



PHYSICIANS' BULLETIN

Influenza Immunization Recommendations for 2007-2008

Note: Medicare B reimburses for influenza vaccines.

Influenza is a viral respiratory illness which is mainly spread through sneezing and coughing. Each year in the United States about 5%-20% of the population contracts influenza, more than 200,000 people are hospitalized from the disease and its complications, and about 36,000 people die. Administration of influenza vaccine is the most effective method for preventing flu and its severe complications. Both the injectable, trivalent inactivated influenza vaccine (TIV) and the nasal live, attenuated influenza vaccine (LAIV) can be used to reduce the risk of influenza.

Extensive information on influenza disease and vaccine is available on the Internet at www.cdc.gov/flu and in print in the Centers for Disease Control and Prevention (CDC) National Immunization Program, *Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices*, MMWR 2007; Vol. 56:RR-6. (<http://www.cdc.gov/mmwr/pdf/rr/rr5606.pdf>)

Target Groups for Vaccination 2007-2008

All persons at risk for medical complications from influenza or more likely to require medical care and all persons who live with or care for persons at high risk for influenza-related complications should receive influenza vaccine annually. Approximately 73% of the U.S. population is included in one or more of these target groups; however, only an estimated one third of the U.S. population received an influenza vaccination in 2006-2007.

When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to these persons.

Persons at Risk for Medical Complications or More Likely to Require Medical Care

Vaccination with TIV is recommended for the following persons who are at increased risk for severe complications from influenza, or at higher risk for influenza-associated clinic, emergency department, or hospital visits:

- all persons aged ≥ 50 years;
- all children aged ≥ 6 –59 months (i.e., 6 months–4 years) (Children aged 6 months–8 years who have not been vaccinated previously or who were vaccinated for the first time during the previous season and received only 1 dose should receive 2 doses of vaccine. See *MMWR Recommendations and Reports*, Vol. 56, RR-6, p.11.);
- women who will be pregnant during the influenza season;

(NOTE: California law prohibits flu vaccine with >1 mcg mercury per 0.5mL for pregnant women or children under 3 years old. See Table 1.)

- children and adolescents (aged 6 months–18 years) who are receiving long-term aspirin therapy and, therefore, might be at risk for experiencing Reye syndrome after influenza infection;
- adults and children who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, hematological or metabolic disorders (including diabetes mellitus);
- adults and children who have immunosuppression (including immunosuppression caused by medications or HIV);
- adults and children who have any condition (e.g., cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions, or that can increase the risk for aspiration; and
- residents of nursing homes and other chronic-care facilities.

Persons Who Live With or Care for Persons at High Risk for Influenza-Related Complications

To prevent transmission to persons identified above, vaccination with TIV or LAIV (unless contraindicated) also is recommended for the following persons:

- healthy household contacts (including children) and caregivers of children aged <5 years and adults aged ≥ 50 years, with particular emphasis on vaccinating contacts of children aged <6 months; and
- healthy household contacts (including children) and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza;

Health Care Professionals (HCP)

All HCP as well as those in training for health-care professions, should be vaccinated annually against influenza. This would include:

- physicians, nurses, and other workers in both hospital and outpatient-care settings;
- medical emergency-response workers (e.g., paramedics and emergency medical technicians); and

(continued)

- employees of nursing home and chronic care facilities who have contact with patients or residents.

Facilities that employ HCP should provide vaccine to workers by using approaches that have been demonstrated to be effective in increasing vaccination coverage. Health care administrators should consider the level of vaccination coverage among HCP to be one measure of a patient safety quality program and obtain signed declinations from personnel who decline influenza vaccination for reasons other than medical contraindications. Studies have demonstrated that organized campaigns can attain higher rates of vaccination among HCP with moderate effort and using strategies that increase vaccine acceptance.

The Joint Commission on Accreditation of Health Care Organizations has approved an infection control standard that requires accredited organizations to offer influenza vaccinations to staff, including volunteers and licensed independent practitioners with close patient contact. The standard became an accreditation requirement beginning January 1, 2007.

Furthermore, California Health and Safety Code Section 1288.7 requires that by July 1, 2007, the State Department of Health Services shall require that each general acute care hospital, in accordance with the CDC's guidelines, annually offer onsite influenza vaccinations, if available, to all hospital employees at no cost to the employee. Each general acute care hospital shall require its employees to be vaccinated, or if the employee elects not to be vaccinated, to declare in writing that he or she has declined the vaccination.

