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To: Illinois Healthcare Practitioners and Health Care Facilities

From: Eric E. Whitaker, MD, MPH

Date: October 18, 2004

Re: Influenza Vaccine Shortage

As you know, Chiron, manufacturer of the Fluvirin influenza vaccine, will not be releasing any influenza vaccine for the 2004 - 2005 flu season due to contamination at a key manufacturing facility. As a result, the United States' flu vaccine supply has been cut in half.

IDPH is working with CDC, local public health agencies, and health care facilities to address this shortage through vaccine redistribution efforts and prioritizing the available vaccine supply for high-risk individuals. Your continued collaboration in these efforts during the coming weeks is essential.

In order to protect our most vulnerable citizens from avoidable illness and death during the upcoming flu season, all vaccine administrators and health care practitioners in Illinois should adhere to the following vaccination recommendations:

1. Highest priority groups for receiving influenza vaccine
 - Persons 65 years of age and older
 - Children ages 6 to 23 months
 - Residents of nursing homes and other chronic-care facilities
 - Adults and children who have heart disease, asthma, and other chronic disorders of the pulmonary or cardiovascular systems.
 - Adults and children who required regular medical follow-up or hospitalization during the preceding year because of diabetes, kidney diseases, blood disorders, metabolic disorders, or immunosuppression, including persons with HIV/AIDS
 - All pregnant women; vaccination can occur in any trimester

- Children (ages 6 months to 18 years) who are receiving long-term aspirin therapy
 - NOTE: Children under 6 months of age cannot be vaccinated. However, their household contacts and out-of-home caregivers should be vaccinated
 - Health care workers who provide direct care to patients (those who spend the majority of their day and for extended periods of time in face-to-face contact with and providing direct care to patients)
2. Vaccination of individuals in non-priority groups
- **Those people who are not included in the highest priority groups should be made of aware of the shortage, and should not receive influenza vaccination this year.**
3. Use of intranasal vaccine (FluMist) for priority groups
- FluMist, the intranasal flu vaccine, is a reasonable option for healthy 5 - 49 year old individuals who are contacts of infants under 6 months of age or are health care workers who provide direct patient care. FluMist is **not** recommended for healthcare workers taking care of severely immunocompromised people when they are in a protective environment and should not be given to pregnant women. Detailed information about use of Flumist is available at <http://www.cdc.gov/flu/professionals/vaccination/live.htm>.
4. Second doses of influenza vaccine for children under 9
- Even though children less than 9 years of age should receive two doses of vaccine if receiving vaccine for the first time, doses should **not** be held in reserve for this purpose. Instead, available vaccine doses should be given to the priority groups on a first come, first serve basis.
5. Use of pneumococcal vaccine
- Pneumococcal vaccine should be administered as appropriate to eligible high risk persons along with influenza vaccine

In addition, proper use of antiviral drugs and infection control measures can impact significantly on morbidity and mortality due to influenza. Detailed information about use of antiviral drugs is available on the CDC website at <http://www.cdc.gov/flu/professionals/treatment/index.htm>. Respiratory Hygiene/Cough Etiquette strategies should be employed at every healthcare facility and physician office in Illinois, and facility policies regarding furlough of

ill employees and screening of visitors for respiratory illness should be reviewed and enforced. Further information about respiratory hygiene/cough etiquette strategies, including posters, is available at <http://www.cdc.gov/flu/professionals/>.

Please refer to the IDPH website for updated information on the vaccine shortage, and updated influenza surveillance reports. At present, there is no influenza disease circulating in Illinois; the first influenza disease isolate in Illinois is usually not reported until late November or December.