

CT ADULT IMMUNIZATION NEWS

Summer 2018

CT Immunization Coalition Hosted Spring Workshop “2018 Spring Immunization Workshop: Shingles Vaccination”

On Wednesday, June 6th, the Connecticut Immunization Coalition hosted a spring workshop presenting updated information regarding shingles vaccination at the Meriden Health Department.

Topics of discussion included: “Zostavax: Shingles Live Attenuated Vaccine” by Sharon Dunning, MPH of the Connecticut Department of Public Health, “Shringrix (Zoster Vaccine Recombinant, Adjuvanted) and Shingles Prevention ” by Marla Campbell, BSc Pharm, PharmD of GlaxoSmithKline, and “Billing for Vaccines” by Neal Lustig, MPH from Pomperaug Health District.

More information about Zostavax can be found here: www.zostavax.com

More information about Shringrix can be found here: www.shingrix.com



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2017-2018 Flu Season Rates in Connecticut

Breakdown of reported positive strains of Influenza found in Connecticut residents during the 2017-2018 flu season:

- Type A (subtype unspecified): **6,118**
- Type A (H3N2): **1,305**
- Type A (2009 H1N1): **206**
- Influenza B virus: **4,414**
- Unknown Type: **14**

During the 2017-2018 flu seasons there were 3,490 hospitalized patients admitted since the beginning of season starting August 27, 2017 through May 19, 2018 with laboratory-confirmed influenza. The breakdown for flu strain in Connecticut patients that have been hospitalized are as follows:

- Type A (subtype unspecified): 1,814
- Type A (H3N2): 578
- Type A (2009 H1N1): 48
- Influenza B virus: 1,044
- Unknown: 6

To date there have been 12,057 total cases of influenza have been reported state-wide and has been found in all eight counties:

- Fairfield 3,677 reports
- New Haven 3,192 reports
- Hartford 2,402 reports
- New London 761 reports
- Middlesex 656 reports
- Litchfield 510 reports
- Windham 479 reports
- Tolland County 291 reports
- Unknown County 89

In individuals older than 65 years of age there have been 128 reported influenza-associated deaths this flu season.

To view weekly Connecticut influenza reports visit the Connecticut Department of Public Health site here: <https://portal.ct.gov/DPH/Infectious-Diseases/Flu/Influenza-Surveillance-and-Statistics>

2017-2018 Connecticut Flu Season

Figure 1. Connecticut Hospital Emergency Department Syndromic Surveillance (HEDSS) System: Percentage of total ED visits for "fever/flu" syndrome category, 2017-2018 influenza season compared to past seasons, MMWR Week 20 (week ending 05/19/18)

