ACIP and CDC recommend an annual influenza vaccination for everyone aged 6 months and older who do not have a contraindication to the vaccine.

KEY POINTS FOR HEALTHCARE PROVIDERS

- Anyone with influenza should be excluded from work, school and other populated environments until at least 24 hours after fever has abated without the use of medications.
- CDC recommends early antiviral treatment for patients who are severely ill and for those who are at greatest risk for complications from influenza.
- Primary influenza pneumonia should be suspected when symptoms persist with high fever and dyspnea instead of improving within several days.
- Secondary bacterial pneumonia should be suspected when, after a period of initial improvement from influenza, high fever, cough, and purulent sputum returns.
- Consider empiric initial therapy for suspected bacterial superinfection that provides adequate coverage against S. pneumoniae, S. aureus, and H. influenza.
- Simultaneous administration of the influenza vaccine and pneumococcal vaccine does not alter the safety or effectiveness of either vaccination.

TALKING POINTS WITH PATIENTS

- Patients with the flu may be contagious for 24 hours before any symptoms develop. The single most preventative step to protect yourself is to get vaccinated.
- Children younger than 5 years of age, pregnant women, people 65 and older, persons with certain medical conditions such as chronic lung disorders like asthma, heart disease, diabetes, immunosuppressed conditions (HIV or transplantation) are at high risk to get flu-related complications. Antivirals are an important adjunct for preventing influenza.
- Risk of premature labor and delivery is increased in pregnant women. Vaccination during pregnancy will protect the mother and baby up to 6 months from influenza.
- Avoid the use of aspirin in persons <18 years of age with influenza as it can cause Reye’s Syndrome (nausea, vomiting, cerebral edema, liver failure and hypoglycemia).
DIFFERENT VACCINE OPTIONS ARE AVAILABLE

- A new type of vaccine is available for a person with a history of egg allergy.
  —A new trivalent recombinant influenza vaccine (RIV₃, FluBlok) is considered egg-free and is licensed for use for persons aged 18-49 years who have a history of egg allergy.

- A new type of vaccine is available for seniors 65 years or older.
  —A new vaccine, Fluzone high-dose, specifically designed for people > 65 years.

- Preferred vaccine for children.
  —Live attenuated influenza vaccine (LAIV) or nasal spray vaccine (FluMist) is preferred for healthy children aged 2 to 8 years.

- Preferred vaccine for persons who fear injections.
  —A new intradermal (ID) vaccine FluZone is licensed for adults age 18 through 64 years of age.

CONTRAINDICATIONS AND PRECAUTIONS

Contraindications to Inactivated Vaccine (injectable)

- A previous severe allergic reaction to influenza vaccine or any of its components.
- Persons with moderate to severe acute illness.
- People who have had Guillain-Barré syndrome within 6 weeks following a previous dose of influenza is a precaution.

Contraindications to live-attenuated Influenza Vaccine (nasal spray)

- Age less than 2 years and more than 49 years, disease-or drug-related compromised immune status, pregnancy, egg allergy, and history of allergic reaction to the formulation.

TREATMENT AND PREVENTION

- Antiviral drugs, zanamivir (Relenza) and oseltamivir (Tamiflu) are recommended for treatment and post exposure prophylaxis in patients at high risk of influenza-related complications.
- Treat with antivirals within 48 hours of onset of symptoms. Do not wait for laboratory confirmation.

SOURCE: CDC. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP) — United States, 2014–15 Influenza Season. MMWR: August 15, 2014 / 63(32);691-697