Influenza Update William Atkinson, MD, MPH

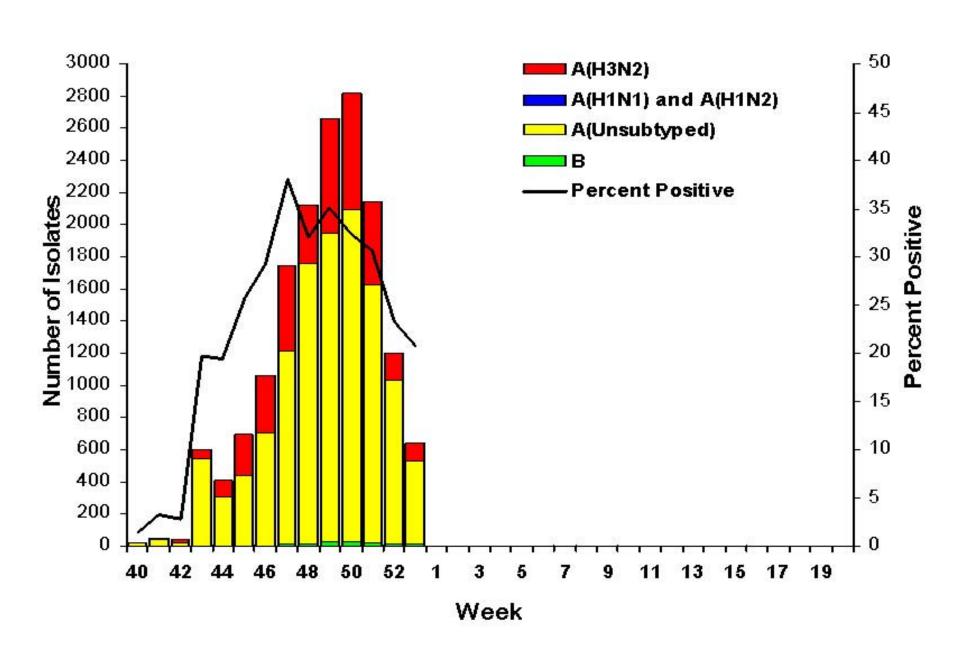


Influenza Surveillance in the United States

- Laboratory characterization of viruses
- Influenza activity as assessed by State and Territorial Epidemiologists
- Influenza-like illness surveillance by sentinel providers
- Pneumonia and influenza mortality in 122 U.S. cities



WHO/NREVSS Collaborating Laboratories National Summary, 2003-04



Influenza Virus Surveillance Through January 3, 2004

>99% of influenza viruses are type A

- >99% of A viruses are H3N2 subtype
 - 22% A/Panama/2007/99
 - 78% A/Fujian/411/2002



Influenza Vaccine Virus Selection

3 viruses (H3N2, H1N1 and B)

A/Fujian H3N2 strain not included

- -Strains chosen by FDA in February
- -A/Fujian detected late
- -A/Fujian virus suitable for vaccine manufacture not available in time



2003 Vaccine Effectiveness

- A/Panama-like and A/Fujian-like viruses related but antigenically distinguishable
- Antibodies to Panama cross react with A/Fujian-like viruses
 - Some cross immunity expected
- Vaccine effectiveness needed to estimate protection



Vaccine Effectiveness Study

- Retrospective cohort study of employees of a hospital in Colorado
- Outcome was influenza-like illness (ILI: fever plus either cough or sore throat)
- Vaccine not shown to be effective against ILI
- May underestimate true effectiveness



Vaccine Effectiveness Study

 Colorado study could not determine vaccine effectiveness against lab confirmed influenza, H1N1, B, or severe complications

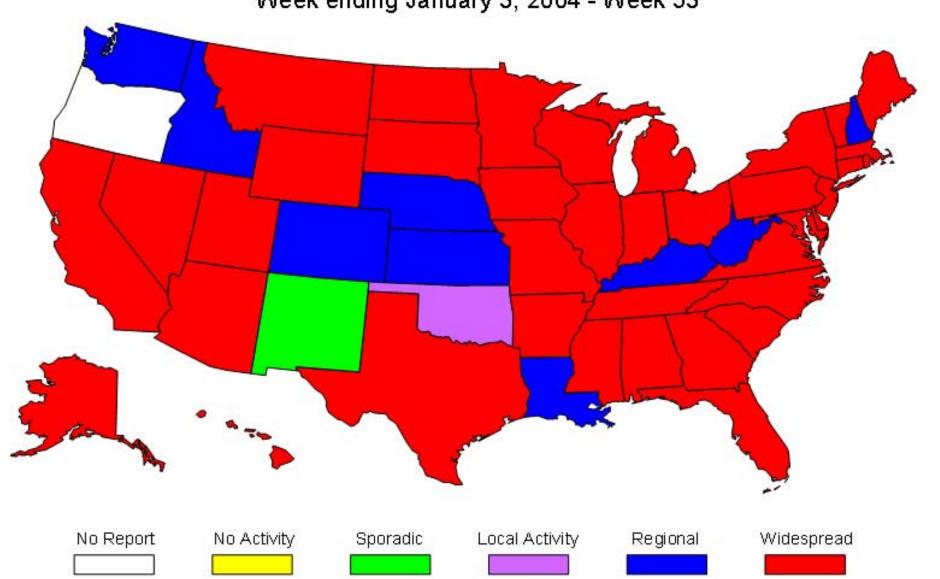
 Study results do not change current vaccination recommendations

