

2013-14 Alaska state-supplied INFLUENZA VACCINE VAC-FACT



Begin vaccinating as soon as vaccine is available.

| ADULT state-supplied influenza vaccine 2013-14 for state-uninsured/underinsured* only | | | | |
|--|--|-------------------|---|---|
| <ul style="list-style-type: none"> ➤ Adult Medicaid, Medicare Parts B & D recipients have influenza vaccine coverage. Recipients are <u>not</u> eligible to receive state-supplied vaccine. ➤ Medicare Part A does not cover influenza vaccine. Recipients are eligible to receive state-supplied vaccine. ➤ Eligibility to receive state-supplied adult vaccine is determined by insured status, not race. IHS beneficiaries may access influenza vaccine at IHS facilities. | | | | |
| Vaccine Type | Brand Name Manufacturer | Allowed age-range | Presentation | Dosage and Route |
| Inactivated Influenza Vaccine Quadrivalent (IIV4) | Fluarix Quadrivalent GlaxoSmithKline | ≥19 yrs | single-dose prefilled syringe preservative free | 0.5 mL prefilled Intramuscular (IM) |
| Live Attenuated Influenza Vaccine Quadrivalent (LAIV4) | FluMist MedImmune | 19 yrs – 49 yrs | 0.2 mL sprayer preservative free latex free | 0.1 mL each nostril Intranasal (IN) |
| PEDIATRIC state-supplied influenza vaccine 2013-14 for VFC-eligible and state-underinsured* | | | | |
| Vaccine Type | Brand Name Manufacturer | Allowed age-range | Presentation | Dosage |
| Inactivated Influenza Vaccine Trivalent (IIV3) | Fluzone Sanofi Pasteur | 6 mos – 35 mos | single-dose prefilled syringe preservative free latex free | 0.25 mL prefilled Intramuscular (IM) |
| Inactivated Influenza Vaccine Quadrivalent (IIV4) | Fluarix Quadrivalent GlaxoSmithKline | 3 yrs – 18yrs | single-dose prefilled syringe preservative free | 0.5 mL prefilled Intramuscular (IM) |
| Live Attenuated Influenza Vaccine Quadrivalent (LAIV4) | FluMist MedImmune | 2 yrs – 18 yrs | 0.2 mL sprayer preservative free latex free | 0.1 mL each nostril Intranasal (IN) |
| Vaccine Dosage for Children 6 mos. – 8 yrs. | 1 dose | | 2 doses | |
| | Administer 1 dose if child received: ▶ ≥2 seasonal doses since July 1, 2010 OR ▶ ≥2 seasonal doses before July 1, 2010 and ≥1 monovalent 2009(H1N1) OR ▶ ≥1 seasonal doses before July 1, 2010 and ≥1 seasonal since July 1, 2010 | | Administer 2 doses if child: ▶ has an unknown vaccination history OR ▶ does not meet any of the conditions listed in the first column <i>(separate doses by a minimum ≥ 4 weeks)</i> | |

*More information on state-supplied eligibility is available at: <http://www.epi.hss.state.ak.us/id/iz/ssv/default.htm>.

Note: All VAC-FACTs provide summary information only. For complete information consult approved prescribing information from the FDA. VAC-FACT is available online at www.vaccinate.alaska.gov.

Influenza Vaccines for Different Age-Groups — United States, 2013–14 Season*

| Vaccine | Trade name | Manufacturer | Presentation | Mercury content (µg Hg/0.5 mL) | Ovalbumin content (µg/0.5 mL) | Age indications | Route |
|---|--------------------------|--|---------------------------------------|--------------------------------|-------------------------------|-----------------|-------|
| Inactivated Influenza Vaccine, Trivalent (IIV3), Standard Dose | Afluria | CSL Limited | 0.5 mL single-dose prefilled syringe | 0.0 | ≤ 1 | ≥9 yrs. † | IM± |
| | | | 5.0 mL multi-dose vial | 24.5 | ≤ 1 | | |
| | Fluarix | GlaxoSmithKline | 0.5 mL single-dose prefilled syringe | 0.0 | ≤0.05 | ≥3 yrs. | IM± |
| | Fluceivax | Novartis Vaccines | 0.5 mL single-dose prefilled syringe | 0.0 | ** | ≥18 yrs. | IM± |
| | FluLaval (IIV3&IIV4) | ID Biomedical Corporation of Quebec (distributed by GlaxoSmithKline) | 5.0 mL multi-dose vial | <25.0 | ≤0.3 | ≥3 yrs | IM± |
| | Fluvirin | Novartis Vaccines | 0.5 mL single-dose prefilled syringe | ≤1 | ≤1 | ≥4 yrs. | IM± |
| | | | 5.0 mL multi-dose vial | 25.0 | ≤1 | | |
| | Fluzone | Sanofi Pasteur | 0.25 mL single-dose prefilled syringe | 0.0 | †† | 6-35 mos. | IM± |
| | | | 0.5 mL single-dose prefilled syringe | 0.0 | †† | ≥36 mos. | IM± |
| | | | 0.5 mL single-dose vial | 0.0 | †† | ≥36 mos. | IM± |
| 5.0 mL multi-dose vial | | | 25.0 | †† | ≥6 mos. | IM± | |
| Fluzone Intradermal±± | Sanofi Pasteur | 0.1 mL prefilled microinjection system | 0.0 | †† | 18-64 yrs. | ID | |
| Inactivated Influenza Vaccine, Trivalent (IIV3), High Dose*** | Fluzone High-Dose | Sanofi Pasteur | 0.5 mL single-dose prefilled syringe | 0.0 | †† | ≥65 yrs. | IM* |
| Inactivated Influenza Vaccine, Quadrivalent (IIV4), Standard Dose | Fluarix Quadrivalent | GlaxoSmithKline | 0.5 mL single-dose prefilled syringe | 0.0 | ≤0.05 | ≥3 yrs. | IM± |
| | Fluzone Quadrivalent | Sanofi Pasteur | 0.25 mL single-dose prefilled syringe | 0.0 | †† | 6-35 mos. | IM± |
| | | | 0.5 mL single-dose prefilled syringe | 0.0 | †† | ≥36 mos. | IM± |
| | | | 0.5 mL single-dose vial | 0.0 | †† | ≥36 mos. | IM± |
| Recombinant Influenza Vaccine, Trivalent (RIV3) | FluBlok | Protein Sciences | 0.5 mL single-dose vial | 0.0 | 0.0 | 18-49 yrs. | IM± |
| Live-attenuated Influenza Vaccine, Quadrivalent (LAIV4) | FluMist Quadrivalent†††† | MedImmune | 0.2 mL prefilled intranasal sprayer | 0.0(per 0.2 mL) | <0.24(per 0.2 mL) | 2-49 yrs. | IN |

