

MEMO

TO: Prevention Partnership Providers and
Local Public Health Units

FROM: Miranda Baumgartner *MB*
Vaccines for Children/QI Coordinator

RE: 2022 - 2023 State-Supplied Seasonal Influenza Vaccine

DATE: August 1, 2022

The North Dakota Department of Health (NDDoH) Division of Immunization is supplying seasonal influenza vaccine for the 2022 - 2023 season to Vaccines for Children (VFC) enrolled providers for use in those children who are **VFC eligible**. This includes children 18 years and younger who are either Medicaid-eligible, American Indian, uninsured or underinsured. During the 2022 – 2023 influenza season the NDDoH Division of Immunization will also be supplying influenza vaccine for uninsured adults.

Distribution:

VFC providers pre-booked influenza vaccine with the NDDoH in early 2022. The NDDoH Division of Immunization will allocate influenza vaccine to providers equitably based on what was pre-booked and how much vaccine has been allocated to the NDDoH. State-supplied influenza vaccine will be distributed by McKesson, the third-party distributor for the Centers for Disease Control and Prevention (CDC). Vaccine will be distributed in multiple shipments in late summer/early fall. Providers can expect their first shipments of state-supplied influenza vaccine in August or early September. An automated email will be sent out to the primary and secondary VFC vaccine contacts when an influenza vaccine order has shipped. Additional influenza vaccine cannot be ordered by providers until all pre-booked influenza vaccine has been distributed. Providers will be notified when ordering for additional influenza vaccine is available.

For providers that prebooked adult influenza vaccine, this vaccine will be delivered starting in August or early September just as all other doses.

Borrowing:

For seasonal influenza vaccine, providers may use privately purchased influenza vaccine to vaccinate VFC eligible children, if VFC influenza vaccine is not yet available. Those private doses administered to VFC eligible children can later be replaced when VFC vaccine becomes available. However, VFC vaccine is not always guaranteed, and providers run the risk of not having private doses repaid.

Two-Dose Recommendation for Children Ages Six Months – Eight Years:

- Children ages six months through eight years receiving influenza vaccine for the first time require two doses, at least four weeks apart.
- For the 2022- 2023 influenza season, the recommendations have not changed since the previous influenza season. For any child who has received two or more doses of influenza vaccine prior to July 1, 2022, only one dose is recommended for this influenza season. Consideration of type of influenza vaccine is unnecessary. The number of doses given prior to July 1, 2022 is the only consideration necessary.
- Children who are 8 years old and need two doses of influenza vaccine should still receive the second dose even if they turn 9 between doses one and two.
- See the attached *Influenza Vaccine Algorithm* for more information.

Importance of Influenza Vaccination

Everyone 6 months and older should get an influenza vaccine every season. Vaccination to prevent flu is particularly important for people who are at high risk of developing serious flu complications, especially during the current COVID-19 pandemic. Pediatric influenza vaccination rates declined since prior to the pandemic.

There are many ways that providers can work to ensure that everyone 6 months and older are being vaccinated. Use reminder/recall to notify patients of the availability of influenza vaccine. Vaccinating patients at every medical encounter, evening and weekend clinics, the use of mobile or offsite clinics, school-located vaccination clinics, offering vaccines at the employer office are all strategies to make vaccines more convenient and increase rates. Please be sure to offer all vaccines the patient is eligible for at the same time as influenza vaccine. COVID-19 vaccine can be administered at the same time as influenza vaccine.

Timing of Vaccination:

Balancing considerations regarding the unpredictability of timing of onset of the influenza season and concerns that vaccine-induced immunity might wane over the course of a season, it is recommended that vaccination should be offered by the end of October. Children ages 6 months through 8 years who need two doses should receive their first dose as soon as possible after vaccine becomes available, to allow the second dose (which must be administered ≥ 4 weeks later) to be received by the end of October. Vaccination soon after vaccine becomes available may also be considered for pregnant women during the third trimester, as vaccination of pregnant women has been shown to reduce risk of influenza illness of their infants during the first months of life¹⁻⁴ (a period during which they be too young to receive influenza vaccine).

For non-pregnant adults, influenza vaccination during July and August should be avoided unless there is concern that later vaccination might not be possible.

Important Reminders and New Information About Influenza Vaccination:

- The 2022 - 2023 quadrivalent vaccine contains strains: for the egg-based influenza vaccine: A/Victoria/2570/2019/ (H1N1) pdm09-like virus, A/Darwin/6/2021 (H3N2)-like virus and B/Austria/1359417/2021 (B/Victoria lineage)-like virus. The quadrivalent vaccine contains one additional B/Phuket/3073/2013- like (Yamagata lineage) strain. For the cell- or recombinant-based influenza vaccine: A/Wisconsin/588/2019/ (H1N1) pdm09-like virus, A/Darwin/6/2021 (H3N2)-like virus and B/Austria/1359417/2021 (B/Victoria lineage)-like virus. The quadrivalent vaccine contains one additional B/Phuket/3073/2013- like (Yamagata lineage) strain.
- The age indication for Flucelvax® Quadrivalent vaccine changed and is now approved for people ages 6 months and older. All standard-dose unadjuvanted IIV4s are now approved for ages 6 months and older.
- ACIP recommends that adults ages 65 and older should receive one of the higher dose of adjuvanted influenza vaccines, if available: quadrivalent high-dose inactivate influenza vaccine, quadrivalent recombinant influenza vaccine, or quadrivalent adjuvanted inactivated influenza vaccine. No preference is expressed for any one of these three vaccines. If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.
- When entering influenza vaccines into your electronic medical record and/or into the North Dakota Immunization Information System (NDIIS), it is important to make sure you are entering the correct type of influenza vaccine. Please see the attached NDIIS flu vaccine abbreviation guide. It is also available at www.health.nd.gov/immunize/providers/resources.
- The minimum interval between doses of influenza vaccines is four weeks.
- Live-attenuated influenza vaccine should not be administered until 48 hours after cessation of influenza antiviral therapy.
- If influenza antiviral medications are administered within 2 weeks after receipt of live-attenuated influenza vaccine, the vaccine dose should be repeated 48 or more hours after the last dose of antiviral medication.
- During influenza vaccination season, and at all times of the year, it is critically important that clinic staff who administer vaccines avoid injury to patients' shoulders by being knowledgeable about how to properly administer intramuscular injections in the deltoid muscle. Shoulder injury related to vaccine administration (SIRVA) can be prevented by ensuring that staff who administer vaccines recognize the anatomic landmarks for identifying the deltoid muscle and use proper intramuscular administration technique.
- If cclIV4 or RIV4 is administered to an individual with a history of severe allergic reaction (e.g., anaphylaxis) to any other influenza vaccine, vaccination should occur in an inpatient or outpatient medical setting and should be supervised by a health care provider who is able to recognize and manage severe allergic reactions. – Providers can also consider consultation with an allergist to help determine the vaccine component responsible for the allergic reaction.

Vaccine Information Statements:

Influenza Vaccine Information Statements (VISs) are available from the CDC at <http://www.cdc.gov/vaccines/hcp/vis/index.html>. Providers are responsible for printing and supplying their own VISs. The National Childhood Vaccine Injury Compensation Act of 1986 requires that immunization providers provide a copy of the applicable VIS for each vaccine administered. The VISs was updated in August of 2021, so if providers have stock from the previous influenza season they may continue to use them.

Please feel free to contact the NDDoH Division of Immunizations with any questions or concerns at 701.328.3386 or toll-free at 800.472.2180.