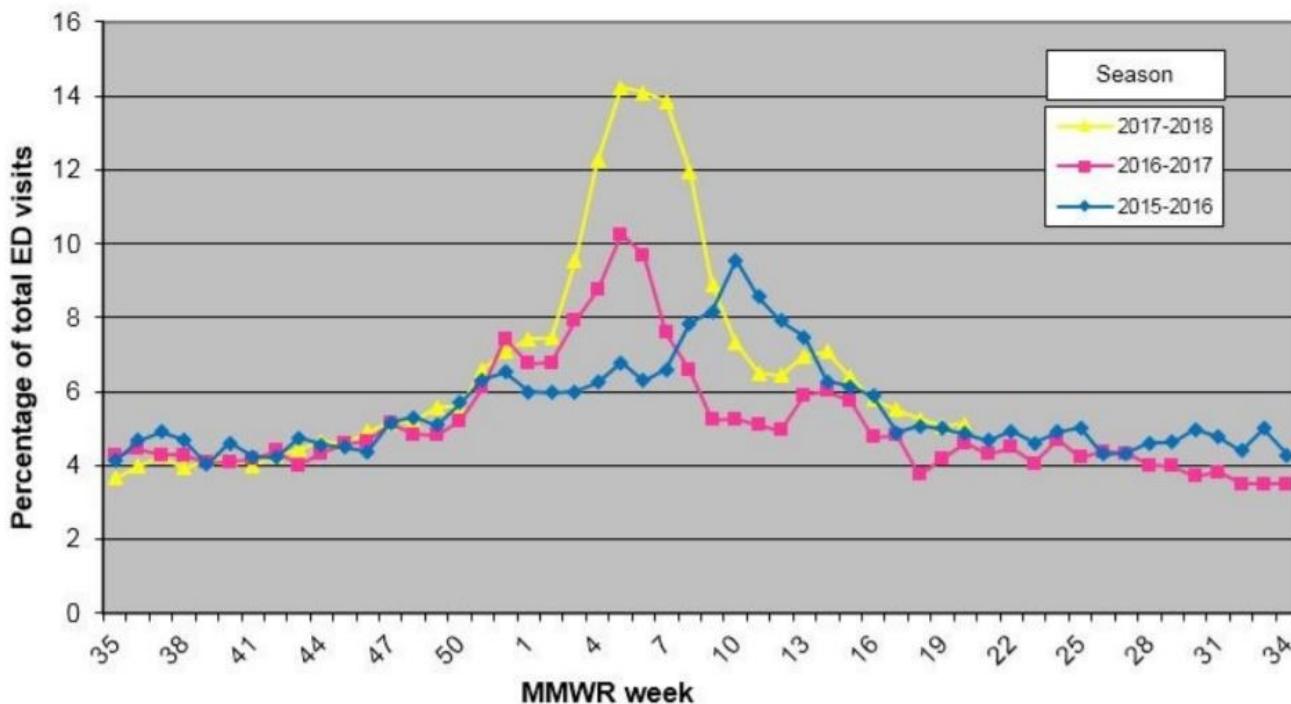


Figure 6. Positive Laboratory Tests (n = 12057) by Influenza Subtype and Week, Connecticut, through 5/19/2018

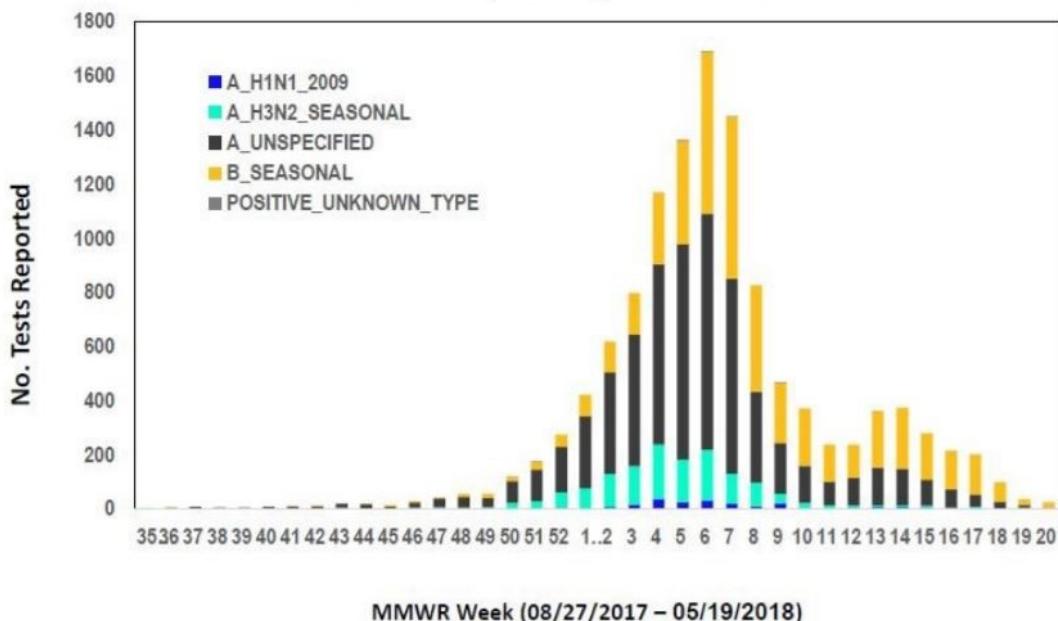


Figure 7. Proportion of Cumulative Positive Laboratory Tests (n = 12057) by Influenza Subtype, Connecticut, through 5/19/2018

2017-2018 National Flu Season Rates

The final full CDC Fluvie Weekly Report for the 2017-2018 flu season was published on Friday, May 25, 2018. Summary reports will still occur throughout the summer months, but full reports for the 2018-2019 flu season will resume on October 12, 2018.

Influenza peaked at 7.5% in early February for the 2017-2018 season. There have been 169 flu-related pediatric deaths this season.

The dominant strain during the 2017-2018 flu season was H3N2 and vaccine effectiveness was 36%.

