

## Influenza Season Begins September 30 Get Your Vaccination Now!

Volume 15 / Issue 1

**The Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) has released updated influenza vaccine recommendations:** Details can be found in the *MMWR Recommendations and Reports* released 8/24/2018 and posted at [www.cdc.gov/mmwr](http://www.cdc.gov/mmwr). Routine annual influenza vaccination continues to be recommended for all persons aged  $\geq 6$  months without contraindications. Updated information and guidance in this report includes the following:

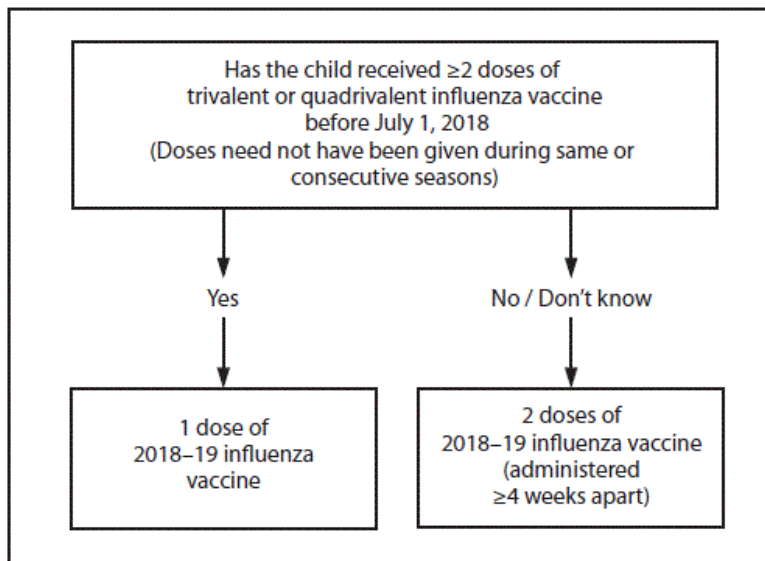
- This season, the ACIP recommends use of any licensed, age-appropriate influenza vaccine, including nasal spray flu vaccine (live attenuated influenza vaccine [LAIV]), without preference.
  - Note: the American Academy of Pediatrics (AAP) recommends an inactivated influenza vaccine (IIV) as the primary choice for influenza vaccination in children because the effectiveness of LAIV against influenza A(H1N1) was inferior in past seasons and is unknown for this upcoming season. LAIV may be used for children who would not otherwise receive an influenza vaccine (e.g., refusal of injection) for whom it is appropriate with regards to age and health status. (See <http://www.aappublications.org/news/2018/06/07/influenza060718>)
- Persons with a history of egg allergy of any severity may receive any licensed, age-appropriate influenza vaccine (IIV, recombinant influenza vaccine, or LAIV) with no additional post-vaccination observation period.
- Changes in product licensing: Afluria Quadrivalent is approved for age  $\geq 5$  years (from  $\geq 18$  years) and Fluria Quadrivalent for age  $\geq 6$  months (from  $\geq 3$  years).

**Components of the 2018-19 Northern Hemisphere influenza vaccine:** Vaccine viruses included in the 2018–19 U.S. trivalent influenza vaccines are:

- A/Michigan/45/2015 (H1N1)pdm09–like virus (*unchanged from 2017-18*)
- A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus (*updated*)
- B/Colorado/06/2017–like virus (Victoria lineage) (*updated*)

Quadrivalent vaccines contain an additional B virus, a B/Phuket/3073/2013–like virus (Yamagata lineage) (*unchanged*).

**Timing of Vaccination:** The CDC recommends that everyone receive influenza vaccination by the end of October, though vaccination should continue to be offered as long as influenza viruses are circulating and unexpired vaccine is available. Children aged 6 months through 8 years who require two doses (*see algorithm above*) should receive their first dose as soon as possible, to allow the second dose by the end of October.



**New influenza antiviral shows promise:** Baloxavir marboxil, a new drug that works in a novel mechanism to inhibit viral mRNA replication, was shown in phase 2 and 3 trials to reduce duration of influenza symptoms in both adolescents and adults by about one day when compared to placebo. There was no significant difference in time to alleviate symptoms when compared to oseltamivir, however baloxavir was superior to both placebo and oseltamivir in reducing viral load quickly, which may be beneficial in decreasing transmission/infectivity. Baloxavir may also be useful to counteract resistance to neuraminidase inhibitors because of the different mechanism of action, and for widespread use during a pandemic because it is a single oral dose. Further studies are underway. See <https://www.nejm.org/doi/full/10.1056/NEJMoa1716197>.