



## Updated Interim Influenza Vaccination Recommendations— 2004–05 Influenza Season

December 22, 2004

On October 5, 2004, CDC was notified by Chiron Corporation that none of its inactivated influenza vaccine (Fluvirin®) would be available for distribution in the United States for the 2004–05 influenza season. At that time, CDC, in coordination with the Advisory Committee on Immunization Practices (ACIP), issued interim recommendations to direct available inactivated influenza vaccine to persons in certain priority groups. CDC has been working with Aventis Pasteur, Inc., to distribute the remaining supply of its inactivated influenza vaccine Fluzone® so that it reaches persons in the priority groups established on October 5. In addition, on December 7, the U.S. Department of Health and Human Services announced that up to 4 million doses of the GlaxoSmithKline influenza vaccine Fluarix®, authorized for use by the Food and Drug Administration under an Investigational New Drug (IND) application, would be available to help alleviate the influenza vaccine shortage this season.

The primary goal of the annual influenza vaccination recommendations by CDC and ACIP is to reduce the risk for complications from influenza among persons who are most vulnerable. This year, the reduced national supply of inactivated influenza vaccine led CDC and ACIP to issue interim influenza vaccination recommendations that were more restrictive than usual. Since the interim recommendations were issued on October 5, the influenza vaccine supply and demand situation has continued to evolve in the United States such that some, but not all, local areas appear to have adequate supplies to meet the demand for vaccine from persons in the interim priority groups. This has resulted in unused vaccine in some areas of the country.

Influenza disease activity in the United States has remained relatively low but is expected to increase during the weeks ahead. In addition, influenza vaccination coverage among this season's interim priority groups is lower than it has been in recent influenza seasons. Given these considerations, CDC recommends that aggressive efforts should continue to reach unvaccinated persons in high-risk priority groups and use available vaccine to vaccinate such persons. Adequate time remains for persons in these priority groups to receive the benefits of vaccination before influenza begins to widely circulate in most communities. CDC will continue to allocate available vaccine to states that have insufficient supplies of vaccine to reach these priority groups.

In addition to these ongoing activities, in coordination with ACIP, CDC is issuing updated interim recommendations for influenza vaccination during the 2004–05 season. If the locally available supply is sufficient to meet the local demand for vaccine from persons listed below under the heading, [Priority Groups for Inactivated Influenza Vaccination](#), vaccination may expand to also include persons listed below under the heading, [Additional Priority Groups for Inactivated Influenza Vaccination in Areas of Sufficient Supply](#). Decisions to expand priority groups are left to the discretion of state and local health departments. Vaccine providers and health departments with vaccine should aggressively reach out to vaccinate persons in the priority groups established on October 5. These persons include those at highest risk for complications from influenza and health-care professionals caring for persons at high risk, and should remain a focus even where vaccine supplies are sufficient to support expansion to other groups.

These recommendations were formally approved by ACIP on December 17, 2004, to take effect on January 3, 2005. Implementation is being delayed to allow extra time for vaccine to reach the initial

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priority groups and to allow time for state and local health departments to prepare for increased requests for vaccination.

### Priority Groups for Inactivated Influenza Vaccination\*

Inactivated influenza vaccine is recommended for persons in the following priority groups:

- all children aged 6–23 months;
- adults aged  $\geq 65$  years;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 2–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged  $< 6$  months.

### Additional Priority Groups for Inactivated Influenza Vaccination in Areas of Sufficient Supply\*

Where supply is sufficient, inactivated influenza vaccine also is recommended for persons in the following additional priority groups:

- out-of-home caregivers and household contacts of persons in high-risk groups (e.g., persons aged  $\geq 65$  years; persons with chronic conditions such as diabetes, heart or lung disease, or weakened immune systems because of illness or medication; and children aged  $< 2$  years); and
- all adults aged 50–64 years.

### Use of Live, Attenuated Influenza Vaccination

Intranasally administered, live, attenuated influenza vaccine, if available, should be encouraged for all healthy persons who are aged 5–49 years and are not pregnant, especially health-care workers and out-of-home caregivers and household contacts of persons in high-risk groups (e.g., persons aged  $\geq 65$  years; persons with chronic conditions such as diabetes, heart or lung disease, or weakened immune systems because of illness or medication; and children aged  $< 2$  years).

However, health-care workers who care for severely immunocompromised patients in special care units should receive the inactivated vaccine.

### Other Vaccination Recommendations

Persons in the priority groups identified above should be encouraged to search locally for vaccine if their regular health-care provider does not have vaccine available.

Children aged  $< 9$  years require 2 doses of vaccine if they have not previously been vaccinated. All children who are at high risk for complications from influenza, including those aged 6–23 months, should be vaccinated with a first or second dose, depending on vaccination status. However, doses should not be held in reserve to ensure that 2 doses will be available. Instead, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-serve basis.

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**Vaccination of Persons in Nonpriority Groups**

Persons who are not included in one of the priority groups or additional priority groups described above should be informed about the vaccine supply situation and asked to forego or defer vaccination with inactivated influenza vaccine. Live, attenuated influenza vaccine, if available, should be encouraged for all healthy persons aged 5–49 years.

**Persons Who Should Not Receive Influenza Vaccine**

Persons in the following groups should not receive influenza vaccine without the recommendation of their physicians:

- persons with a severe allergy (i.e., anaphylactic allergic reaction) to hens' eggs; and
- persons who previously had onset of Guillain-Barré syndrome during the 6 weeks after receiving influenza vaccine.

\*Persons in groups for which the IND influenza vaccine Fluarix® is indicated should follow these recommendations where applicable, per FDA-approved protocol.

For more information, visit [www.cdc.gov/flu](http://www.cdc.gov/flu) or call the CDC Flu Information Line at 800-CDC-INFO (English and Spanish) or 800-243-7889 (TTY).

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