



# New Hampshire Health Alert Network

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**Status:** Actual  
**Message Type:** Alert  
**Severity:** Moderate  
**Sensitive:** Not Sensitive  
**Message Identifier:** NH-HAN #20110912 Influenza 2011-2012  
**Delivery Time:** 12 hours  
**Acknowledgement:** No  
**Originating Agency:** NH Department of Health and Human Services, Division of Public Health Services

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**DATE:** September 12, 2011      **TIME:** 0900 EDT

**TO:** Physicians, Physician Assistants, Nurses, Infection Control Practitioners, Infectious Disease Specialists, Hospital Emergency Departments, Hospital CEOs, Laboratory Response Network, Manchester Health Department, Nashua Health Department, NHHA, DHHS Outbreak Team, DPHS Investigation Team, Public Health Network, and DPHS Management Team

**FROM:** Jodie Dionne-Odom, MD, Deputy State Epidemiologist

**SUBJECT:** Influenza 2011-2012

**NH Department of Health and Human Services (NH DHHS) recommends:**

- Influenza vaccination for everyone over six months of age in the absence of medical contraindication.
- Awareness of NH influenza epidemiology and vaccination rates from 2010-2011.
- Review of influenza testing guidelines in New Hampshire
- Awareness of novel influenza vaccine products and safety information.

**1) Epidemiology**

During last year's influenza season (2010-2011), there were three actively circulating viruses, 2009AH1N1, AH3N2 and influenza B. This year, the circulating strains are predicted to be the same, although seasons can be unpredictable. We have not identified any laboratory confirmed influenza cases in New Hampshire during this season to date.

**2) Diagnostic Testing**

Nasopharyngeal swabs from persons with influenza like illness (defined as fever (100°F [37.8°C] or higher) with cough and/or sore throat) continue to be collected at the NH Public Health Laboratories (PHL) for testing with RT-PCR.

The approved specimen types for NH PHL are:

Nasopharyngeal swabs, nasal swabs, throat swabs, nasal aspirates, nasal washes and dual nasopharyngeal/throat swabs, bronchoalveolar lavage, bronchial wash, tracheal aspirate, sputum, and lung tissue from human patients with signs and symptoms of respiratory infection.

**To conduct RT-PCR testing for influenza:**

- Collect the specimen as soon as possible after illness onset.
- Collection should be by trained personnel using droplet precautions
- Place the sample in viral transport media and store and transport at 4° C.

To acquire viral testing kits, contact the NH Public Health Laboratories office at 1 (800) 852-3345, extension 4605 or (603) 271-4605.

### 3) Vaccination

#### a. Recommendations

The 2011-2012 trivalent seasonal influenza vaccine is currently available and it contains three antigens, unchanged from last year: A2009H1N1, AH3N2, and influenza B.

During the 2011-2012 year, we continue to have a universal recommendation for influenza vaccination. It should be given to anyone six months of age or older in the absence of medical contraindication.

Medical contraindications are quite rare and they include:

- 1) History of severe allergic reaction to a prior influenza vaccine.
- 2) Persons who developed Guillain Barre Syndrome within 6 weeks of receiving influenza vaccine.
- 3) Persons with severe egg allergy (those who tolerate cooked eggs are unlikely to have true egg allergy). Recommendations for management of persons with severe egg allergy are available in the CDC MMWR dated August 18, 2011, (link provided).

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6033a3.htm>

Persons with a history of influenza or vaccination last year **should be encouraged to get the vaccine again** this year, due to the natural waning of the antibody response over 7-12 months. It is not too early to begin vaccinating patients now, since it takes about 14 days for antibodies to form and the flu season can start as early as October.

Vaccination rates among pregnant women in the US have increased significantly (from 17% to 49%) since the 2009 H1N1 season. Given the additional risk of severe influenza during pregnancy, as well as the benefit of vaccination to mom and baby, providers should continue to strongly encourage vaccination for their pregnant patients and parents or caregivers of infants younger than six months old (who cannot be vaccinated due to their age).

There is no preference given to the live intranasal (LAIV) or the inactivated intramuscular (TIV) routes, for those who are eligible for LAIV (healthy, non-pregnant persons age 2-49). Children from 6 months to 8 years of age still require two doses of influenza vaccine (administered at least four weeks apart) if they have never received influenza vaccination in the past.

#### b. New Hampshire

In New Hampshire last year, an estimated 45% of eligible persons received the influenza vaccine, with the highest vaccination rate (73%) among persons over age 65 (according to CDC BRFSS data through February 2011).

Vaccine supply for children will continue to be provided from the NH Immunization Program (NHIP). Adults are encouraged to get vaccine from their medical provider. Adults without insurance are encouraged to get influenza vaccine at their local community health centers or at the Department of Public Health in Manchester or Nashua. Many NH pharmacies have influenza vaccine stocked and available for the general public. Call NHIP at (603) 271-4482 with any questions related to childhood vaccine distribution, availability or school based clinic locations.

