

# **Influenza Vaccine Bulletin #9**

*October 16, 2001*

The National Immunization Program (NIP) of the Centers for Disease Control and Prevention (CDC) is publishing and distributing periodic bulletins to update partners about recent developments related to the production, distribution and administration of influenza vaccine for the 2001-2002 influenza season. All recipients of this bulletin are encouraged to distribute each issue widely to colleagues, members and constituents.

## **Influenza Vaccine Supply and Production**

**An updated projection of influenza vaccine supply reflects a slight increase in the total amount for the 2001-2002 season.**

- Projected distribution of influenza vaccine for 2001 has increased slightly to 79.6 million doses. Approximately 56 percent of the total supply should be distributed by the end of October. An additional 31 percent of the total influenza vaccine supply will be delivered in November and the final 13 percent is expected in early December. Because of delays in distribution, some areas of the country may have limited supplies of vaccine in October. **People at high risk of complications from influenza who have difficulties in obtaining vaccine in October should continue seeking vaccine in November and December, until they are immunized.** Although October and November are the optimal months to receive influenza vaccine, people (especially those at high risk) will still benefit from influenza vaccine later, even in communities where influenza cases are occurring. Information on influenza vaccine lots that are released by FDA and available for distribution by manufacturers can be found at [www.fda.gov/cber/flu/flu.htm](http://www.fda.gov/cber/flu/flu.htm)

## **Influenza Vaccine Distribution and Administration**

**Health care providers may redistribute influenza vaccine this year.**

- Anticipated delays in delivery of influenza vaccine this flu season constitute emergency medical reasons for redistribution of vaccine, within the meaning of Section 503(c)(3)(B)(IV) of the Food, Drug, and Cosmetic Act (FDC Act), as determined by FDA. It is therefore permissible under the FDC Act for a hospital or health care entity to redistribute influenza vaccine to alleviate shortages this flu season. When redistribution occurs, the hospital or health care entity that is redistributing influenza vaccine should document and maintain the following information: vaccine brand name; manufacturer and distributor; lot number; number of doses transferred; and recipient's name and address. In any such redistribution, the influenza vaccine and its transfer must comply with FDA's current good manufacturing requirements. Information

on proper handling, storage and shipping can be found on the CDC influenza website at [www.cdc.gov/nip/flu](http://www.cdc.gov/nip/flu)

### **Stearns County (MN) demonstrates the success of sharing influenza vaccine.**

- In 2000-01, Stearns County, in collaboration with Benton and Shelburne counties in Minnesota, demonstrated the success of sharing influenza vaccine across public health clinics, providers, hospitals and businesses. This sharing ensured timely administration of influenza vaccine to high-risk individuals. The local health departments conducted an inventory of the providers who ordered vaccines, quantity of the orders and vaccine overstocks; and recommended and monitored vaccine reallocation among the various providers. During the first three weeks of the vaccination season, most clinics and providers had between 200 and 500 doses of vaccine per provider. However, this supply allowed early vaccination of high-risk people. Most of the vaccine purchased by the local health departments went first to nursing homes and other long-term care facilities. Once these facilities received their originally ordered vaccine, the remainder was distributed by the local health departments among the community clinics, physicians, and hospitals.

### **State and local health department associations join to stress the importance of influenza vaccine re-allocation.**

- The Association of State and Territorial Health Officials (ASTHO) and the National Association of County and City Health Officials (NACCHO) have written a joint letter to state and local health officials updating them about current influenza vaccine delivery information and stressing the importance of influenza vaccine re-allocation in order to ensure vaccination of people at highest risk for influenza complications. The letter encourages state and local health officials to work with private and public partners, providers, and coalitions to identify vaccine needs and support vaccine sharing. The ACIP supplemental influenza vaccine recommendations (MMWR 2001;50:582-85), state influenza vaccine contact list, and information on several counties experienced in vaccine sharing practices are included as attachments to the letter.

### **Health care providers should take precautions to avoid administering influenza vaccine from previous seasons.**

- If influenza vaccine from past seasons is accidentally administered, people who received the older vaccine should be called back and vaccinated with this year's product. The timing of the revaccination should comply with this season's ACIP recommendations, i.e., high-risk people and health care workers who inadvertently receive a previous season's vaccine should be revaccinated in October with this year's vaccine.

### **CDC is working to learn more about influenza vaccine pricing.**

- Some distributors of influenza vaccine have substantially increased the price for the vaccine over the price for purchase directly from the vaccine manufacturers. In some cases, the vaccine is passing through two or three other companies before it is sold to a final user, reaching up to \$135 for a ten-dose vial. Delays in supply and distribution may have created an environment that has led to this price speculation. CDC is working aggressively to learn more about these pricing issues.

**Correction: Influenza Bulletin #8 incorrectly listed Alabama as a state covered by Noridian Mutual Insurance company, a Medicare carrier. The state should have been listed as Alaska.**

## **Influenza Vaccine Communication**

### **CDC has expanded the influenza website to include a section for the public.**

- The public can be referred to this site for answers to questions about this season's influenza vaccine delay, the vaccine, and the disease. They can also learn who should be the first to receive a flu immunization and why, and when they should request their immunization. A special feature of the site is a "Flu Quiz." At this site, a person can answer on-line questions and obtain an immediate, personalized response telling if he or she should be among the first to receive a flu immunization, and why. In November, the "Flu Quiz" will be revised to tell who has an increased risk of complications if they develop influenza disease.

**Weekly influenza surveillance reports are now being posted on the CDC influenza website at [www.cdc.gov/nip/flu.htm](http://www.cdc.gov/nip/flu.htm) and also can be found at [www.cdc.gov/ncidod/diseases/flu/weeklychoice.htm](http://www.cdc.gov/ncidod/diseases/flu/weeklychoice.htm)**

- Each year CDC provides weekly updates on influenza activity within the U.S. This report tells where influenza is occurring and which influenza viruses are circulating. Influenza activity is being reported at surveillance sites in the United States.