



July 24, 2012

Clinical Recommendations for Seasonal Influenza Vaccination 2012-2013

PLEASE NOTE: THIS SEASON'S VACCINE IS SIGNIFICANTLY DIFFERENT FROM THE 2011-2012 VACCINE

We are now entering the 2012-2013 influenza season. Influenza vaccination is the most effective method for preventing influenza and its potentially severe complications. The Alliance covers influenza vaccines; specific information about billing codes and reimbursement rates will be distributed to providers no later than **September 30, 2012**.

The Alliance will not reimburse for influenza vaccination administered prior to availability of the 2012-2013 vaccine. While we were able last year to use the prior season's flu vaccine, this year's vaccine is significantly different (see specific vaccine information below). **You should properly discard any prior years' vaccine that you may have in your office and order a new supply of the current year's product. The 2012-2013 flu vaccine is scheduled to be available in August or September. Orders through the Vaccines for Children (VFC) program should be placed as soon as possible to ensure a sufficient supply.**

Each year, experts from the FDA, World Health Organization, Centers for Disease Control (CDC), and others in the public health community study virus samples and patterns collected worldwide to identify virus strains likely to cause the most illness during the upcoming influenza season. Based on that information and the recommendations of the FDA's Vaccines and Related Biological Products Advisory Committee, the following strains selected for the 2012-2013 influenza season were announced on February 23, 2012:

- an A/California/7/2009 (H1N1) pdm09-like virus;
- an A/Victoria/361/2011 (H3N2)-like virus;
- a B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses).

While the H1N1 virus used to make the 2012-2013 flu vaccine is the same virus that was included in the 2011-2012 vaccine, the recommended influenza H3N2 and B vaccine viruses for the Northern Hemisphere are different from those in the 2011-2012 influenza vaccine.

Alliance members can get a flu shot from any participating Alliance physician. Adult members 19 years and older can get a flu shot from most Alliance-contracted pharmacies, as well as from their doctor. Members will need to contact the pharmacy directly to verify that the pharmacy currently offers this service. Members should not go to non-participating pharmacies, as the Alliance is unable to reimburse members who pay for the flu shot on their own.

The Alliance launches a focused outreach and education campaign each year at this time to inform members about influenza and to encourage them to get vaccinated. Each member receives a copy of our quarterly member newsletter with an updated article on the importance of flu vaccination and other preventive measures. In addition, members receive a postcard reminding them to make an appointment for a flu shot.

The following recommendations are from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

All persons ages 6 months and older should be vaccinated annually, unless they have certain conditions which prevent them from getting the vaccine. It's especially important that the following groups get vaccinated, either because they are at high risk of having serious flu-related complications or because they live with or care for persons at high risk for developing flu-related complications.

- Health care personnel;
- Pregnant women;
- Children age 6 months to 4 years (59 months);
- Adults age 50 or older;
- Persons who have certain chronic medical conditions;
- Persons who are morbidly obese (BMI of 40 or greater);
- Persons who are immunosuppressed;
- American Indians/Alaska Natives;
- Persons who live in nursing homes and other long-term care facilities; and
- Persons who live with or care for those at high risk for complications from flu.

Trivalent Inactivated Vaccine (TIV) and Live Attenuated Influenza Vaccine (LAIV)

- Persons 6 months of age and older, including pregnant women, can receive the TIV.
- Healthy, nonpregnant adults younger than age 50 years without high-risk medical conditions can receive either intranasally administered LAIV (FluMist), or TIV. Health-care personnel who care for severely immunocompromised persons (i.e., those who require care in a protected environment) should receive TIV rather than LAIV. Other persons should receive TIV.
- The intramuscular or intradermal administered TIV are options for adults aged 18–64 years.
- Adults aged 65 years and older can receive the standard dose TIV or the high-dose TIV (Fluzone High-Dose).

The CDC updates its recommendations as the season unfolds, responding to new patterns and information as it becomes available from surveillance data. Updated flu and vaccine information, including which persons should receive vaccinations first if supply is limited, as well as patient information resources, can be found at <http://www.cdc.gov/flu/professionals/index.htm>. Current vaccine information sheets (including the 2012-13 VISs in English, Spanish and other languages) can be found at <http://www.cdc.gov/vaccines/pubs/vis/default.htm#flu>.

For questions about clinical criteria, please call David Altman, M.D., Associate Medical Director for Quality Improvement, at (831) 430-5750. For other questions or support, call Angel Milhouse, Provider Services Network Manager, at (831) 430-5531.