6-35 months of age, for intramuscular use
90658	Influenza virus vaccine, split virus, for use in individuals 3 years of age and above, for intramuscular use
90660	Influenza virus vaccine, live, for intranasal use
90662	Influenza virus vaccine, split virus, preservative free, enhanced immunogenicity via increased antigen content, for use in adults 65 years of age and above, for intramuscular use
G0008	Administration of influenza virus vaccine
90473	Administration of intranasal influenza virus vaccine
90732	Pneumococcal polysaccharide vaccine (PPSV), 23-valent, adult or immunosuppressed patient dosage, for use in individuals 2 years or older, for subcutaneous or intramuscular use
G0009	Administration of pneumococcal vaccine

consumers in new health plans can receive immunizations without incurring a copay, deductible, or coinsurance. Consult the Centers for Medicare and Medicaid Services at 877-267-2323 or [www.cms.hhs.gov](http://www.cms.hhs.gov) for current billing information. See **Box** above for CPT billing codes for influenza and pneumococcal vaccination.

## ADMINISTERING VACCINE

Although influenza activity generally peaks in early winter, influenza virus circulates all year round. Begin vaccinating when you receive vaccine and continue until vaccine is expired. Vaccinate children early because certain children will need 2 doses of influenza vaccine (see specific dosing recommendations in **Box** on page 52.)

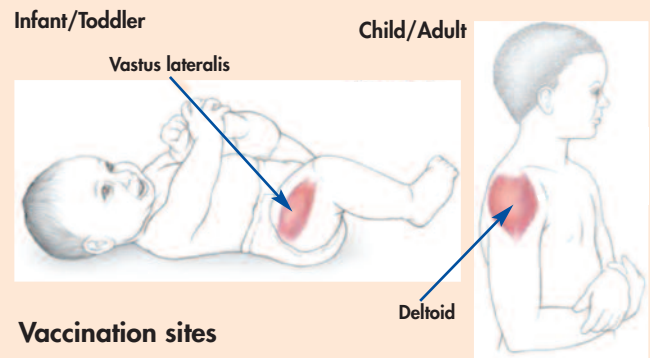
**Obtaining vaccine.** Vaccine is still available for purchase. Go to [www.nyc.gov/html/doh/flu/downloads/pvf/providers/flu-vac-ordering-form.pdf](http://www.nyc.gov/html/doh/flu/downloads/pvf/providers/flu-vac-ordering-form.pdf) for a list of manufacturers and [www.flusupplynews.com](http://www.flusupplynews.com) for a list of distributors. If you are enrolled in the Vaccines for Children (VFC) Program, you can order vaccine for all eligible children and adolescents online at [www.nyc.gov/health/cir](http://www.nyc.gov/health/cir) and log on to the Online Registry. You may also fax your order using the VFC 2010-2011 Seasonal Influenza Vaccine Order Form, available at [www.nyc.gov/html/doh/flu/html/providers/providers.shtml](http://www.nyc.gov/html/doh/flu/html/providers/providers.shtml). If you vaccinate children and are not enrolled in the VFC program, you are encouraged to register.

**Storing vaccine.** Store vaccines correctly to ensure full potency (see [www.immunize.org/catg.d/p3035chk.pdf](http://www.immunize.org/catg.d/p3035chk.pdf) for a sample safety and storage checklist). Do not use expired vaccine. Unopened, intact H1N1 vaccine expiring in 2011 can be returned via the CDC Central Vaccine Recovery Program, using prepaid UPS mailers sent to providers. For further information, please see <http://www.nyc.gov/html/doh/html/imm/immpinfosh.html> and scroll to “Influenza/Pneumococcal Information.”

