Each year the influenza season brings a variety of uncertainties. Last year plenty of vaccine was available throughout the season. However, while the circulating influenza A strains were well matched to the vaccine, 98 percent of the B strains were of a different lineage than the B strain in the vaccine. The influenza season peaked in mid-February and fewer influenza-related hospitalizations were reported than in the previous three seasons. No seasonal influenza-associated pediatric deaths were reported. Nearly all of the seasonal influenza A/(H1N1) viruses were found to be resistant to the antiviral medication oseltamivir, but very few were found to be resistant to adamantanes. Because of these new resistance issues, CDC created interim recommendations for antiviral treatment during the 2008-09 season.

Minnesota announced its first case of novel H1N1 influenza on April 20, 2009. Guidance on novel H1N1 vaccine will be coming out under separate cover.

**Vaccine supply update:** Production of influenza vaccine for the United States for the 2009-10 season is anticipated to be more than 130 million doses, with an increase in preservative-free doses over last year.

**When should providers start to vaccinate?** To avoid any missed opportunities, vaccination efforts should begin as soon as vaccine is available and continue through the influenza season. There is no clinically significant evidence for waning immunity among those vaccinated in late summer and early fall. (ACIP: Influenza Session slides, June 25-26, 2009).


Continue vaccinating throughout the influenza season, because the duration of the season varies and influenza might not appear in some communities until February or March. Offer seasonal influenza vaccine routinely, and continue organized vaccination campaigns throughout the influenza season, even when influenza activity has begun in the community.

**What’s new in the 2009-10 seasonal influenza recommendations?**

The Advisory Committee on Immunization Practices (ACIP) released the 2009-10 recommendations, “Prevention and Control of Seasonal Influenza with Vaccines,” on July 31, 2009. The principal changes and updates are summarized below. For a complete copy of the recommendations, visit the MDH website at [www.mdhflu.com](http://www.mdhflu.com).
The 2009-10 trivalent seasonal influenza vaccine virus strains:
- A/Brisbane/59/2007 (H1N1)-like antigen
- A/Brisbane/10/2007 (H3N2)-like antigen
- B/Brisbane/60/2008-like antigen (new, Victoria lineage)

New guidance:
- Full implementation, beginning this season, of the universal recommendation for children. Annual vaccination of all children age 6 months through 18 years should begin as soon as the 2009-10 seasonal influenza vaccine is available.
- Annual vaccination of all children age 6 months through 4 years and older children with conditions that place them at increased risk for complications from influenza should continue to be a primary focus of vaccination efforts as we transition to routinely vaccinating all children against seasonal influenza.
- Most seasonal influenza A (H1N1) virus strains tested from the United States and other countries are now resistant to oseltamivir. ACIP will publish recommendations for influenza diagnosis and antiviral use later in 2009. Until then, consult CDC’s interim recommendations for antiviral treatment and chemoprophylaxis of seasonal influenza (December 2008.)

Persons for whom annual seasonal vaccination is recommended

Annual vaccination against seasonal influenza is recommended for:
- All persons who want to reduce their risk of becoming ill with influenza or of spreading it to others
- All children and adolescents age 6 months through 18 years
- All persons age 50 years or older
- All children and adolescents (age 6 months through 18 years) receiving long-term aspirin therapy
- All women who will be pregnant during the influenza season
- Adults, adolescents, and children who have any of the following conditions:
  - chronic disorder of the pulmonary (including asthma) or cardiovascular (except hypertension) system
  - chronic disease of the blood, liver, or kidneys; immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus); or metabolic disorder (including diabetes mellitus)
  - neurologic or neuromuscular disorder (e.g., cognitive dysfunction)
- All residents of long-term care and other chronic-care facilities
- All healthcare personnel
- All household contacts (including children) and caregivers of children under 5 years of age (with particular emphasis on contacts of children 6 months of age and younger), adults 50 years of age and older, and persons with medical conditions that put them at higher risk for severe complications from influenza.

Minnesota Immunization Information Connection (MIIC)

The statewide immunization registry, the Minnesota Immunization Information Connection (MIIC), is the ideal place to track all your immunizations, including seasonal influenza and the novel H1N1 vaccine. The benefits of tracking your shots in MIIC include being able to:
- Consolidate patients’ immunization records in MIIC, regardless of where they received their vaccinations.
- Track doses from one season to another and getting proper recommendations for next doses due (for those needing two doses for seasonal influenza such as children < 9 years of age and possibly the two doses need for novel H1N1 vaccine).
- Use MIIC’s reminder/recall feature to pull lists of people who need their influenza shot.
• Ensure compliance with reporting mandates to track all doses of novel H1N1 vaccine given. (We are developing special quick data entry methods for mass clinics.)