Additional Target Groups for Vaccination

- Persons who provide essential community services to minimize disruption of essential activities during outbreaks;
- Students or other persons in institutional settings (e.g., those who reside in dormitories); and
- All persons, including school-aged children, who want to reduce the risk of becoming ill with influenza or of transmitting influenza to others.

Major Differences Between TIV and LAIV

TIV contains killed viruses and thus cannot cause influenza. TIV is approved for use among persons \geq aged 6 months, including those who are healthy and those with chronic medical conditions. TIV is administered intramuscularly by injection. TIV should be stored at 35°F–46°F (2°C–8°C) and should not be frozen. TIV that has been frozen should be discarded.

LAIV contains live, attenuated viruses and therefore has the potential to produce mild signs or symptoms related to attenuated influenza virus infection. LAIV is administered intranasally by sprayer. Use of LAIV is encouraged for eligible persons (see below) and this may increase the availability of the inactivated influenza vaccine (TIV) for those in the other target groups.

LAIV may be administered at any time to:

- nonpregnant healthy persons aged 5–49 years. (*At press time, the FDA approved the use of FluMist in children 2 years of age and older. Please see the vaccine package insert prescribing information for the latest age-related dosage and administration guidelines.*)

(continued)

Table 1: Approved Influenza Vaccines For Different Age Groups

Vaccine	Trade name	Manufacturer	Presentation	Thimerosal mercury content (mcg Hg/0.5 mL dose)	Age group	No. of doses	Route
TIV*	Fluzone	Sanofi Pasteur	0.25-mL prefilled syringe ***	0	6–35 mos	1 or 2 [†]	Intramuscular [§]
			0.5-mL prefilled syringe ***	0	\geq 35 mos	1 or 2 [†]	Intramuscular [§]
			0.5-mL vial ***	0	\geq 36 mos	1 or 2 [†]	Intramuscular [§]
			5.0-mL multidose vial	25	\geq 6 mos	1 or 2 [†]	Intramuscular [§]
TIV*	Fluvirin [®]	Novartis Vaccine	5.0-mL multidose vial	24.5	\geq 4 yrs	1 or 2 [†]	Intramuscular [§]
TIV*	Fluarix [®]	GlaxoSmith Kline	0.5-mL prefilled syringe ***	<1.0	\geq 18 yrs	1	Intramuscular [§]
TIV*	FluLaval [™]	GlaxoSmithKline	5.0-mL multidose vial	25	\geq 18 yrs	1	Intramuscular [§]
LAIV [¶]	FluMist [®] **	MedImmune	0.2-mL sprayer	0	5–49 yrs	1 or 2 ^{††}	Intranasal

* Trivalent inactivated vaccine (TIV). A 0.5-mL dose contains 15 mcg each of A/Solomon Islands/3/2006 (H1N1)-like, A/Wisconsin/67/2005 (H3N2)-like, and B/Malaysia/2506/2004-like antigens.

[†] Two doses administered at least 1 month apart are recommended for children aged 6 months–8 years who are receiving TIV for the first time and those who only received 1 dose in their first year of vaccination should receive 2 doses in the following year.

[§] 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.

[¶] Live attenuated influenza vaccine (LAIV).

** FluMist dosage and storage requirements have changed for the 2007–08 influenza season. FluMist is now shipped to end users at 35°F–46°F (2°C–8°C). LAIV should be stored at 35°F–46°F (2°C–8°C) upon receipt and should remain at that temperature until the expiration date is reached. The dose is 0.2 mL, divided equally between each nostril.

^{††} Two doses administered at least 6 weeks apart are recommended for children aged 5–8 years who are receiving LAIV for the first time, and those who received only 1 dose in their first year of vaccination should receive 2 doses in the following year.

***California law requires a preservative-free vaccine for those under 3 years of age and pregnant women.

This can include most HCP, most persons in close contact with groups at high risk, many of those providing essential community services, and many of those in dormitory-type settings. The new formulation of LAIV is shipped to end users at 35°F-46°F (2°C-8°C) and LAIV should be stored at 35°F-46°F (2°C-8°C) upon receipt, and can remain at that temperature until the expiration date is reached.