**Recordkeeping.** Give patients and parents the Vaccine Information Statement (VIS) to read before they are vaccinated ([www.immunize.org/VIS](http://www.immunize.org/VIS)). Have those who refuse vaccine sign a Refusal to Receive Vaccination form, available at [www.nyc.gov/html/doh/downloads/pdf/imm/immiv-refusal.pdf](http://www.nyc.gov/html/doh/downloads/pdf/imm/immiv-refusal.pdf). If you use an electronic health record system, you can have the system enable automatic patient reminders. If you still use paper records, use the Vaccine Administration Record for Adults or a preventive services flow sheet to record vaccines ([home2.nyc.gov/html/doh/downloads/pdf/imm/imm-var.pdf](http://home2.nyc.gov/html/doh/downloads/pdf/imm/imm-var.pdf)).

**Administering vaccine.** Administer vaccine intramuscularly at a 90° angle. Choose needle size based on the patient’s weight: heavier patients require a longer needle (see **Figure**). The needle should be long enough to reach the muscle mass and prevent vaccine from seeping into subcutaneous tissue, but not long enough to reach the underlying bone.<sup>17</sup>

## FIGURE. ANATOMICAL SITES FOR INTRAMUSCULAR IMMUNIZATION



### Vaccination sites

- Adults and older children: Deltoid muscle.
- Infants and children aged 6 through 35 months: Preferred site is the anterolateral aspect of the thigh.

### Recommended needle lengths

- Adults and older children: ≥1 in. (>25 mm) (longer needles may be needed, depending on the patient’s size).
- Children with adequate deltoid muscle mass: 7/8 in. to 1.25 in.
- Children aged <12 months: 7/8 in. to 1 in.

Sources: ACIP recommendations and product prescribing information.

Figure used with permission of the California Department of Public Health Immunization Branch.

### 2010-2011 SEASONAL INFLUENZA VACCINE DOSING RECOMMENDATIONS FOR CHILDREN AGED 6 MONTHS THROUGH 8 YEARS

All children aged 6 months and older should receive at least one dose of seasonal influenza vaccine this season.

Children 6 months through 8 years of age should receive a second dose of seasonal influenza vaccine, at least 4 weeks after the first dose, if at least one of the following applies:

1. Child never received seasonal influenza vaccine before.
2. Child received no doses of H1N1 vaccine during the previous (2009-2010) flu season.
3. Child received seasonal flu vaccine for the first time during the 2009-2010 flu season, but only got one dose.
4. Child's prior influenza vaccination history cannot be determined.

#### Special note on children with a history of influenza disease:

Children with documented 2009 pH1N1 infection confirmed via **RT-PCR** or **H1N1-specific viral culture** are likely immune and may receive one dose of 2010 seasonal influenza vaccine **ONLY** if they have received an adequate number of doses of seasonal influenza vaccine in the past. Children who tested positive on a rapid test for influenza A are **NOT** considered confirmed cases and should be immunized according to current recommendations.

### AVAILABLE VACCINES

The 2010-2011 influenza vaccine is available in inactivated (TIV) and live attenuated (LAIV) forms (**Table 2**). This year's vaccine contains an A/California/7/2009 (H1N1)-like virus, an A/Perth/16/2009 (H3N2)-like virus, and a B/Brisbane/60/2008-like virus.<sup>4</sup> H3N2 and pH1N1 influenza viruses have already been detected this season.<sup>18</sup> None of the available vaccines should be given to patients with known anaphylactic hypersensitivity to eggs.

**TIV.** Trivalent inactivated influenza vaccine is administered as an intramuscular injection. Contraindications are rare and everyone can receive vaccine this year, but people who have moderate to severe acute febrile illness should defer vaccination until their illness improves. A history of Guillain-Barré syndrome (GBS) within 6 weeks following a dose of TIV is considered a precaution for use of TIV.<sup>4</sup>

New TIV approvals for the 2010-2011 influenza season:

- Fluarix is approved for children 36 months and older.
- CSL Biotherapies' inactivated vaccine, under the brand name Afluria, was previously recommended for children aged 6 months through 8 years. However, due to recent reports of an association between Afluria and fever and febrile seizures in younger children, the Advisory Committee on Immunization Practices has recently revised its recom-

mendations to reflect that *Afluria should not be given to children aged 6 months through 8 years*. Other age-appropriate, licensed seasonal influenza vaccines should be used instead. If no other age-appropriate, licensed seasonal influenza vaccine is available for children aged 5 through 8 years with medical conditions that increase their risk for influenza complications, Afluria can be used, but you should discuss its benefits and risks with parents or caregivers before administering this vaccine. Afluria may be used for individuals aged 9 years and older.<sup>19</sup>