* Immunization providers should check Food and Drug Administration--approved prescribing information for 2013-14 influenza vaccines for the most complete and updated information, including (but not limited to) indications, contraindications, and precautions. Package inserts for US-licensed vaccines are available at <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093833.htm>.

† Age indication per package insert is ≥5 years; however, the ACIP recommends Afluria not be used in children aged 6 months through 8 years because of increased risk of febrile reactions noted in this age group with CSL's 2010 Southern Hemisphere IIV3. If no other age-appropriate, licensed inactivated seasonal influenza vaccine is available for a child aged 5-8 years who has a medical condition that increases the child's risk for influenza complications, Afluria can be used; however, providers should discuss with the parents or caregivers the benefits and risks of influenza vaccination with Afluria before administering this vaccine. Afluria may be used in persons aged ≥9 years.

± For adults and older children, the recommended site of vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Specific guidance regarding site and needle length for intramuscular (IM) administration may be found in the ACIP General Recommendations on Immunization.

** Information not included in package insert. The total egg protein is estimated to be less than 50 femtograms (5x10⁻¹⁴ grams) total egg protein, of which a fraction is ovalbumin, per 0.5 mL dose of Fluceivax.

†† Available upon request from upon request from Sanofi Pasteur, by telephone, 1-800-822-2463, or e-mail, MIS.Emails@sanofipasteur.com.

±± Inactivated influenza vaccine, intradermal (ID): A 0.1-mL dose contains 9 µg of each vaccine antigen (27 µg total). The preferred site is over the deltoid muscle. Fluzone Intradermal is administered using the delivery system included with the vaccine.

*** Inactivated influenza vaccine, high-dose: A 0.5-mL dose contains 60 µg of each vaccine antigen (180 µg total).

††† FluMist is shipped refrigerated and stored in the refrigerator at 35°F--46°F (2°C--8°C) after arrival in the vaccination clinic. The intranasal (IN) dose is 0.2 mL divided equally between each nostril. Health-care providers should consult the medical record, when available, to identify children aged 2-4 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 2-4 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. FluMist is indicated for healthy, non-pregnant persons aged 2-49 years. Individuals who care for severely immunosuppressed persons who require protective environment should not receive FluMist given the theoretical risk of transmission of the live attenuated vaccine virus.

Routine annual influenza vaccination is recommended for all persons age ≥ 6 months

| | | |
|---|----------------------------------|--|
| Contraindications for LAIV and IIV | Do not administer if person has: | <ul style="list-style-type: none"> anaphylaxis or life-threatening reaction to a previous influenza vaccine severe allergy (e.g., anaphylaxis) to egg protein or to any component of the vaccine |
| Additional contraindications for LAIV <i>(Note: persons with contraindications for LAIV may be candidates for IIV or RIV.)</i> | Do not administer if person: | <ul style="list-style-type: none"> is aged <2 years or ≥50 years is pregnant has chronic medical conditions* has asthma is a child aged 2–4 years with a history of wheezing in past 12 months is a close contact of a patient with severe immunosuppression requiring protective isolation is a child aged ≤18 years receiving long-term aspirin or other salicylates therapy who received live virus (LAIV, MMR, varicella) vaccine within the last 4 weeks who received influenza antiviral medication within the last 48 hours |
| Contraindications for RIV | Do not administer if person: | <ul style="list-style-type: none"> is aged <18 years or ≥50 years has a history of severe allergic reaction to any component of the vaccine |
| Precautions for ALL influenza vaccines | Do not administer if person: | <ul style="list-style-type: none"> has a moderate or severe illness with or without a fever (a person with a mild illness, such as a mild cold, may be vaccinated) developed Guillain Barré syndrome within 6 weeks of a previous influenza vaccination |

*chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, cognitive, neurologic/neuromuscular (e.g. cerebral palsy), hematologic or metabolic disorders (e.g. diabetes); immunosuppression including that caused by medications or HIV; children through age 18 on long-term aspirin therapy

For more information:

- CDC Summary Recommendations: Prevention and Control of Influenza with Vaccines: Recommendations of the ACIP – United States, 2013–14 Influenza Season. Available at: <http://www.cdc.gov/flu/professionals/acip/2013-summary-recommendations.htm>
- Product inserts: <http://www.fda.gov/BiologicsBloodVaccines/Vaccines/ApprovedProducts/ucm093830.htm>