Data can be entered into MIIC directly by hand or indirectly by batch loading. To get access to MIIC, locate your MIIC regional coordinator at:

www.health.state.mn.us/divs/idepc/immunize/registry/index.html

### Vaccination of children 6 months through 8 years of age

Give two doses to all children age 6 months through 8 years who are receiving influenza vaccine for the first time this year or who did not receive the second dose in the preceding year. Separate the two doses by at least four weeks.

### Antiviral recommendations

Antiviral medications are useful adjuncts in the prevention of influenza and effective when used for treatment early in the course of illness. Updated guidance on antiviral use will be available from ACIP before the start of the 2009-10 influenza season. This guidance will include a summary of antiviral resistance data from the 2008-09 influenza season and will be published separately from the vaccination recommendations. Until ACIP antiviral recommendations are published, consult CDC’s previously published recommendations for use of influenza antiviral medications for guidance on antiviral use. [www.cdc.gov/flu/professionals/antivirals/antiviraltable.htm](http://www.cdc.gov/flu/professionals/antivirals/antiviraltable.htm)

### Influenza reporting for clinics and hospitals

Influenza is a reportable disease in Minnesota. However, MDH requests reports only on cases meeting the specific criteria below. These reports help MDH monitor circulating strains and identify any unusual or new subtypes.

**What to report:**

- Any person hospitalized with laboratory-positive influenza (via DFA, IFA, viral culture, EIA, rapid test, paired serological tests, or RT-PCR)
- Unusual case incidence (defined as any suspect novel influenza case other than the currently circulating strains)
- Influenza-related death or critical illness (critical illness defined as ICU admission)

[www.health.state.mn.us/divs/idepc/dtopics/reportable/influenza.html](http://www.health.state.mn.us/divs/idepc/dtopics/reportable/influenza.html)

### Vaccinate yourself and your staff!

Make every effort to educate staff about the benefits of vaccination and the potential health consequences of influenza illness for their patients, themselves, and their families. ACIP recommends that all healthcare personnel should have convenient access to influenza vaccine at the work site, free of charge.

In a formal recommendation in 2007, MDH set the standard for influenza vaccination of Minnesota workers in healthcare settings at 90 percent. This is consistent with recommendations from the Infectious Disease Society of America, the Centers for Disease Control and Prevention, the Joint Commission, the National Influenza Vaccine Summit, and the National Foundation for Infectious Diseases. A 2009 survey by MDH of Minnesota healthcare facilities (hospitals and long-term care) found an employee influenza vaccination rate of 70 percent. This shows great progress but more work needs to be done.

MDH advises using a mandatory “informed declination program” as a useful tool in tracking immunization rates, identifying reasons for non-participation, and achieving our 90 percent goal. See a sample declination form, additional information on the MDH survey described above, and additional...
resources for increasing healthcare worker influenza vaccination rates on our website at
www.mdhflu.com. (Look under “Health Professional Influenza Information,” then “Vaccinating
Healthcare Workers.”)

**MDH survey of healthcare setting flu vaccination programs**

**New findings from 2009 survey of 173 Minnesota hospitals and long-term care facilities:**

- Overall employee influenza vaccination rate (all facilities combined) = 70.1%
- 70% of facilities used declination forms for employee vaccination during the 2008-09 season
  - Of facilities that used declination forms, 73% made the forms mandatory
- Facilities with high vaccination rates (close to or > 90%):
  - Provide flu vaccine at no cost to employees and during all work shifts
  - Offer vaccination to more than employees only (volunteers, contractors, students)
  - Use reminder methods
  - Evaluate influenza vaccination rates annually
  - Set influenza vaccination rate goals annually
  - Track previous season’s vaccination data

Look for additional information on this survey coming soon on our website at www.mdhflu.com

**Enclosed seasonal influenza and pneumococcal materials**

- Proper Storage, Handling, and Shipping of Influenza Vaccine. MDH fact sheet.
- 2009-10 Influenza Vaccine Dosage Chart. CDC table.
- Camera-ready copies of federal vaccine information statements (VISs). Translated versions are available at the Immunization Action Coalition website, www.immunize.org/vis.
  - Influenza Vaccine (TIV) - What You Need to Know (dated 8/11/09)
  - Influenza Vaccine (LAIV) - What You Need to Know (dated 8/11/09)
  - Pneumococcal Polysaccharide Vaccine (PPSV23) – What You Need to Know (dated 4/16/09)
  - MDH Flu Materials Order Form. Use this form to order influenza materials for you and your patients.
  - 2009-10 Seasonal Influenza Vaccine Pocket Information Guide. Immunization Action Coalition.

**Need extra copies?** Use the enclosed order form or download what you need via the MDH influenza web site, www.mdhflu.com.

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**Questions?**

Call the MDH Immunization Program at 651-201-5503 or 1-800-657-3970 or the CDC Hotline at 1-800-232-4636.