

Physicians to Be Urged to Extend Flu-Shot Dates

With more high-risk groups targeted for vaccination, the CDC seeks new ways to track the available doses.

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WASHINGTON — This winter's flu season is still months away, but officials from the federal government and the American Medical Association say they will be strongly urging physicians to extend influenza vaccine administration beyond its traditional October-December timeframe.

The goal is to protect more Americans and to ensure a more even supply throughout the season.

The effort comes at a time when the vaccine supply is expected to be the largest in U.S. history, with at least 100 million doses slated to be available.

Centers for Disease Control and Prevention and AMA officials discussed their plans at a press briefing sponsored by the National Foundation for Infectious Diseases.

The two organizations began formulating strategies for encouraging a longer vaccination season at the National Influenza Vaccine Summit in January. They and other stakeholders were slated to

meet again in late June. With several more high-risk groups targeted for vaccination this year—the CDC has defined 12 target groups—it is getting more difficult for physicians to determine how much vaccine to order and how to effectively manage supply, said Nicole M. Smith, Ph.D., of the CDC's Influenza Division.

There are other barriers to convincing physicians to preorder more vaccine: Any unused supply is essentially "money down the drain," said Dr. Ardis D. Hoven, medical director of the Bluegrass Care Clinic at the University of Kentucky, Lexington, and a member of the AMA's Board of Trustees. The CDC recommendations encompass about 180 million Americans, said Dr. Hoven.

In most years, vaccination peaks in early October, when about 70% of the vaccine supply has been released, according to CDC data. The demand drops off steeply, usually completely, by late December, which means that most years as much as 30% of the supply goes unused.

Dr. William Schaffner, chairman of the

preventive medicine department at Vanderbilt University, Nashville, Tenn., and an NFID board member said that both physicians and patients have fallen into the habit of thinking that if they haven't gotten a shot by late November, they don't need to bother. But he and other officials noted that flu usually peaks in February or March. "We need to persuade them it's not too late to get vaccinated," Dr. Schaffner said at the briefing.

Physicians have to do some public relations work on their own to make patients aware of this, Dr. Hoven agreed.

And physicians have to be persistent with distributors, she added in an interview. They have "to be more proactive in constantly saying 'When am I getting my doses?'" she said.

That might not be an easy job. The Health Industry Distributors Association estimates that there are 600 companies that distribute vaccine from two of the three major manufacturers. GlaxoSmithKline, which will have a projected 47 million doses this fall, sells directly only. An estimated 50 million doses will be produced by Sanofi Pasteur. MedImmune Inc. is slated to produce 3 million doses of its live, attenuated nasal vaccine, FluMist. Another 15-20 million doses might become available if the Food and Drug Administration approves a new vaccine from ID Biomedical, which GlaxoSmithKline also owns.

Moreover, the CDC is looking into ways

to track the supply so that it can easily locate available doses for physicians, said Dr. Hoven.

Dr. Schaffner said the ramping up of the supply "bodes very well for our attempt to provide protection," and seems to reflect manufacturers' belief that the market is going to grow.

Physicians and other health care providers are still lagging when it comes to leading by example. Several recent surveys conducted by the AMA and the CDC indicate that only about 40% of health care workers get a flu shot. Dr.

Hoven said that often physicians delay getting a shot because they're too busy or want to save the dose for their patients. But she said it's a failing that needs to be corrected.

"In the past, I think health care workers failed to see a connection between themselves and patients they served," Dr. Hoven said. "So now we say this is something you really need to do for your patients—not for yourself, but for your patients."

In the future, hospitals might have an incentive to make sure workers are vaccinated. The Joint Commission on Accreditation of Healthcare Organizations has proposed requiring accredited organizations to at least offer immunization to staff, volunteers, and others who have close patient contact. JCAHO is weighing whether to make such an infection control standard mandatory. ■



Both physicians and patients think that if they haven't gotten a shot by late November, they don't need to bother.

DR. SCHAFFNER

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U.S. Child Flu Deaths Fell Last Season; New Vaccine Formulation Is Ready

There were fewer influenza-associated deaths among U.S. children during last year's season, reported the Centers for Disease Control and Prevention.

During last year's flu season (from Oct. 2, 2005, to June 3, 2006), 35 deaths were reported among children aged less than 18 years, which were linked to laboratory-confirmed influenza infections from 13 states.

A total of 153 laboratory-confirmed influenza-associated deaths in children were reported during the 2003-2004 influenza season (*N. Engl. J. Med.* 2005;353:2559-67).

Of the 31 children for whom the type of virus was known this season, 23 were infected with the influenza A virus and 8 were infected with the influenza B virus. A total of 11 deaths (31.4%) occurred in children aged 6-23 months, 4 (11.4%) in children younger than 6 months of age, 4 (11.4%) in children aged 2-4 years, and 16 (45.7%) in children aged 5-17 years.

Pediatric hospitalizations with lab-confirmed influenza infections were monitored in two networks.

The pediatric hospitalization rates from last year's flu season showed an overall rate of 1.21/10,000 children aged 0-17 years,

based on preliminary data from the Emerging Infections Program. When broken down into younger and older age groups, the rates were 2.76/10,000 among children aged 0-5 years and 0.38/10,000 among those aged 5-17 years.

Furthermore, the laboratory-confirmed influenza-associated hospitalization rate was 5.4/10,000 children for children aged 0-4 years, based on preliminary data from the New Vaccine Surveillance Network.

The formulation for the 2006-2007 influenza vaccine calls for A (H3N2) and B strains that differ from last year's version, based on analyses of recently isolated flu viruses, epidemiologic data, and postvaccination serologic studies in humans.

Vaccine manufacturers should include the A/New Caledonia/20/99-like (H1N1), A/Wisconsin/67/2005-like (H3N2), and B/Malaysia/2506/2004-like viruses in formulations of the 2006-2007 influenza vaccine, according to recommendations from the Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee (*MMWR* 2006;55:648-53).

—Heidi Splette