### c. New Products

A new intradermally administered inactivated influenza vaccine preparation, Fluzone Intradermal, was licensed in May 2011 and is available for purchase. This vaccine is indicated for adults aged 18 through 64 years and contains less antigen than intramuscular TIV preparations (9  $\mu\text{g}$  rather than 15  $\mu\text{g}$  of each strain per dose) in a smaller volume (0.1mL rather than 0.5 mL). The vaccine is administered intradermally via a single-dose, prefilled microinjection syringe. The most common adverse reactions include injection-site erythema, induration, swelling, pain, and pruritus. With the exception of pain, these reactions occurred more frequently than with intramuscular vaccine, but generally resolved within 3--7 days.

Fluzone High-Dose is again available for purchase as an alternative vaccine for persons aged  $\geq 65$  years. It contains 60  $\mu\text{g}$  of hemagglutinin per vaccine strain (rather than 15  $\mu\text{g}$  per strain as in other intramuscular TIV preparations). At this time, no preference is made for the intradermal or the high dose flu vaccine over other vaccine preparations. Neither intradermal nor high dose flu vaccines are available via NHIP.

### d. Vaccine Safety

There are new reports of a slight increase in the risk of febrile seizures among children who received conjugated pneumococcal vaccine (PCV13) at the same time as inactivated influenza vaccine (TIV) last year. CDC continues to study the rates of occurrence and has the following wording directed to healthcare providers:

“The 2011-2012 inactivated influenza vaccine VIS states that, “young children who get inactivated flu vaccine and pneumococcal vaccine (PCV13) at the same time appear to be at increased risk for seizures caused by fever.”

ACIP chose to include this statement on the VIS to inform parents of this potential risk. However, additional information has not yet been published to help providers respond to parents' questions.

Increased rates of febrile seizures have been reported among children, especially those 12 through 23 months of age, who received simultaneous vaccination with TIV and PCV13, compared with children who received these vaccines separately. However, because there are risks associated with delaying either of these vaccines, ACIP does not recommend administering them at separate visits or deviating from the recommended vaccine schedule in any way.

Febrile seizures are not uncommon, occurring in 2% to 5% of all children; and they are generally benign. Healthcare providers should be prepared to discuss parents' questions about this issue, including questions about fever and febrile seizures.”

Finally, to help providers continue to address ongoing patient questions related to vaccine safety, the Institute of Medicine has just published a report that examines available data for associations between vaccination for eight different illnesses (including influenza) and adverse effects. Overall, it confirms the safety of available vaccines. A link to the full report is provided below.

NH DPHS will continue to update you throughout this influenza season if we have new and relevant data to share about circulating strains of influenza in NH, antiviral susceptibilities or vaccine availability. Please contact us directly with any questions about influenza or if we can help your response during this upcoming season.

CDC link to FAQ for the intradermal influenza vaccine:

[http://www.cdc.gov/flu/protect/vaccine/qa\\_intradermal-vaccine.htm](http://www.cdc.gov/flu/protect/vaccine/qa_intradermal-vaccine.htm)

CDC link to providers note about febrile seizure risk.

<http://www.cdc.gov/vaccines/pubs/vis/tiv-pcv-note.htm>

Link to the Institute of Medicine August 2011 Report on Vaccine Safety

<http://www.iom.edu/Reports/2011/Adverse-Effects-of-Vaccines-Evidence-and-Causality.aspx>

**For any questions regarding the contents of this message, please contact NH DHHS  
Infectious Disease Investigation and Surveillance Sections at 603-271-4496.  
After hours or toll free at 800-852-3345, ext. 4496.**

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## DEFINITION OF TERMS AND ALERTING VOCABULARY

### Message Type

Alert: Original alert  
Update: Prior alert has been updated and superseded  
Cancel: Prior alert has been cancelled  
Error: Prior alert has been retracted

### Status

Actual: Refers to a live event  
Exercise: Designated recipients must respond to the communication or alert  
Test: Related to a technical and/or system test

### Severity

Extreme: Extraordinary threat to life or property  
Severe: Significant threat to life or property  
Moderate: Possible threat to life or property  
Minor: Minimal threat to life or property  
Unknown: Unknown threat to life or property

### Sensitive

Sensitive: Indicates the alert contains sensitive content  
Not Sensitive: Indicates non-sensitive content

### Message Identifier

A unique alert identifier that is generated upon alert activation

### Delivery Time

Indicates the time frame for the delivery of the alert

### Acknowledgement

Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the time frame in which a response is required.

### Originating Agency

A guaranteed unique identifier for the agency originating the alert.

### Alerting Program

The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.

**You have received this message based upon the information contained within our emergency notification database.**

**If you have a different or additional e-mail or fax address that you would prefer to be used, please contact:**

Denise M. Krol, MS  
NH HAN Coordinator  
[Denise.Krol@dhhs.state.nh.us](mailto:Denise.Krol@dhhs.state.nh.us)

**Business Hours: 8 AM – 4 PM**  
Tel: 603-271-4596  
Fax: 603-271-0545