- Agriflu, a newly licensed standard-dose vaccine, is indicated for adults aged 18 years and older.
- Fluzone High-Dose, a new higher-dose trivalent inactivated vaccine that contains 4 times the amount of influenza antigen of other vaccines and produces a more robust immune response, is indicated for adults 65 years and older.

**LAIV.** Live attenuated influenza vaccine is administered intranasally and licensed for use only in healthy people aged 2 through 49 years. It should not be given to pregnant women or to patients with asthma/recurrent wheezing, altered immunocompetence, underlying medical conditions predisposing to complications (**Table 1**), or a history of GBS. When considering LAIV for children aged 2 to 4 years, screen for possible reactive airway disease, and use TIV if hyperreactivity is identified.<sup>4</sup>

Children aged 9 years and older and adults should receive one dose of TIV or LAIV. Children aged 6 months through 8 years should receive at least one dose of vaccine this year; a second dose is recommended as detailed in the **Box** at left.

### HEALTH CARE WORKERS CAN RECEIVE LAIV

- Health care workers aged <50 years and hospital visitors can receive live attenuated influenza vaccine (LAIV).
- Viral shedding from LAIV does not increase risk of disease transmission.
- LAIV is as safe and effective as trivalent inactivated vaccine (TIV).<sup>20</sup>
- The only health care workers and people aged 2 through 49 years who should not receive LAIV are contacts of severely immunocompromised patients, such as those in a protective environment.
- Health care workers and visitors should wait 7 days after receiving LAIV to care for or visit these patients.<sup>4</sup>

### PNEUMOCOCCAL DISEASE AND INFLUENZA

Pneumococcal disease is a serious complication of influenza, causing an estimated 5,000 deaths annually; more than half these deaths involved adults for whom vaccination is recommended.<sup>21,22</sup> Pneumococcal vaccination rates in New York City are very low: in 2008, only 50% of adults aged 65 years and older had received pneumococcal vaccination.<sup>23</sup>

**TABLE 2. LICENSED INFLUENZA VACCINES, 2010-2011 SEASON<sup>4</sup>**

Vaccine	Trade Name	Presentation	Mercury Content (mcg Hg/0.5 mL dose)	Age Group	No. of Doses	Route
TIV	Fluzone <sup>®</sup> (sanofi pasteur)	0.25 mL prefilled syringe	0.0	6-35 mos	1 or 2 <sup>a</sup>	IM
		0.5 mL prefilled syringe	0.0	≥36 mos	1 or 2 <sup>a</sup>	IM
		0.5 mL single-dose vial	0.0	≥36 mos	1 or 2 <sup>a</sup>	IM
		5.0 mL multidose vial	25.0	≥6 mos	1 or 2 <sup>a</sup>	IM
TIV	Fluvirin <sup>®</sup> (Novartis Vaccines)	5.0 mL multidose vial	25.0	≥4 yrs	1 or 2 <sup>a</sup>	IM
		0.5 mL prefilled syringe	≤1.0			
TIV	Agriflu <sup>®</sup> (Novartis Vaccines)	0.5 mL prefilled syringe	0.0	≥18 yrs	1	IM
TIV	Fluarix <sup>®</sup> (Glaxo SmithKline)	0.5 mL prefilled syringe	0.0	≥3 yrs	1 or 2 <sup>a</sup>	IM
TIV	FluLaval <sup>®</sup> (Glaxo SmithKline)	5.0 mL multidose vial	25.0	≥18 yrs	1	IM
TIV	Afluria <sup>®</sup> (CSL Biotherapies)	0.5 mL prefilled syringe	0.0	≥6 mos <sup>b</sup> (not recommended for age <9 yrs)	1	IM
TIV High Dose <sup>c</sup>	Fluzone <sup>®</sup> High-Dose (sanofi pasteur)	0.5 mL prefilled syringe	0.0	≥65 yrs	1	IM
LAIV	FluMist <sup>®</sup> (MedImmune) <sup>d</sup>	0.2 mL sprayer, divided dose	0.0	2-49 yrs	1 or 2 <sup>a</sup>	Intra-nasal

**Vaccination Schedule:**

Immunization providers should check Food and Drug Administration-approved prescribing information for 2010-2011 influenza vaccines for the most updated information.