Geographic Classifications

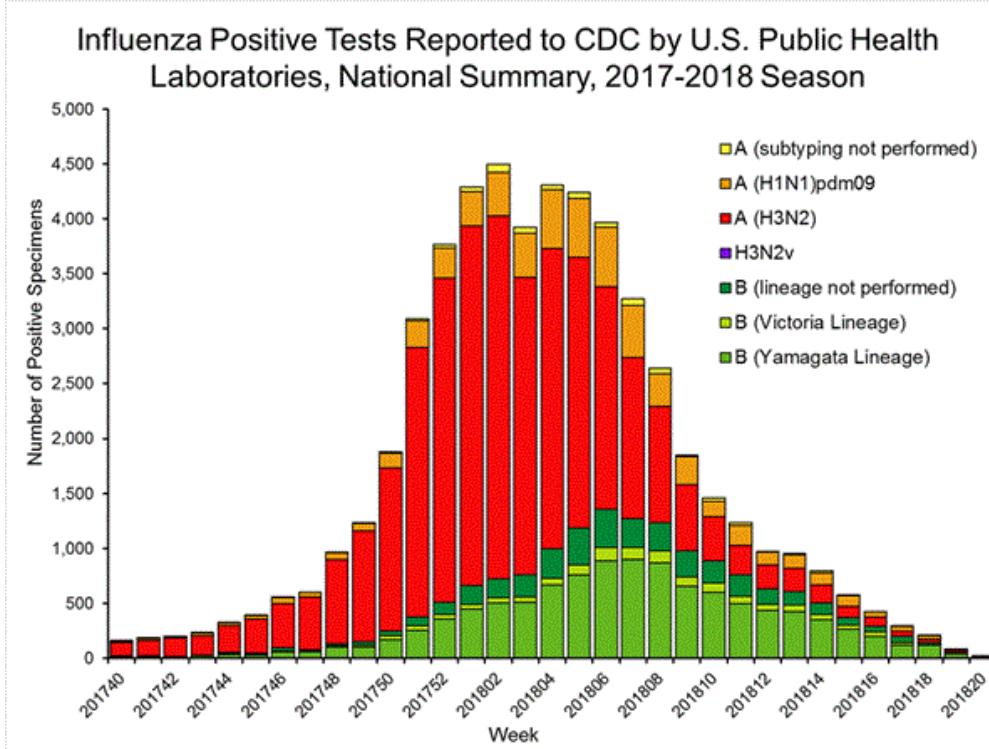
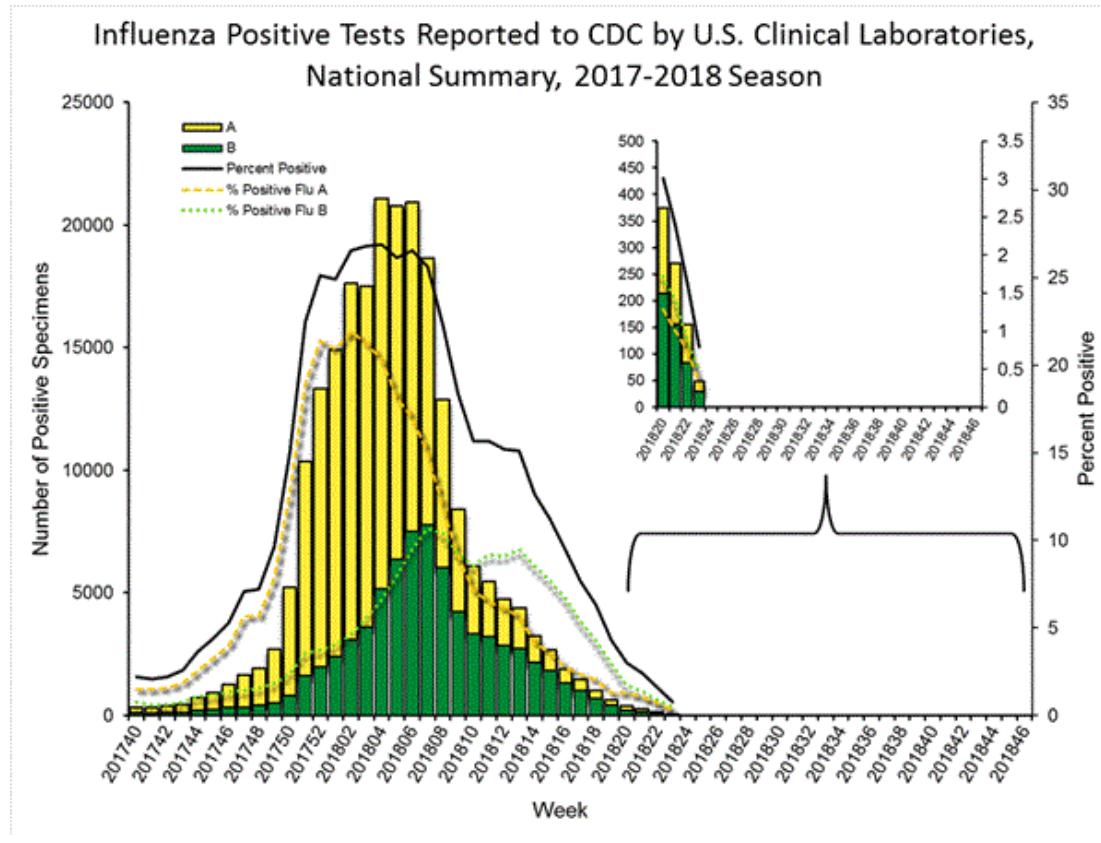
Currently, Puerto Rico and Guam have influenza classified as regional. Seven states have reported only local activity. The District of Columbia, the US Virgin Islands, and 34 states have reported influenza activity as sporadic. Massachusetts is the only state that currently has a widespread classification and there is no activity reported in three states.