Additional studies in progress

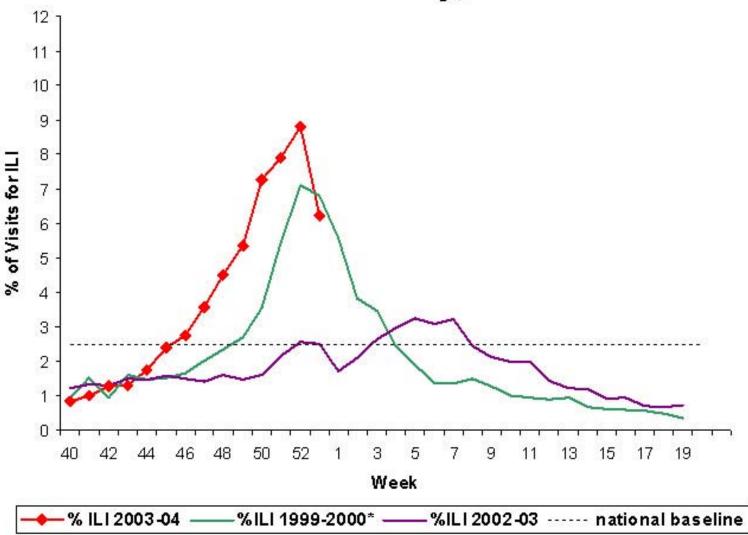


Weekly Influenza Activity Estimates Reported by State & Territorial Epidemiologists

Week ending January 3, 2004 - Week 53



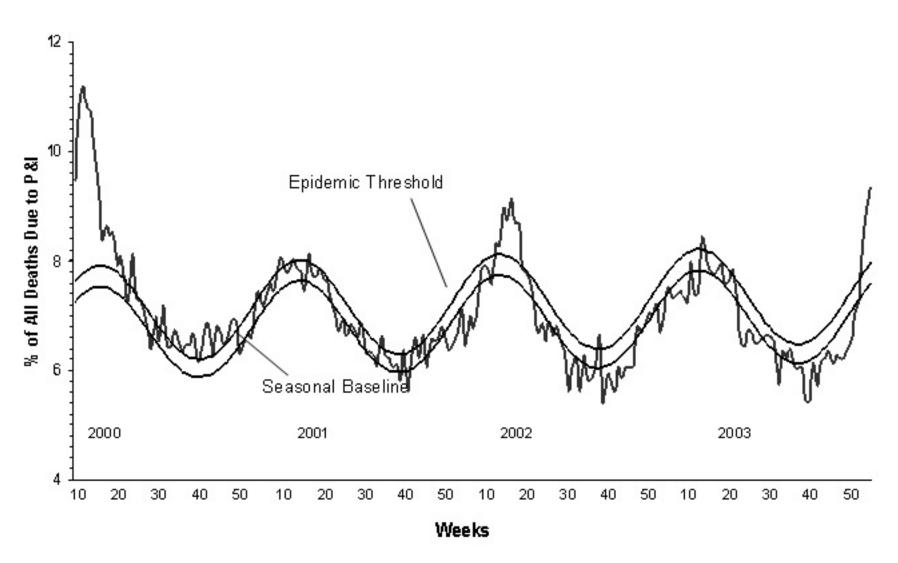
Percentage of Visits for Influenza-like Illness Reported by Sentinel Providers National Summary, 2003-04



^{*} The 1999-2000 season was selected for comparison because it was the most recent A(H3N2) season of moderate severity.

Pneumonia and Influenza Mortality for 122 U.S. Cities

Week Ending 01/03/2004



Influenza-Associated Deaths in Children October 2003 – January 2004*

- 93 deaths children <18 years
- Median age 4 years (range 4 weeks to 17 years)
- 55% female

- Reported from 31 states
 - *data as of January 6, 2004



Influenza-Associated Deaths in Children October 2003 – January 2004*

- All with confirmed influenza infection
- 35 (38%) underlying condition
- 41 (44%) no known conditions
- Secondary bacterial infections
- Additional investigation underway
 *data as of January 6, 2004

Influenza Vaccine Supply

- Aventis Pasteur (Fluzone)
 - All pediatric and adult doses have been distributed

- Evans/Chiron (Fluvirin)
 - -75,000 doses remain on contract
- Wyeth/Medlmmune (FluMist)
 - –2 million doses available



 Two pediatric (0.25 mL) doses of Fluzone[®] may be combined to make one "adult" dose

Must be given as two separate injections

Do NOT attempt to transfer vaccine to another syringe

 Fluvirin® (Evans/Chiron) may NOT be administered to children 6-47 months of age

 Only Fluzone® (AP) may be used for children 6-47 months of age

- An adult dose of Aventis Pasteur influenza vaccine cannot be split into two pediatric doses
- NEVER attempt to transfer vaccine into another syringe
- EXCEPTION: Drawing a 0.25 mL dose from a 10 dose vial is acceptable

LAIV Administration

 Vaccine licensed only for healthy people 5-49 years of age

 Should not be administered to persons with immunosuppressed contact

 Should not be administered by persons who are immunosuppressed

 Live attenuated influenza vaccine (LAIV, FluMist[™]) shipped since December 31, 2003 can be stored in a conventional frost-free freezer without a Freezebox

 LAIV may NOT be stored in a refrigeration unit without a separate freezer compartment

National Immunization Program

Hotline (800) 232-2522

• Email nipinfo@cdc.gov

Website www.cdc.gov/nip*

*download or order ACIP statements online from the NIP website