TIV = trivalent inactivated influenza vaccine; IM = intramuscular injection; LAIV = live attenuated influenza vaccine.

<sup>a</sup> See Box on page 52 for dosing recommendations.

<sup>b</sup> Licensed but not recommended for children younger than 9 years old. See page 52.

<sup>c</sup> A 0.5 mL dose contains 60 mcg each of A/California/7/2009 (H1N1)-like, A/Perth/16/2009 (H3N2)-like, and B/Brisbane/60/2008-like antigens.

<sup>d</sup> The dose is 0.2 mL divided equally between each nostril. Health care providers should consult the medical record, when available, to identify children aged 2 through 4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2 through 4 years should be asked: "In the past 12 months, has a health care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record within the past 12 months should not receive FluMist.

**Note about thimerosal:** In July 1999, the Public Health Service agencies, the American Academy of Pediatrics, and vaccine manufacturers agreed that thimerosal, a mercury-containing preservative, should be reduced or eliminated in vaccines as a precautionary measure. Thimerosal is no longer used in routinely recommended childhood vaccines, except for the vaccines listed above.<sup>24</sup> The Institute of Medicine reviewed a large number of epidemiologic studies related to thimerosal and autism, and has concluded that the evidence does not support a causal relationship between thimerosal-containing vaccines and autism.<sup>25</sup> New York State Public Health Law §2112 prohibits the administration of vaccines containing more than trace amounts of thimerosal to women who know they are pregnant and children younger than 3 years of age, with certain exceptions. For further information on the Public Health Law regarding thimerosal, visit [www.health.state.ny.us/regulations/public\\_health\\_law/section/2112/information\\_for\\_physicians/](http://www.health.state.ny.us/regulations/public_health_law/section/2112/information_for_physicians/).

Give pneumococcal polysaccharide vaccine (PPSV) to all adults aged 65 years and older; all people aged 2 years and older with chronic illness such as diabetes, heart or lung diseases, anatomic or functional asplenia, compromised immunity, HIV infection, and all people aged 18 years and older who smoke or have asthma.<sup>26</sup> People who received a first dose of PPSV before age 65 need a second dose after turning 65 if more than 5 years have elapsed since the previous dose.

## ADVERSE EVENTS

All vaccines can be associated with minor reactions, including pain and redness at the injection site, headache, fatigue, or a vague feeling of discomfort.<sup>27</sup> Mild ocular and respiratory symptoms have been reported after vaccination with TIV. These symptoms often occur within 24 hours of immunization, are self-limited, and can recur, but many people are revaccinated without incident.

## INFLUENZA REPORTING AND SURVEILLANCE

The NYC Health Department, along with many partners, actively monitors influenza activity. Recommendations may change, and regular updates on levels of influenza activity are posted on the Health Department's Health Alert Network (HAN), which providers can sign up to receive at NYC MED, [www.nyc.gov/health/nycmed](http://www.nyc.gov/health/nycmed), or at its influenza Web site, [www.nyc.gov/flu](http://www.nyc.gov/flu).

