

# Immunize NY!

Bureau of Immunization

## Immunize NY! Seasonal Influenza 2009-2010 Special Edition

The New York State Department of Health's Bureau of Immunization is sending this e-newsletter to provide you with important information on the 2009-2010 influenza season.

### Vaccination efforts should begin as soon as vaccine is available.

Approximately 83% of the United States population is specifically recommended for annual vaccination against seasonal influenza. However, less than 40% of the U.S. population received the 2008-09 influenza vaccine.

### Vaccination should continue through March and beyond.

According to the CDC, in more than 80% of influenza seasons since 1976, peak influenza activity (which is often close to the midpoint of influenza activity for the season) has not occurred until January or later. In more than 60% of seasons, the peak was in February or later.

Vaccination efforts should continue throughout the season. Duration of the influenza season varies, and influenza might not appear in certain communities until February or March.

**Wanted!**  
**Influenza ILINet Surveillance Providers.**  
**See page 4 for more information.**

### CDC'S Recommendations for Prevention and Control of Seasonal Influenza

On July 31, 2009, CDC published the MMWR "Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009." [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5808a1.htm?s\\_cid=rr5808a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5808a1.htm?s_cid=rr5808a1_e)

The report updates the 2008 ACIP recommendations regarding the use of influenza vaccine for the prevention and control of seasonal influenza, 2009-2010. These recommendations include new and updated information.

Highlights of the 2009-2010 seasonal influenza recommendations include:

- Annual vaccination be administered to all children aged 6 months through 18 years.
- Vaccines containing the 2009-10 trivalent vaccine virus strains A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane/60/2008-like antigens be used.
- A notice that recommendations for influenza diagnosis and antiviral use will be published before the start of the 2009-2010 influenza season.

On August 28, 2009, CDC published the MMWR "Use of Influenza A (H1N1) 2009 Monovalent Vaccine." <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5810a1.htm>

#### Frequently Used Abbreviations:

- ✓ **ACIP:** Advisory Committee on Immunization Practices
- ✓ **CDC:** Centers for Disease Control and Prevention
- ✓ **MMWR:** Morbidity and Mortality Weekly Report
- ✓ **NYSDOH:** New York State Department of Health

## Updates and Supplements to 2009-2010 Recommendations

Vaccination and healthcare providers should be alert to announcements of seasonal influenza recommendation updates and supplements. Check the CDC influenza website periodically for more information.

CDC Seasonal Influenza: <http://www.cdc.gov/flu/>

CDC Seasonal Influenza Information for Professionals: <http://www.cdc.gov/flu/professionals/index.htm>

NYSDOH Seasonal Influenza: <http://www.nyhealth.gov/diseases/communicable/influenza/seasonal/>

### Questions about the New York State Vaccines for Children Program?

Call or email us:

1-800-543-7468

[nyvfc@health.state.ny.us](mailto:nyvfc@health.state.ny.us)

## Law Prohibits the Administration of Vaccines Containing More Than Trace Amounts of Thimerosal to Children Less Than 3 Years of Age and Pregnant Women

Effective July 1, 2008, New York State Public Health Law (PHL) §2112 prohibits the administration of vaccines containing more than trace amounts of thimerosal, a mercury-containing preservative, to women who know they are pregnant and children less than three years of age, with certain exceptions.

For more information on PHL §2112 go to:

[http://www.nyhealth.gov/prevention/immunization/providers/state\\_law\\_restricting\\_thimerosal\\_2008-04-23.htm](http://www.nyhealth.gov/prevention/immunization/providers/state_law_restricting_thimerosal_2008-04-23.htm)

For specific information on PHL §2112 and pregnant women and children less than 3 years of age, go to:

*Important Information for Physicians Caring for Pregnant Women, Questions and Answers*

[http://www.nyhealth.gov/regulations/public\\_health\\_law/section/2112/information\\_for\\_physicians/pregnant\\_women.htm](http://www.nyhealth.gov/regulations/public_health_law/section/2112/information_for_physicians/pregnant_women.htm)

*Important Information for Physicians Caring for Children Less Than 3 Years of Age, Questions and Answers*

[http://www.nyhealth.gov/regulations/public\\_health\\_law/section/2112/information\\_for\\_physicians/children\\_less\\_than\\_three.htm](http://www.nyhealth.gov/regulations/public_health_law/section/2112/information_for_physicians/children_less_than_three.htm)

## Provisional Recommendations for Use of Pneumococcal (PPSV23) Vaccine During Novel H1N1 Influenza Outbreak

CDC issued interim guidance on the use of pneumococcal polysaccharide vaccine during a novel H1N1 influenza outbreak. CDC recommends a single dose of PPSV23 for all people 65 years and older and for persons 2 to 64 years of age with certain high-risk conditions. People in these groups are at increased risk of pneumococcal disease as well as serious complications from influenza.