Side Effects and Adverse Reactions

Possible side effects of TIV are soreness, redness or swelling at the injection site, as well as fever and aches. When educating patients regarding potential side effects, clinicians should emphasize that 1) TIV cannot cause influenza; and 2) coincidental respiratory disease unrelated to influenza vaccination can occur after vaccination. Side effects of LAIV can include runny nose, congestion, weakness and headache. The Vaccine Information Statements (VISs), *Inactivated Influenza Vaccine, What You Need to Know, 2007-2008*, and *Live, Attenuated Intranasal Vaccine, What You Need to Know, 2007-2008* (available at: www.immunize.org) can be effective tools to educate about the risks and benefits of the vaccine and side effects. **Federal law requires that VISs are to be given to patients to read before administering flu vaccine.**

Precautions and Contraindications

Minor illnesses with or without fever do not contraindicate use of influenza vaccine. Persons with moderate to severe acute febrile illness usually should not be vaccinated until their symptoms have abated. Also, if nasal congestion is present, that might impede delivery of the LAIV to the nasopharyngeal mucosa, deferral of administration should be considered until resolution of the illness.

Health care professionals should promptly report all clinically significant adverse events after influenza vaccination to Vaccine Adverse Event Reporting System (VAERS) (<http://vaers.hhs.gov>), even if they are not certain that the vaccine caused the event.

- Since 1978 Guillain-Barre Syndrome (GBS) has not been clearly linked to flu vaccine. Clarification about GBS and flu vaccine can be found on pages 14-15 of the *MMWR 2007; Vol. 56:RR-6*. GBS within 6 weeks following a previous dose of TIV is considered to be a precaution for use of TIV.
- TIV or LAIV should not be administered to persons known to have anaphylactic hypersensitivity to eggs or other components of the influenza vaccine. Although current influenza vaccines, the LAIV as well as the inactivated, contain only a limited quantity of egg protein, this protein can induce immediate hypersensitivity reactions among persons who have severe egg allergy. See *MMWR Recommendations and Reports, Vol. 56, RR-6, p.14* referencing protocols to safely administer influenza vaccine to persons with egg allergies.

Influenza Vaccine and Thimerosal

California law prohibits the administration of influenza vaccine which contains more than 1mcg of mercury (in the vaccine preservative thimerosal) per 0.5mL of vaccine to pregnant women and children under three years old.

There is thimerosal-free flu vaccine available for children aged 6 months through 35 months and for women who are pregnant. See Table 1 for details on dosages and thimerosal content.

Thimerosal, a mercury-containing compound, has been used as a preservative in vaccines for many years. Although no scientific evidence indicates that thimerosal in vaccines leads to serious adverse events in vaccine recipients, in 1999 the U.S. Public Health Service and other organizations recommended that efforts be made to eliminate or reduce the thimerosal content in vaccines to decrease total mercury exposure, chiefly among infants.

Timing of Vaccinations

In general, health care providers should begin offering vaccination soon after vaccine becomes available and if possible by October during routine health care visits or during hospitalization whenever vaccine is available.

Vaccination efforts should be structured to ensure the vaccination of as many persons as possible over the course of several months, with an emphasis on vaccinating as many persons as possible before influenza activity in the community begins. Even if vaccine distribution begins before October, distribution probably will not be completed until December or January. The following recommendations reflect this phased distribution of vaccine.

In any given year, the optimal time to vaccinate patients cannot be determined because influenza seasons vary in their timing and duration, and more than one outbreak might occur in a single community in a single year. In the United States, localized outbreaks that indicate the start of seasonal influenza activity can occur as early as October. Vaccination efforts should continue throughout the season, because the duration of the influenza season varies, and influenza might not appear in certain communities until February or March. **Vaccine administered in**

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The *Physicians' Bulletin* is published on an as-needed basis by the County of San Diego Health and Human Services Agency to provide updated information on health issues of concern to San Diego County's medical community.

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December or later, even if influenza activity has already begun, is likely to be beneficial in the majority of influenza seasons.

CDC plans National Influenza Vaccination Week (NIVW) from November 26 through December 2, 2007. The week's goals are to generate vaccine demand and encourage anyone in the general population who wants to be protected against influenza to be vaccinated. Another goal is to continue to work toward changing public and provider attitudes and behaviors related to vaccination in December, January, and beyond, with the message "It's not too late to vaccinate!"