The NYC Health Department requests that providers report as follows:

- Laboratory-confirmed influenza cases in hospitalized patients online via Reporting Central (formerly known as e-URF, or electronic universal reporting form). You must be registered at NYC MED to report these cases. Go to [www.nyc.gov/nycmed](http://www.nyc.gov/nycmed) and follow the instructions for reporting a case of a reportable condition.
- Nosocomial cases of laboratory-confirmed influenza or clusters of 2 or more cases of influenza-like illness in Article 28 facilities to the NYC Health Department at 212-788-9830. Also report these cases to the New York State Department of Health at 518-474-1142 or electronically through the Health Provider Network (HPN) Nosocomial Outbreak Reporting Application at <https://commerce.health.state.ny.us/hpn/datasub.html>, or complete a Healthcare Facility Infection Control (Nosocomial) Report available at <http://www.health.state.ny.us/forms/doh-4018.pdf> and fax to 518-402-5165.
- Pediatric influenza deaths in children aged 18 years and younger to the NYC Health Department at 212-788-9830 if they meet any of these criteria:
  - clinically compatible illness in which there is a positive influenza test;
  - sudden death from an unknown but likely natural cause; or
  - death from an unknown, febrile respiratory illness.

Reporting recommendations may change. Visit the Health Department Web page for updated information ([www.nyc.gov/flu](http://www.nyc.gov/flu)).

## RESOURCES

### NYC Department of Health and Mental Hygiene

- Provider Access Line, 9:00 AM to 5:00 PM: 1-866-692-3641/1-866-NYC-DOH1  
After business hours: 212-764-7667
- Influenza Web site: [www.nyc.gov/flu](http://www.nyc.gov/flu)
- Health Alert Network (HAN): <https://a816-healthpsi.nyc.gov/han/nychan> (or 1-888-692-6339)
- E-mail questions to: [nycflu@health.nyc.gov](mailto:nycflu@health.nyc.gov)
- Provider information: [www.nyc.gov/html/doh/html/imm/impinfo.shtml](http://www.nyc.gov/html/doh/html/imm/impinfo.shtml)
- Educational materials in multiple languages: [www.nyc.gov/html/doh/html/imm/flu-ptk5.shtml](http://www.nyc.gov/html/doh/html/imm/flu-ptk5.shtml) (call 311 for bulk supplies)

### New York State Department of Health

- Bureau of Communicable Disease Control: 518-473-4439
- Nosocomial Report Form DOH 4018: [www.health.state.ny.us/forms/doh-4018.pdf](http://www.health.state.ny.us/forms/doh-4018.pdf)

### Other Organizations

- Centers for Disease Control and Prevention: 1-800-232-2522 or [www.cdc.gov/flu](http://www.cdc.gov/flu) (influenza information)
- Immunization Action Coalition: [www.immunize.org](http://www.immunize.org) (influenza information)
- National Foundation for Infectious Diseases: [www.nfid.org](http://www.nfid.org)

## Join the NYC Health Department's Influenza Surveillance Program

Become part of an active surveillance system for influenza-like illness. In less than 30 minutes a week, you can participate as a sentinel physician in an important national public health initiative (for more information, go to <http://www.cdc.gov/flu/weekly/fluactivity.htm>). The data you provide will help us monitor the impact of influenza in NYC. In return, you will get a limited number of free influenza tests for your patients at the NYC Public Health Laboratory as well as guidance on influenza management. Please call Beth Nivin at 212-442-9050 or e-mail [bnivin@health.nyc.gov](mailto:bnivin@health.nyc.gov) for further information.

## SUMMARY

Influenza vaccination is now recommended for everyone aged 6 months and older. Start vaccinating as soon as vaccine becomes available, and continue until vaccine expires. For updated influenza surveillance information and clinical guidance, join the Health Alert Network ([www.nyc.gov/health/nycmed](http://www.nyc.gov/health/nycmed)) and frequently check the Health Department Web site ([www.nyc.gov/flu](http://www.nyc.gov/flu)). ♦

- For the latest information on HIV prevention and care: [www.nyc.gov/html/doh/downloads/pdf/chi/chi29-suppl2.pdf](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi29-suppl2.pdf)
- For the latest information on treating tobacco addiction: [www.nyc.gov/html/doh/downloads/pdf/chi/chi29-suppl3.pdf](http://www.nyc.gov/html/doh/downloads/pdf/chi/chi29-suppl3.pdf)

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