

## **OCTOBER 2004**

On October 5, 2004, the CDC, in coordination with its Advisory Committee for Immunization Practices (ACIP), issued interim recommendations for influenza vaccination during the 2004–05 season. The Washington State Vaccine Advisory Committee (VAC) is providing this interim guidance to assist healthcare providers in interpreting and implementing the CDC guidelines. Any or all of this guidance may be superseded by subsequent recommendations from the CDC or the VAC. This guidance specifically addresses:

1. Definition of “underlying chronic medical conditions in persons aged 2-64 years;”
2. Use of inactivated influenza vaccine in household members of persons with severe immune system dysfunction;
3. Use of live attenuated influenza vaccine (LAIV, FluMist®); and
4. Definition of “healthcare worker involved in direct patient care.”

### **1. Underlying chronic medical conditions in persons aged 2-64 years**

The following priority groups for vaccination with *inactivated influenza vaccine* this season are considered to be of equal importance and are:

All children aged 6–23 months;

Adults aged 65 years and older;

Persons aged 2–64 years with underlying chronic medical conditions

- Chronic cardiac and pulmonary diseases, including asthma
- Adults and children who required regular medical follow-up or hospitalization during the past year because of:
  - Chronic metabolic diseases including diabetes mellitus
  - Renal dysfunction (kidney diseases)
  - Hemoglobinopathies (blood disorders such as sickle cell anemia)
  - Immunosuppression (including immunosuppression caused by medication or by HIV)

Children and adolescents, 6 months-8 years, on long-term aspirin therapy;

Pregnant women;

Residents of nursing homes and long-term care facilities;

Healthcare workers involved in direct patient care; and

Out-of-home caregivers and household contacts of children aged <6 months.

The CDC has not issued sub-prioritization guidance to further stratify among persons in the above categories because insufficient data exist to establish ranking of risk for complications from influenza and/or benefit of influenza immunization for individuals in these categories.

Persons 2-64 years who do not have any condition listed above, are not healthcare workers with direct patient contact, do not care for children <6 months, and are not household contacts of persons with severe immune system dysfunction (see Section 2, below) are not in a priority group for vaccination, regardless of whether they have any of the conditions listed below.

***The following conditions alone do not constitute a priority condition for vaccination in persons aged 2–64 years:***

- Hypertension
- Uncomplicated valvular heart disease or arrhythmia
- Hypercholesterolemia
- Gout
- Arthritis
- Diabetes managed by diet, without medications or regular medical follow-up
- Past or current cancer without current immune system suppression or compromise (i.e., not on chemotherapy)
- Uncomplicated mild asthma not requiring regular medication
- History of pneumonia without chronic pulmonary disease
- History of sinusitis
- History of otitis media
- Urinary tract or kidney infections

## **2. Use of inactivated influenza vaccine in household members of persons with severe immune system dysfunction**

The VAC considers it acceptable to use *inactivated influenza vaccine* this season in household members of persons with severe immune system dysfunction (such that they would not be expected to respond to vaccination themselves, i.e. marrow and stem cell transplant recipients). Because of the severely limited supply of inactivated influenza vaccine, it should not be given to household contacts of less severely immunosuppressed patients who are more likely to respond to influenza immunization themselves (such as oncology patients undergoing standard chemotherapy).

## **3. Use of live attenuated influenza vaccine (LAIV, FluMist®)**

The ACIP encourages intranasally administered, live, attenuated influenza vaccine (FluMist®), for healthy persons aged 5–49 years and who are not pregnant. FluMist® is **not** recommended for pregnant women or healthcare workers taking care of severely immunocompromised people when they are in a protective environment (e.g., specialized patient-care area, usually in a hospital, with a positive air flow relative to the corridor).

The VAC suggests that when possible, live attenuated influenza virus (FluMist<sup>®</sup>) should be used preferentially in the following persons:

Healthy persons aged 5–49 years and who are not pregnant and who are in a CDC priority group for vaccination because they are healthcare workers (except those who care for severely immunocompromised patients such as bone marrow transplant patients in special care units) or are out-of-home caregivers or household contacts of children aged <6 months  
Healthy persons aged 5–49 years and who are not pregnant and who are household contacts of persons in a priority group for vaccination because of chronic underlying medical conditions (except for household contacts of severely immunosuppressed patients, such as bone marrow transplant recipients)

**4. The interim flu vaccination recommendations for this season say that "healthcare workers involved in direct patient care" should get vaccinated. How is "direct patient care" defined?**

The CDC defines "direct patient care" as having direct, hands-on, or face-to-face contact with patients as part of routine daily activities. This includes staff like doctors, nurses, and other healthcare workers who care for patients, as well as staff like paramedics and triage receptionists who are physically located in places such as emergency rooms and clinics where they have frequent face-to-face contact with patients. It might also include police or other persons (e.g., volunteers) who are working routinely in healthcare settings and have hands-on or face-to-face contact with patients, but does not include staff working primarily in office settings where patients are not present, even if the office is located in a hospital or clinic. It is important to remember that the primary reason for vaccinating persons involved in "direct patient care" is to prevent transmission of influenza from such persons to those at high risk for complications from influenza.

The VAC suggests prioritizing for initial vaccination with influenza vaccine those healthcare workers who care primarily for patients at high-risk for severe influenza and who have frequent direct, hands-on, or face-to-face contact, followed by those healthcare workers who care for fewer patients at high-risk for severe influenza and/or have less frequent or less direct, hands-on contact.