Change in Second Dose for Children 6 Months Through 8 Years of Age

Children aged 6 months-8 years who have not been vaccinated previously or who were vaccinated for the first time during the previous season and received only 1 dose should receive 2 doses of vaccine. These children should receive their first dose as soon after vaccine becomes available as is feasible, so both doses can be administered before the onset of influenza activity. As noted in Table 1 in the Physicians Bulletin, TIV doses are separated by >4 weeks and LAIV doses by >6 weeks. (*Please see graphic on page 6, "Influenza Vaccination for Children 6 Months through 8 Years of Age".*)

Recommendations for Using Antiviral Agents for Influenza

Although annual vaccination is the primary and most effective strategy for preventing complications of influenza virus infections, antiviral medications with activity against influenza viruses can be effective for the chemoprophylaxis and treatment of influenza. Four licensed influenza antiviral agents are available in the United States: amantadine, rimantadine, zanamivir, and oseltamivir. Influenza A virus resistance to amantadine and rimantadine can emerge rapidly during treatment. Because antiviral testing results indicated high levels of resistance **neither amantadine nor rimantadine should be used for the treatment or chemoprophylaxis of influenza in the United States during the 2007-08 influenza season.** Surveillance demonstrating that susceptibility to these antiviral medications has been reestablished among circulating influenza A viruses will be needed before amantadine or rimantadine can be used for the treatment or chemoprophylaxis of influenza A. Oseltamivir or zanamivir can be prescribed if antiviral treatment of influenza is indicated. Oseltamivir is approved for treatment of persons aged >1 year, and zanamivir is approved for treating persons aged >7 years. Oseltamivir and zanamivir can be used for chemoprophylaxis of influenza; oseltamivir is licensed for use as chemoprophylaxis in persons aged >1 year, and zanamivir is licensed for use in persons aged >5 years. See Table 2 on page 5 for a summary of treatment and chemoprophylaxis dosing.

Role of Laboratory Diagnosis

The accuracy of clinical diagnosis of influenza on the basis of symptoms alone is limited because symptoms from illness caused by other pathogens can overlap considerably with influenza. Because testing all patients who might have influenza is not feasible, influenza surveillance by state and local health depart-

ments and CDC can provide information regarding the presence of influenza viruses in the community.

Physicians and laboratories are encouraged to report positive influenza detections to the County of San Diego Public Health Laboratory by phone (619-692-8500) or fax (619-692-8558) and when possible, to submit specimens for viral culture and isolate subtyping. Surveillance data is available at www.emansandiego.com.

Appropriate treatment of patients with respiratory illness depends on accurate and timely diagnosis. Influenza surveillance information and diagnostic testing can aid clinical judgment and help guide treatment decisions. For example, early diagnosis of influenza can reduce the inappropriate use of antibiotics and provide the option of using antiviral therapy. However, because certain bacterial infections can produce symptoms similar to influenza, bacterial infections should be considered and appropriately treated, if suspected. In addition, bacterial infections can occur as a complication of influenza.

Providing Other Needed Adult Vaccines

Seniors and others at high risk of complications from influenza visit medical care providers each fall to receive influenza vaccine.

Medical care providers should use this opportunity to evaluate these adults for other needed vaccines as well.

Vaccines are listed below:

1. Pneumococcal polysaccharide vaccine (PPV-23);
2. Tetanus, diphtheria and acellular pertussis (Tdap) vaccine; and
3. For females 11-26 years of age, the Human Papilloma Virus vaccine (HPV) series should be considered.

And if medically and/or occupationally indicated:

3. Hepatitis A vaccine;
4. Hepatitis B vaccine;
5. Measles, mumps and rubella combination vaccine (MMR);
6. Varicella vaccine; and
7. Meningococcal vaccine.

Physicians are urged to capitalize on office visits by those at risk for influenza to provide all needed vaccines.

Influenza and Immunization Resources

The CDC's 2007 report, *Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices (ACIP)*, (Vol. 56, RR-6, July 13, 2007) includes information on the disease, vaccine, target groups, strategies and the use of antiviral agents in preventing and/or treating influenza. **For a copy of this report, please go to the CDC website noted below.**

The following is a list of World Wide Web sites for accessing information and promotional materials on influenza, influenza vaccine and related topics:

www.cdc.gov/flu: This is the CDC flu site, and contains information about vaccine supply, flu treatment and management, a

weekly flu activity report, and other items. There will be a gallery of patient educational materials developed for the 2007-2008 flu season. The gallery will contain downloadable master copies suitable for an office photocopier, and other masters intended for reproduction by commercial printers.

