NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Mary T. Bassett, MD, MPH
Commissioner

June 30, 2016

Jane R. Zucker, MD, MSc
Assistant Commissioner
Bureau of Immunization

42-09 28th Street, CN21
Queens, NY 11101-4132

Dear Colleague:

The purpose of this letter is to inform you about two important changes to the influenza and meningococcal vaccine recommendations made by the Advisory Committee on Immunization Practices (ACIP) at its June 22-23, 2016 meeting.

Influenza Vaccination

For the 2016-17 influenza season, ACIP recommended against use of live attenuated influenza vaccine (LAIV) (FluMist Quadrivalent®, AstraZeneca). Providers should use injectable, inactivated influenza vaccine (IIV), either trivalent or quadrivalent IIV, instead for all their patients. The ACIP reviewed data from the U.S. Influenza Vaccine Effectiveness (VE) Network demonstrating that IIV is more effective than LAIV against influenza A/H1N1, as well as data showing uncertainty about LAIV effectiveness against A/H3N2 and B viruses. The preliminary estimate of VE for LAIV against any virus was 3% (95% CI -49% to 37%), and for IIV was 63% (95% CI 52% to 72%), in persons aged 2 through 17 years, in the 2015-16 season. Data from two previous seasons (2013-2014 and 2014-2015) also demonstrated lower than expected VE for LAIV. The reason for the poorer overall performance of LAIV compared to IIV over the last few flu seasons is not well understood.

The Bureau of Immunization is working closely with the Centers for Disease Control and Prevention to pre-book additional influenza vaccine for the Vaccines for Children (VFC) program. We anticipate receiving the full amount of vaccine that will be needed for VFC-eligible children. Providers, both pediatric and adult, who pre-booked FluMist should contact the vaccine distributor they placed the vaccine order with to cancel the order. You should be able to cancel the order without penalty. Providers who need to book additional vaccine should do so immediately. LAIV accounts for approximately 8% of the U.S. flu vaccine market and the other vaccine manufacturers are expected to provide additional vaccine to fill this gap. Some vaccine manufacturers are accepting flu vaccine orders while others have a wait-list. Please contact the vaccine manufacturers or your distributor directly. Information on vaccine availability through manufacturers and distributors will be available at the Influenza Vaccine Availability Tracking System (IVATS) (http://www.izsummitpartners.org/ivats). A list of available flu vaccine products can be found at http://www.cdc.gov/flu/faq/flu-vaccine-types.htm.

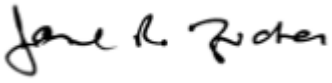
Meningococcal Vaccination

The ACIP also voted to recommend meningococcal vaccination for ***all*** HIV-infected individuals aged 2 months and older. This recommendation was made based on data showing an increased risk for invasive meningococcal disease (IMD) among HIV-infected persons. There are two meningococcal quadrivalent (MenACWY) conjugate vaccine products currently available: Menactra® (Sanofi Pasteur) and Menveo® (GlaxoSmithKline [GSK]). A third meningococcal conjugate vaccine, Hib-MenCY (MenHibrix®, GSK), may also be used; this vaccine is licensed for use in children aged 6 weeks to 18 months. All HIV-infected persons should receive a second vaccine dose no sooner than 8 weeks after the first dose. HIV-infected persons should receive booster doses at 3-year intervals for individuals <7 years of age and every 5 years for persons 7 years of age and older. Additional guidance on this recommendation is expected from ACIP. This recommendation does not apply to meningococcal B (MenB) vaccines; the recommendations for use of MenB vaccines are unchanged.

Immunizations recommended by the ACIP are generally covered under the Affordable Care Act, although restrictions regarding use of in-network providers may apply. Providers encountering issues with reimbursement for vaccinations administered should contact the insurer and may also contact the Health Department's Provider Access Line (1-866-692-3641) for assistance, if needed. Providers should make all efforts to follow the National Standards for Adult Immunization, which include assessment of patients' vaccination needs at every visit. The standards include: making strong recommendations for vaccination, providing necessary vaccines and reporting immunizations to local immunization information systems (the Citywide Immunization Registry, or CIR, in New York City). Providers who run out of vaccine or do not provide vaccines in their practice should refer patients to local providers who do vaccinate or to pharmacies in New York City. In addition, providers should report all immunizations administered to children less than 19 years of age to the CIR, and report immunizations administered to adults 19 years of age and older with verbal or written consent from the patient. More information on the CIR can be found at www1.nyc.gov/site/doh/providers/reporting-and-services/citywide-immunization-registry-cir.page and information about the ACIP recommendations at www.cdc.gov/vaccines/ACIP.

We greatly appreciate your assistance in protecting New Yorkers from vaccine-preventable diseases.

Sincerely,



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