Hospitalizations

The number of hospitalizations this flu season are record breaking and have exceeded 2014-2015 flu season rates, which was a season of high severity and a H3N2 heavy season. The national rate of influenza associated hospitalizations between October 1, 2017, and April 30, 2018, 30,451 laboratory-confirmed influenza-associated hospitalizations have been reported through the Influenza Hospitalization Network (FluSurv-NET). This is an overall rate of 106.6 hospitalizations per 100,000 people in the United States. The three highest hospitalization rates by age group are 460.8 per 100,000 for people 65 years and older, 115.7 per 100,000 for adults aged 50-64 years, and 74.5 per 100,000 for younger children aged 0-4 years.

Find weekly national flu updates at the CDC Flu View Report here:
<https://www.cdc.gov/flu/weekly/index.htm>

2017-2018 National Flu Season Data



Save the Date for the 2018 Annual Influenza Update



**September 12, 2018
8:00 AM– 4:00 PM**

**Woodwinds
29 Schoolground Road
Branford, CT
06405**

Registration Fee: \$50

The 2018 Annual Influenza Update is scheduled for Wednesday, September 12 at the Woodwinds in Branford, CT.

This year's update features the following speakers and topics:

- Influenza Update: David Kim, MD, Deputy Associate Director for Adult Immunizations Immunization Services Division, Centers for Disease Control and Prevention
- Connecticut Epidemiology & Surveillance 2017-18: Alan Siniscalchi, MPH, MS, Epidemiologist, Connecticut Department of Public Health
- Shingrix: Michael C Caldwell MD MPH FACP, Director Scientific Affairs & Public Health, US Vaccines, GlaxoSmithKline
- FluMist: Tara L. Gonzales, MD, FAAP, Field Lead, Infectious Disease, Astra Zeneca Pharmaceuticals

Contact Michelle Caul at the American Lung Association with any questions: Michelle.Caul@lung.org

Recommendations for the Shingles Vaccine

In January of this year the new recommendations made by the ACIP were published in a MMRW report regarding practices for the herpes zoster vaccine.

The ACIP has recommended that all adults aged 50 and over receive two doses of the RZV series administered intramuscularly, with the doses occurring 2 to 6 months from each other. If someone aged 50 and over has already received the live zoster vaccine or has had shingles they should still receive this series.

The ACIP recommends RZV instead of ZVL, however those aged 60 and over can receive one ZVL dose, even those who have already experienced a shingles episode. The FDA has approved ZVL for persons aged 50 through 59, and although the ACIP does not recommend routine ZVL vaccination for this group it is up to the discretion of a clinician.

Both vaccines have shown to decrease incidence the risk of post-herpetic neuralgia (PHN), a complication causing severe pain after the shingles rash dissipates. The ZVL vaccine has reduced the occurrence of PHN by 66%, although reduction varied by age group. The RZV reduced occurrence by 89%, with variations by age group, but less of a variation compared to the ZVL.

Side-effects reported from the ZVL vaccine include redness, pain or tenderness, swelling, and itching at site of injection. Local RZV side-effects include pain, redness, and swelling. If a patient experiences a strong reaction to the first dose of RZV the CDC recommends still giving the second dose, because not everyone who experienced a strong reaction to the first dose experienced the same reaction after the second dose.