In addition to the CDC's influenza reports mentioned above, this site contains pneumococcal vaccine educational materials and a wide variety of links to other sites with fact sheets for providers and patients.

www.sdchip.org: This site is maintained by Community Health Improvement Partners (CHIP), a collaboration of health care organizations, providers and community groups working in San Diego County to increase awareness of and responsiveness to community health needs. When vaccine becomes available, this web site will feature a list of more than 300 public and private locations in San Diego County where flu shots will be offered. Also, the site has downloadable flu and pneumococcal information in English and 7 other languages, and links to other immunization-related web sites. Flu shot clinic information is also available through CHIP's toll-free number at 1-877-FLU-0202 (1-877-358-0202).

www.sdiz.org: The San Diego County Immunization Initiative website contains immunization information specifically for local health care providers, including general immunization recommendations for children and adults, vaccine safety issues, the San Diego Immunization Registry, flu information, as well as the flu shot clinic schedule (when available) at the County Public Health Centers. There are also links to other websites, such as the CDC's influenza information site.

www.immunize.org: The Immunization Action Coalition has a wealth of print materials that can be downloaded and reproduced. Included are childhood and adult materials and official Vaccine Information Statements including, "Influenza Vaccine, What You Need To Know" in many languages. Federal law requires that VISs are to be given to patients to read before flu vaccine is administered.

www.getimmunizedca.org: The California Department of Public Health has downloadable materials including public service announcements; the VIS for inactivated and live attenuated influenza vaccine in English and Spanish with consent portion attached; and links to CDC and others.

www.cms.hhs.gov/AdultImmunizations/: This is the Centers for Medicare and Medicaid Services (CMS) website and has information on how to bill Medicare for influenza and pneumonia vaccine, the 2007 reimbursement rates for vaccines, and general information on prevention.

www.nfid.org: This is the web site of the National Foundation for Infectious Diseases (NFID), which has timely and helpful resources with strategies on increasing influenza immunization rates in infants and children and in HCPs. It also has a complete Campaign Kit to promote National Adult Immunization Awareness Week, September 23 through 29, 2007. A special project this season is the Key Strategies to Improve Low Influenza Vaccination Rates Among Children with Asthma at www.nfid.org/docs/asthma.html.

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Table 2: Recommended Daily Dosage of Influenza Antiviral Medications for Treatment and Prophylaxis

See also section titled *Recommendations for Using Antiviral Agents for Influenza 2007* on p. 4

Antiviral agent	Age group (yrs)				
	1-6	7-9	10-12	13-64	≥65
Zanamivir* Treatment, influenza A and B	NA [†]	10 mg (2 inhalations) twice daily	10 mg (2 inhalations) twice daily	10 mg (2 inhalations) twice daily	10 mg (2 inhalations) twice daily
Chemoprophylaxis, influenza A and B	NA	10 mg (2 inhalations) once daily	10 mg (2 inhalations) once daily	10 mg (2 inhalations) once daily	10 mg (2 inhalations) once daily
Oseltamivir Treatment, [§] influenza A and B	Dose varies by child's weight [¶]	Dose varies by child's weight [¶]	Dose varies by child's weight [¶]	75 mg twice daily	75 mg twice daily
Chemoprophylaxis, influenza A and B	Dose varies by child's weight**	Dose varies by child's weight**	Dose varies by child's weight**	75 mg/day	75 mg/day

NOTE: Zanamivir is manufactured by GlaxoSmithKline (Relenza[®] — inhaled powder). Zanamivir is approved for treatment of persons aged ≥7 years and approved for chemoprophylaxis of persons aged ≥5 years. Oseltamivir is manufactured by Roche Pharmaceuticals (Tamiflu[®] — tablet). Oseltamivir is approved for treatment or chemoprophylaxis of persons aged ≥1 year. No antiviral medications are approved for treatment or chemoprophylaxis of influenza among children aged <1 year. This information is based on data published by the Food and Drug Administration (available at <http://www.fda.gov>).

* Zanamivir is administered through oral inhalation by using a plastic device included in the medication package. Patients will benefit from instruction and demonstration of the correct use of the device. Zanamivir is not recommended for those persons with underlying airway disease.

† Not applicable.

§ A reduction in the dose of oseltamivir is recommended for persons with creatinine clearance <30 mL/min.

¶ The treatment dosing recommendation for children weighing ≤15 kg is 30 mg twice a day; for children weighing >15-23 kg, the dose is 45 mg twice a day; for children weighing >23-40 kg, the dose is 60 mg twice a day; and for children weighing >40 kg, the dose is 75 mg twice a day.

