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## MEMO

**TO:** Prevention Partnership Providers and  
Local Public Health Units

**FROM:** Abbi Berg, MPH  
Vaccines for Children Manager

**RE:** 2015 - 2016 State-Supplied Seasonal Influenza Vaccine

**DATE:** August 18, 2015

The North Dakota Department of Health (NDDoH) Immunization Program is supplying seasonal influenza vaccine for the 2015 – 2016 season to private providers for use in **only** those children who are **Vaccines for Children (VFC) eligible**. This includes children 18 years and younger who are either Medicaid-eligible, American Indian, uninsured or underinsured. Universal local public health units (LPHUs) can administer state-supplied influenza vaccine to children who are privately insured, only if they pre-booked vaccine to be administered to privately-insured children.

The 2015 – 2016 influenza vaccines will again be both trivalent and quadrivalent. Quadrivalent influenza vaccine will protect against two A strains and two B strains, while trivalent will protect against two A strains and one B strain.

Providers are encouraged to pay close attention to the age indications for the various types of influenza vaccine. Attached for your reference is the 2015 – 2016 Influenza Vaccine Dosage Chart. This chart is also available on the NDDoH Immunization Program website: [www.ndhealth.gov/Immunize/Documents/Providers/Forms/InfluenzaDosage.pdf](http://www.ndhealth.gov/Immunize/Documents/Providers/Forms/InfluenzaDosage.pdf)

**Distribution:**

State-supplied influenza vaccine will be distributed by McKesson. Vaccine will be distributed in multiple shipments this fall. Providers can expect their first shipments of state-supplied influenza vaccine in early September. An automated email will be sent out to the primary and secondary vaccine contacts when an influenza vaccine order has been placed by NDDoH on behalf of that particular provider based on their prebook submitted this past spring. Additional influenza vaccine cannot be ordered by providers until all influenza vaccine allocations have been distributed. Providers will be notified when ordering is available.

NDDoH received information from the Centers for Disease Control and Prevention (CDC) that the distribution of state-supplied Flumist<sup>®</sup> for the upcoming influenza vaccination season will be delayed. NDDoH requested that all state-supplied Flumist<sup>®</sup> doses would be delivered in August, September, and October. NDDoH was told that only 52.5% will be delivered by the end of October, with remaining doses delivered in November and December.

**Borrowing:**

For seasonal influenza vaccine, providers may use private stock seasonal influenza vaccine to vaccinate VFC-eligible children if VFC seasonal influenza stock is not yet available. Those private stock doses used on VFC-eligible children can later be replaced when VFC stock becomes available. However, VFC stock is not always guaranteed and providers run the risk of not having private doses repaid.

**LAIV vs. IIV in Children:**

The Advisory Committee on Immunization Practices (ACIP) recommends that all children, including healthy children, ages 6 months – 18 years be adequately immunized against influenza.

**For healthy children ages 2 through 8 years who have no contraindications or precautions, either live attenuated influenza vaccine (LAIV4) or inactivated influenza vaccine (IIV) is an appropriate option. No preference is expressed for LAIV4 or IIV for any person for whom either vaccine is appropriate.** There was a preference expressed in the 2014 - 2015 influenza season; however that preference was not carried over to the 2015 – 2016 influenza season.

**Two-Dose Recommendation for Children ages 6 months – 8 years:**

- Children ages 6 months through 8 years receiving influenza vaccine for the first time require two doses, at least four weeks apart.
- For the 2015 – 2016 influenza season, the recommendations for children have been simplified. For any child who has received two or more doses of influenza vaccine prior to July 1, 2015, only one dose is recommended for this influenza season. Consideration of IIV vs LAIV or trivalent vs quadrivalent is unnecessary. The number of doses given prior to July 1, 2015 is the only consideration necessary.
- **Recommendations for children for the 2015 – 2016 influenza season can be found on the enclosed influenza vaccine algorithm.**

**Timing of Vaccination:**

The CDC recommends that seasonal influenza vaccine be administered to all age groups as soon as it becomes available. Antibody to seasonal inactivated influenza vaccine declines in the months following vaccination. However, antibody level at a point several months after vaccination does not necessarily correlate with clinical vaccine effectiveness. There are no studies that compare vaccine effectiveness according to the month when the vaccination was given.

**Important reminders about influenza vaccination:**

- The 2015 – 2016 trivalent vaccine contains strains: A/California/7/2009 (H1N1)-like, A/Switzerland/9715293/2013 (H3N2)-like virus and a B/Phuket/3073/2013-like virus. The quadrivalent vaccine contains one additional B/Brisbane/60/2008 strain. Two of the strains are different from last season's influenza vaccine.
- Abbreviations have been updated to support additional vaccines. IIV3 is used for trivalent inactivated influenza vaccine, IIV4 abbreviates the quadrivalent inactivated influenza vaccine and LAIV4 is the quadrivalent live, attenuated influenza vaccine.
- When entering influenza vaccines into your electronic medical record and/or into the North Dakota Immunization Information System (NDIIS), it is important to make sure you are entering the correct type of influenza vaccine. Please see the attached NDIIS flu vaccine abbreviation guide. It is also available at [www.ndhealth.gov/Immunize/Providers/Forms.htm](http://www.ndhealth.gov/Immunize/Providers/Forms.htm)
- Live attenuated influenza vaccine (LAIV4, Flumist®) can be used when vaccinating healthy, nonpregnant people ages 2 – 49 years.

- The minimum interval between doses of either injectable or live vaccines is four weeks.
- MMR and varicella vaccines are also live vaccines. When administering a live vaccine, make sure the patient has not received another live vaccine within the past 4 weeks.
- Intradermal influenza vaccine is licensed for those 18 – 64 years of age.
- High dose influenza vaccine is licensed for individuals over 65 years of age.
- Recombinant (RIV3) and cell culture vaccine (ccIIIV3) offer options for individuals with egg allergies. CCIIIV3 is an influenza vaccine that cannot be considered egg-free but is expected to have less egg protein than other injectable influenza vaccines. RIV3 is an egg-free influenza vaccine for patients with severe or anaphylactic allergies to eggs. Both of these vaccines are only licensed for use in adults.
- Individuals who have experienced a less severe allergy to eggs (hives only) may receive injectable vaccine and should be supervised for at least 30 minutes following administration of each influenza dose. For individuals who have allergic symptoms other than hives, they are recommended to receive RIV3 if age 18 through 49 or be referred to a physician with expertise in the management of allergic conditions.

**Vaccine Information Statements:**

The 2015 – 2016 Influenza Vaccine Information Statements are available from the CDC at <http://www.cdc.gov/vaccines/hcp/vis/index.html>. Providers are responsible for printing and supplying their own VISs. The National Childhood Vaccine Injury Compensation Act of 1986 requires that immunization providers provide a copy of the applicable VIS for each vaccine administered.

Please feel free to contact the NDDoH Immunization Program with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.

Encs.