Those who should not receive the vaccine include those with an allergy to any vaccine components or who had an allergic reaction to a previous dose. Anyone with a severe acute illness should wait until they are healthy to receive either vaccine. Individuals who have a weakened immune system due to treatments requiring radiation or corticosteroids, conditions like HIV/AIDS, or lymph, bone, or blood cancers should not receive either vaccine. Pregnant women should not receive the ZVL vaccine. The effects of RZV on pregnant and lactating women are unknown.

The herpes zoster virus is very common with approximately one million cases annually in the United States and incidences increasing with age.

The full MMRW report with zoster recommendations can be viewed on the CDC website [here](#).

Standing orders for administering the zoster vaccine to adults can be viewed on the immunize.org website [here](#).

Vaccine information statement for the Zoster Live (Zostavax) can be viewed [here](#).

Vaccine information statement for the Zoster Recombinant (Shingrix) VIS can be viewed [here](#).

Fast Facts About Shingles

- Shingles is caused by the same virus that causes chickenpox and is also known as zoster.
- Anyone who has had chickenpox is at risk for developing shingles.
- It is recommended that anyone over the age of 50 receive the shingles vaccine.
- Although rare, it is possible to get shingles more than once.
- 1 in 5 people who contract shingles still experience pain months and years later
- There are two FDA approved vaccinations for Shingles on the market today and they are Shingrix and Zostavax.

Prepare for the 2018-2019 Flu Season

2018-2019 Influenza Vaccine Composition

The FDA has made the following recommendations for the 2018–19 trivalent vaccine for the United States:

- A/Michigan/45/2015 A(H1N1)pdm09-like virus
- A/Singapore/INFIMH-16-0019/2016 A(H3N2)-like virus
- B/Colorado/06/2017-like (B/Victoria lineage) virus (6)

The recommendation for the quadrivalent vaccine includes the trivalent combinations in addition to the B/Phuket/3073/2013-like (B/Yamagata lineage) virus.



Learn more about this season's vaccine [here](#).

The Return of FluMist

This season will see the return of the FluMist Quadrivalent to prevent influenza during the 2018-2019 flu season for people aged 2 to 49 that are not pregnant. The decision was made by the Advisory Committee on Immunization Practices (ACIP) of the CDC in February to approve of renewed recommendations to use the vaccine in this upcoming season. This decision was affirmed again at the June 20-21 ACIP meeting. The ACIP does not recommend a preference for any influenza vaccine formulation. Final recommendations will be available in a Morbidity and Mortality Weekly Report (MMWR) after receiving approval from the of the CDC and the US Department of Health and Human Services.

FluMist was not recommended during the 2016-2017 and 2017-2018 season, because people weren't receiving protection against the influenza A (H1N1) strain. That component has been replaced for this upcoming season with a more effective component that is expected to provide better protection.

Preparing Patients

Here are steps you can take to educate your patients about the importance of getting vaccinated this flu season and making preparations for your organization:

1. Order flu and pneumonia materials through the American Lung Association. The ALA provides a certain number of complimentary brochures and posters every flu season, the only cost is for postage and more may be order for a fee if desired. Order forms will be sent with registrations to the 2018 Annual Influenza Update.
2. Have your vaccine clinics registered online at HealthMap Vaccine Finder. Fill out the clinic form that will be sent with the 2018 Annual Influenza Update materials.
3. Check out resources available on [Immunize.org](#). Resources include handouts for patients, storage and handling information, clinic checklists and more.



**CONNECTICUT
IMMUNIZATION
COALITION**

The CT Immunization Coalition is dedicated to the promotion of adult vaccinations for the protection from illness or complications from invasive pneumococcal disease, herpes zoster, pertussis and other vaccine preventable diseases. The coalition also focuses on influenza vaccination throughout the community. Membership is open to any person or agency interested in the scope of adult and influenza vaccinations. Through a diverse membership, the coalition is able respond to the ever-changing issues related to vaccinating the community.

Images used in this newsletter are owned by members of the Connecticut Immunization Coalition or have been sourced from Pixabay.com and have been marked as free for commercial or editorial use without requirement of attribution.

All charts and graphs are from the Centers for Disease Control.

Contact Us

For questions regarding the CT Immunization Coalition, contact:

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Visit us on the web at
www.Lung.org