** The chemoprophylaxis dosing recommendation for children weighing ≤15 kg is 30 mg once a day; for children weighing >15-23 kg, the dose is 45 mg once a day; for children weighing >23-40 kg, the dose is 60 mg once a day; and for children weighing >40 kg, the dose is 75 mg once a day.

www2.sdcounty.ca.gov/hhsa/ServiceDetails.asp?ServiceID=698: This is the County of San Diego Health and Human Services Agency website, which has location and contact information for clinics which provide low-cost childhood and adult immunizations. (Please note that influenza immunization clinic information will probably not be available at this site until early October, when the specifics of the flu shot clinics are finalized.)

<http://vaers.hhs.gov>: This is the website for The Vaccine Adverse Event Reporting System (VAERS). Health care providers and manufacturers are required by law to report suspect reactions to vaccines listed in the Vaccine Injury Table and are encouraged to report even if the vaccines are not listed. VAERS forms are available at 1-800-822-7967 or online at this site.

www.lung.usa.org: This is the American Lung Association website, which has flu information and a flu clinic locator feature (www.flucliniclocator.org).

2007-2008 Influenza Vaccine Manufacturers/ Distributors

sanofi pasteur (*Fluzone*®) 1-800-VACCINE (1-800-822-2463)

Novartis Vaccine (*Fluvirin*®) 1-800-244-7668

GlaxoSmithKline (*Fluarix*® and *FluLaval*™) 1-888-825-5249

MedImmune (*FluMist*®) 1-877-633-4411

Sources

1. Advisory Committee on Immunization Practices, National Immunization Program, Centers for Disease Control and Prevention. *Recommended Childhood and Adolescent Immunization Schedule, United States, 2007*.
2. CDC. Prevention and control of influenza: *Recommendations of the Advisory Committee on Immunization Practices (ACIP)*. *MMWR* 2007; Vol. 56, RR-6 (July 13, 2007):37.
3. National Foundation for Infectious Diseases. *Influenza Immunization Among Health Care Workers, Call To Action and Increasing Influenza Immunization Rates in Infants and Children: Putting Recommendations Into Practice*. Both are available at: www.nfid.org.
4. Centers for Disease Control and Prevention. *Inactivated Influenza Vaccine, What You Need To Know*.
5. Centers for Disease Control and Prevention. *Live, Intranasal Influenza Vaccine, What You Need To Know*.

Physicians Webinar (Web Conference) 2007: Adult Immunizations—It’s Not Just Flu!







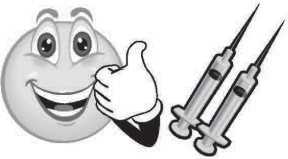

When: Sept. 25, 2007, from 5:30-6:30 p.m.

Topics: New Adult Vaccines and Recommendations for Use; and Services and Research at the Immunization Branch.

Sponsors: County of San Diego Health and Human Services Agency Immunization Branch and American College of Physicians, Southern California Region III Chapter

For more information: Visit the website http://www.immunization-sd.org/healthcare/eng/hot_topics/Physicians-Webinar-07-Adult-IZs.html, email Emily Ackiss at emily.ackiss@sdcounty.ca.gov, or call (619) 692-5633.

For those unable to view the webinar: It will be archived on the above website within a few weeks following the date of the webcast.

Influenza Vaccination for Children 6 Months through 8 Years of Age	
All Past Seasons	Current Season
 No doses ever before	 2 doses [¶]
 One dose ever before*	 2 doses [¶]
 Two doses ever before**	 1 dose

*regardless of lapsed years

** even if given in different years

¶ 4 week interval for TIV; 6 week interval for LAIV

Please note: this chart is downloadable from: <http://www.immunization-sd.org/docs/Flu-07-08/Flu-IZ-Memory-Aid-for-6mo-to-8yrs.pdf>

Pertussis: Your Help Needed!



In conjunction with the CDC, the San Diego Immunization Branch (SDIB) is participating in a study to evaluate multiple diagnostic tests for pertussis and we need your assistance.

If you see patients 3 years of age or older with any cough of 5 to 28 days duration or a cough with shorter duration with paroxysms, whoop, or vomiting, call us at 619-692-8661 and ask for the Pertussis Study Staff.

We will determine patient eligibility and after receiving consent, blood, nasal, and saliva samples will be obtained at no cost to you or the patient. Recruitment is expected to begin in November.