



# CVP Update

## Talking Points for Conversations with Patients About FluMist and Vaccine Effectiveness

With the recent recommendations against the nasal spray live attenuated influenza vaccine (LAIV) or FluMist due to poor vaccine effectiveness, there are concerns that this may negatively impact flu vaccine acceptance. A recent article from the Children's Hospital of Philadelphia addressed the question of what we should tell patients when they ask questions about the ineffectiveness of the nasal spray flu vaccine and overall influenza vaccine effectiveness.

The article proposes that we “first, be honest about what we know and do not know about the LAIV situation. Second, reassure patients that the vaccine supply will be sufficient such that anyone who wants an influenza vaccine should be able to get one. For patients who want the nasal version, let them know that although the vaccine is not recommended this season, the hope is that once researchers figure out what happened, the vaccine will return to the list of recommended influenza vaccine options. Finally, use the opportunity to point out that this is why vaccines continue to be monitored once they become available and that this situation should provide reassurance that when a concern arises, it is addressed.” The full article can be found at <http://www.chop.edu/news>, type “news and views nasal spray” at the bottom of the page in the news archives search box.

Influenza vaccine promotional materials can be found at:

<http://www.cdc.gov/flu/freeresources/print.htm>  
<http://www.fighttheflu.org/resources/print.html>  
<http://eziz.org/resources/flu-promo-materials/>  
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## Informational Sessions on Flu

### **Immunization Update 2016 (archived)**

This webinar featured the latest information on vaccines and a forecast of this year's flu season. Our presenter reviewed recently updated vaccine schedules and discussed the latest information regarding meningococcal and HPV immunizations. An overview of updates to CDC's 2016 Vaccine Storage & Handling Toolkit was also provided. The archived webinar can be viewed at <http://ct-aap.org/>

### **VICNetwork Webinar: Looking Ahead to the 2016-2017 Flu Season: Vaccine Options and Messages (archived)**

The webinar topics included a review the 2015-2016 influenza season, a discussion of vaccine recommendations for the 2016-2017 influenza season, and provided an overview of the CDC's influenza vaccination communication campaign plans. The archived webinar can be viewed at <http://www.vicnetwork.org/category/events/>

## Connecticut's 2016-17 Influenza Vaccine Supply

For the 2016-2017 flu season, the CVP will be providing influenza vaccine for all children 6—59 months of age regardless of insurance status as well as vaccine for all VFC-eligible 5-18 year old patients. All vaccines offered will be quadrivalent preservative-free formulations.

Flu vaccine became available for order from the CVP on August 12, 2016. The majority of our influenza vaccine supply is expected to be available in September and October. For this reason we ask that orders be limited to actual need for the current month and not for the entire flu season. Since providers can order as often as needed, the CVP encourages providers to order smaller quantities of flu vaccine more often rather than larger quantities early in the season.

The Connecticut Vaccine Program (CVP) anticipates having an adequate supply of influenza vaccine although we have had to diversify the flu brands we will be making available this year to make up for the lack of FluMist.

All providers must submit their flu orders to the Immunization Program via fax or email—even those who have transitioned over to direct vaccine ordering on VTrckS.

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## Connecticut's 2016-17 Influenza Vaccine Supply (continued)

The following is a list of influenza formulations available from the CVP:

Vaccine	Package	Dose	Age	Preservative Free	NDC #	CPT Code
Fluzone (Sanofi)	Single dose Syringe (Quadrivalent)	0.25 mL	6-35 months	YES	49281-0516-25	90685
Fluzone (Sanofi)	Single dose Syringe (Quadrivalent)	0.5 mL	3 years and older	YES	49281-0416-50	90686
Fluzone (Sanofi)	Single dose Vial (Quadrivalent)	0.5 mL	3 years and older	YES	49281-0416-10	90686
Fluarix (GSK)	Single dose Syringe (Quadrivalent)	0.5 mL	3 years and older	YES	58160-0905-52	90686
Flucelvax (Seqirus)	Single dose Syringe (Quadrivalent)	0.5 mL	4 years and older	YES	70461-0200-01	90674

If you have any questions, please feel free to contact Mick Bolduc at (860) 509-7940.

## Adjustment to CDC's Recommended Fahrenheit Temperature Range for Refrigerated Vaccine Storage

The 2016 Centers for Disease Control and Prevention's (CDC) Vaccine Storage and Handling Toolkit (<http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/index.html>) reflects a recent adjustment in CDC's guidance on the Fahrenheit temperature range for storing refrigerated vaccines. The new recommended Fahrenheit temperature range is 36° F - 46° F (previously 35° F - 46° F). The Celsius temperature range (2° C - 8° C) remains unchanged, as stated in all manufacturer package inserts for routinely recommended vaccines. The change is for consistency with vaccine package inserts when the Fahrenheit temperature is rounded to the nearest whole number.



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## Advisory Committee on Immunization Practices (ACIP) recommends Meningococcal Conjugate Vaccine for persons with HIV

On June 22, 2016, the Advisory Committee on Immunization Practices (ACIP) voted unanimously to expand the current recommendations for meningococcal conjugate vaccination (MenACWY, trade names Menveo or Menactra) eligibility to include persons with HIV aged 2 months or older.

In addition, those aged 2 years or older with HIV and not previously vaccinated are recommended to receive a two-dose primary series of meningococcal conjugate vaccine. Those previously vaccinated with only one dose are to receive a second dose at the earliest possibility and then to continue to receive boosters when appropriate.

ACIP based its recommendation on five studies which estimated a 5 to 24-fold increase in rate ratio of infection for those with HIV — as well as national surveillance, cost modeling, safety and efficacy data. According to these, incidence of coinfection during the past 2 decades was low, but expanding vaccination would result in clear health benefits for the HIV-infected population.

Due to limited data, ACIP made no recommendations regarding serogroup B meningococcal vaccination for persons with HIV.

The Connecticut Vaccine Program (CVP) will continue to supply MenACWY and HibMenCY (MenHibrix) vaccines for high risk children regardless of insurance status. **This now includes the provision of MenACWY vaccine for children 2 months through age 18 years who are HIV positive.**

### Connecticut's Adult Immunization Coordinator

Celeste Fassbender, RN, BSPH, recently joined the Connecticut Immunization Program as the Adult Immunization Coordinator. Celeste comes to us with a wealth of nursing experience having worked for the Department of Developmental Services. Celeste will be working on statewide adult immunization activities aimed to increase immunization coverage and reduce morbidity and mortality for influenza, pneumococcal disease, shingles and hepatitis A and B in high-risk populations. She will also serve as liaison with the Emergency Preparedness Program to plan for the next influenza pandemic. Celeste can be reached at (860) 509-7932. Welcome Celeste!



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