September 29, 2016

Dear Pharmacist,

The Centers for Disease Control and Prevention (CDC) recognizes and appreciates the increasingly important role that you play in public health, including vaccinating the public against seasonal influenza and other vaccine-preventable diseases. In fact, as of November 2015, nearly one in four adults who received an influenza vaccine were vaccinated in a community pharmacy or retail setting (http://www.cdc.gov/flu/fluuvaxview/nifs-estimates-nov2015.htm), and there are now more than 280,000 immunization trained pharmacists.

As of the middle of September, manufacturers reported having already distributed more than 90 million doses of 2016-2017 flu vaccine. Please begin to vaccinate your patients as you receive the influenza vaccine. Vaccination by the end of October is recommended, if possible, however, please continue to vaccinate your patients throughout the influenza season. Vaccine administered in December or later, even if influenza activity has already begun, is likely to be beneficial during the majority of the influenza seasons.

For the 2016-2017 season, ACIP has made several updates and clarifications to its seasonal influenza vaccination recommendations:

- **Only injectable influenza vaccines are recommended this flu season.** People aged 6 months and older should receive an appropriate formulation of either an inactivated influenza vaccine (IIV) or the recombinant influenza vaccine (RIV) with no preference for any recommended vaccine over another. The various vaccines are approved for different age groups. An age-appropriate vaccine should always be used. While some LAIV may be available in the form of FluMist Quadrivalent, that vaccine is not recommended for use this season because of concerns about its effectiveness.

- The composition of 2016-2017 flu vaccines has been updated to better match circulating viruses.

- An influenza vaccine with MF59 adjuvant (FLUAD™) is available for adults 65 years and older. People 65 years of age and older may receive this vaccine, high-dose inactivated influenza vaccine (Fluzone High-Dose), or standard-dose inactivated vaccine.
• The recommendations for flu vaccination of people with egg allergies have been modified:
  o Anyone with egg allergy can receive any licensed, age-appropriate, and recommended flu vaccine. For those with a history of severe allergic reaction to egg (any symptom other than hives), vaccination should occur in a medical setting and be supervised by a health care provider who can recognize and manage severe allergic conditions.
  o CDC has prepared an algorithm summarizing the new recommendations which is available at http://www.cdc.gov/flu/protect/vaccine/egg-allergies.htm.

• Children 6 months through 8 years of age who have previously received two or more total doses of any trivalent or quadrivalent influenza vaccine before July 1, 2016, only need one dose of 2016-2017 seasonal influenza vaccine. Children 6 months through 8 years of age who have not previously received two or more total doses of any trivalent or quadrivalent influenza vaccine before July 1, 2016 will need two doses of 2016-2017 seasonal influenza vaccine. Children 9 years of age and older need only one dose.

Vaccine manufacturers have projected that as many as 157 million to 168 million doses of injectable flu vaccine will be available for the 2016-2017 season. Based on these projections, the supply of injectable flu vaccine should be sufficient to meet any increase in demand resulting from the recommendation to not use LAIV this season. Influenza vaccine information for providers and patients is available at http://www.cdc.gov/flu.

As you and your colleagues begin your seasonal influenza vaccination efforts, please take this opportunity to also assess the other vaccination needs of your patients. We encourage and appreciate every effort you can make to implement the Standards for Adult Immunization Practice in your pharmacy, i.e. to find new ways to assess for vaccination needs, recommend, offer and document additional immunizations. Many pharmacies are taking the opportunity to promote zoster, pneumococcal and Tdap vaccination to their adult patients. Thank you for all that you do for your patients and for your continued public health contribution to a well-functioning “immunization neighborhood” in collaboration with healthcare providers in your communities.

Sincerely,

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Centers for Disease Control and Prevention