

VACCINATE ADULTS!

from the Immunization Action Coalition — www.immunize.org

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Immunization questions?

- ▶ Email nipinfo@cdc.gov
- ▶ Call your state health department (phone numbers at www.immunize.org/coordinators)

What's New in the Influenza Vaccination Recommendations for the 2016–17 Season

On August 26, CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for influenza vaccination for the 2016–17 season were published in *Morbidity and Mortality Weekly Report, Recommendations and Reports*, Vol 65, No.5, available at www.cdc.gov/mmwr/volumes/65/rr/pdfs/r6505.pdf.

ACIP continues to recommend routine annual influenza vaccination for all persons 6 months of age and older who do not have a contraindication for vaccination.

Two important new recommendations were made for the 2016–17 season.

■ **Live attenuated influenza vaccine (LAIV, FluMist, AstraZeneca) is not recommended to be used in any setting during the 2016–17 influenza season.** This recommendation was made because of evidence of low vaccine effectiveness among children 2 through 17 years of age against the H1N1 strain of influenza virus during the 2013–14 and 2015–16 seasons. Only inactivated or recombinant influenza vaccines should be used during the 2016–17 influenza season.

■ **A history of egg allergy is no longer considered to be a contraindication or precaution to influenza vaccination.** Multiple studies have found

that severe allergic reactions to egg-based influenza vaccines in persons with egg allergy are unlikely. For the 2016–17 influenza season, ACIP recommends that people with a history of egg allergy who have experienced only hives after exposure to egg should receive any inactivated influenza vaccine without specific precautions (except for the recommended 15-minute observation period for syncope for any vaccine). People who report having had an anaphylactic reaction to egg may also receive any age-appropriate influenza vaccine. For individuals who have an anaphylactic reaction to eggs that is more than hives, the vaccine should be administered in a medical setting such as a hospital, clinic, health department, or physician office. Vaccine administration should be supervised by a healthcare provider who is able to recognize and manage severe allergic conditions. More information on influenza vaccination and egg allergy is available from the Immunization Action Coalition (IAC) as a staff education sheet titled "Influenza Vaccination of People with a History of Egg Allergy" at www.immunize.org/catg.d/p3094.pdf. ♦

Ask the Experts

The Immunization Action Coalition extends thanks to our experts, medical officer Andrew T. Kroger, MD, MPH, and nurse educator Donna L. Weaver, RN, MN, both with the National Center for Immunization and Respiratory Diseases at the Centers for Disease Control and Prevention (CDC).

Influenza vaccines

Which influenza vaccines will be available during the 2016–17 influenza season?

Multiple manufacturers are producing influenza vaccine for the U.S. market for the 2016–17 season. Inactivated and recombinant (inactivated) vaccines will be produced using egg-based, cell culture-based, and recombinant technologies. Some of the inactivated influenza vaccines will be quadrivalent (contain four strains of influenza virus) rather than trivalent (three strains). Live attenuated influenza vaccine (LAIV, FluMist, AstraZeneca) is expected

to be available but is not recommended to be used during the 2016–17 season (see next question). A complete listing of influenza vaccine products is available from the Immunization Action Coalition (IAC) at www.immunize.org/catg.d/p4072.pdf.

Why did CDC's Advisory Committee on Immunization Practices (ACIP) recommend that LAIV not be used during the 2016–17 season?

This recommendation was made because of evidence of low vaccine effectiveness among children 2 through 17 years of age against the H1N1 strain of influenza virus during the 2013–14 and 2015–16 seasons. The reason for this lack of effectiveness of LAIV is not known. Only inactivated or recombinant influenza vaccines should be used during the upcoming influenza season. Details about this recommendation are available on pages 14–17 of the 2016–17 ACIP influenza recommendations online at www.cdc.gov/mmwr/volumes/65/rr/pdfs/r6505.pdf.

With the ACIP recommendation to not use LAIV during the 2016–17 season, will there be

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