Emphasis should be placed on vaccinating people aged less than 65 years who have established high-risk conditions. PPSV23 coverage among this group is low and those in this group appear to be overrepresented among severe cases of novel H1N1 influenza infection, based on currently available data.

All people who have existing indications for PPSV23 should continue to be vaccinated according to current ACIP recommendations during the outbreak of novel H1N1 influenza.

A single revaccination, at least five years after initial vaccination, is recommended for those who:

- are 65 years and older who were first vaccinated before age 65 years;
- are at highest risk, such as those who do not have a spleen; or
- have HIV infection, AIDS or malignancy.

Use of PPSV23 among people without current indications for vaccination is not recommended at this time. This recommendation may be revised as the epidemiology and clinical presentation of novel H1N1 influenza virus infection, as well as the frequency and severity of secondary pneumococcal infections, are better understood.

For more information go to the CDC's guidance page at:

[http://www.cdc.gov/h1n1flu/guidance/ppsv\\_h1n1.htm](http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm)

For the most recent PPSV23 Vaccine Information Statement go to the CDC website at:

<http://www.cdc.gov/vaccines/pubs/vis/downloads/vis-ppv.pdf>

### Important Contact Information

NYSDOH Bureau of Immunization: [immunize@health.state.ny.us](mailto:immunize@health.state.ny.us)

For further information, please contact your local health department or your regional NYSDOH Bureau of Immunization:

*Western Regional Office*

Buffalo: 716-847-4385

Rochester: 585-423-8014

*Central New York Regional Office*

Syracuse: 315-477-8164

*Capital District Regional Office*

Troy: 518-408-5278

Oneonta: 607-432-2890

*Metropolitan Area Regional Office*

New Rochelle: 914-654-7149

Central Islip: 631-851-3096

Providers and facilities in New York City should contact the New York City Department of Health and Mental Hygiene at 212-676-2323.

***Immunize NY!***  
**Novel H1N1 Influenza 2009**  
**special edition**  
**coming soon.**

**Become an Influenza ILINet Surveillance Provider**

In collaboration with the NYSDOH and the CDC, an ILINet provider (previously referred to as a sentinel influenza surveillance provider) conducts surveillance for influenza-like illness (ILI) in order to provide a state and nationwide picture of influenza virus and ILI activity. For each participating provider, surveillance consists of reporting the total number of patients visits and the total number of patient visits with ILI (fever over 100 degrees F with a cough or sore throat) by age group each week. Reports are sent via the internet or fax to a central data repository at CDC. Reporting typically takes less than 30 minutes per week. In addition, ILINet providers are able to submit a designated number of patient specimens to the NYSDOH Wadsworth Center for viral testing and sub-typing free of charge. Providers (physicians, physician assistants, nurses, and nurse practitioners) of any specialty and practice type are invited to enroll.

**Why Volunteer?**

Influenza viruses are constantly evolving and cause substantial morbidity and mortality (approximately 36,000 deaths nationally) every season. Data from ILINet providers is critical for monitoring the course of novel H1N1 influenza activity on a local, state and national level. Also, ILINet data, in combination with other influenza surveillance data, can be used to guide prevention and control activities, vaccine strain selection, and patient care. ILINet providers receive feedback on the data submitted, summaries of regional, statewide and national influenza data, and free subscriptions to CDC's *Morbidity and Mortality Weekly Report* and *Emerging Infectious Diseases Journal*. The most important consideration is that the data provided is critical for protecting the public's health.

For more information about the Influenza ILINet Surveillance program, please contact:

NYSDOH Program Coordinator Donna Gowie  
(518) 473-4439, [dlg04@health.state.ny.us](mailto:dlg04@health.state.ny.us)  
or

New York City Department of Health and Mental Health Program Coordinator Beth Nivin  
(212) 442-9050, [bnivin@health.nyc.gov](mailto:bnivin@health.nyc.gov)