

Top 10 Takeaway's from...

Influenza Vaccine: Recommendations and Strategies to Increase Immunization Rates

- ✓ Because most vaccine-preventable diseases are spread through personal contact, vaccination also protects non-vaccinated individuals by promoting community (or “herd”) immunity.
- ✓ Two types of influenza virus, Influenza A and Influenza B, cause epidemic human disease. Influenza A(H1N1), Influenza A(H3N2), and Influenza B co-circulate globally.
- ✓ Influenza vaccine composition changes in most seasons, with one or more vaccine strains replaced annually to provide protection against viruses that are anticipated to circulate.
- ✓ Evidence from some clinical trials indicates that protection against viruses that are antigenically similar to those contained in the vaccine extends at least for 6–8 months, particularly in nonelderly populations.
- ✓ Common side effects of the influenza vaccine are usually mild and can include fever, malaise, headache, and injection site soreness. Severe allergic reactions, including anaphylaxis, can occur in response to various components of all types of vaccines, although such reactions are rare.
- ✓ The CDC’s Advisory Committee on Immunization Practices (ACIP) recommends routine annual influenza vaccination for all persons aged ≥ 6 months who have no contraindications.
- ✓ ACIP makes no preferential recommendation for one influenza vaccine product over another for persons for whom more than one licensed, recommended product is otherwise appropriate.
- ✓ However, LAIV4 (nasal spray) is not recommended for the 2016-2017 season due to concerns about its effectiveness against influenza A(H1N1) pdm09.
- ✓ Immunization rates can be improved with educational materials, standing orders for non-physician personnel to administer vaccines, ongoing office-level assessment, and reminder systems.
- ✓ Vaccine registries such as the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE) enable providers to track and record vaccines for their patients, improve vaccination rates through reminder systems, and allow registered healthcare providers to share immunization records of Illinois residents with other providers statewide.

Sources:

Grohskopf LA, et.al. MMWR Recomm Rep 2016;65(5):1-52.