

INFLUENZA VACCINE Use in Adult Patients

	AMERICAN COLLEGE OF PHYSICIANS ACP (1994)	CDC, ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES ACIP	IDSOG	AMERICAN ACADEMY OF FAMILY PHYSICIANS AAFP (1999)
ADMINISTRATION	Same recommendations as ACIP. ¹	>12 yrs of age whole or split virus vaccine 0.5 ml IM, one dose. Begin vaccinating in September. Optional time for organized campaigns is Oct. through mid-Nov. Use current year's vaccine. Deltoid muscle should be used in adults. ²	One dose IM annually during flu season from whenever flu vaccine becomes available, through May 1.	Dosing not addressed.
INDICATIONS	Same recommendations as ACIP. ³	<p>Persons aged ≥65 yrs.</p> <p>Residents of nursing homes and other chronic care facilities that house persons of any age who have chronic medical conditions.</p> <p>Adults/children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma.</p> <p>Adults/children who have required regular medical follow-up or hospitalization during preceding year due to chronic metabolic diseases: diabetes, mellitus, renal dysfunction, hemoglobinopathies or immuno-suppression (including immuno-suppression caused by medications).</p> <p>Women who will be in the second or third trimester of pregnancy during influenza season.⁴</p> <p>Physicians, nurses and other personnel in both hospital and outpatient care settings.</p> <p>Employees of nursing homes and chronic care facilities who have contact with patients or residents.</p> <p>Providers of home care to persons at high risk.</p> <p>Household members of persons in high risk.⁵</p> <p>Persons traveling to the tropics at any time of year or to the Southern Hemisphere from April through September.⁶</p> <p>Any person who wishes to reduce the chance of becoming infected.⁷</p>	<p>Generally recommended for everyone, but particularly for:</p> <ul style="list-style-type: none"> -- age ≥50 yrs -- persons <50 yrs with cardiopulmonary disease, diabetes, renal disease or immunosuppressed status. -- residents of chronic care facilities -- pregnant women and family during influenza season. -- women with medical problems (vaccinate before flu season). -- health care and day care workers. -- addressed under health/day care workers. -- for all high-risk pregnant women in first trimester -- mothers and other family members in contact with all newborns and infants born prematurely. <p>OB-GYNs and their office staff should be immunized.</p> <p>Employees of nursing homes and chronic care facilities who have contact with patients or residents.</p> <p>Providers of home care to persons at high risk.</p> <p>Household members of persons in high risk.</p> <p>International travelers, particularly persons traveling to the tropics at any time of year or to the Southern Hemisphere from April through September.</p> <p>Anyone who wishes to reduce their risk of becoming ill with influenza.</p>	<p>All persons aged 50 yrs and older.⁸ <i>Note: No specific conditions/risk factors addressed.</i></p> <p>Not addressed.</p> <p>Not addressed.</p> <p>Not addressed.</p> <p>Not addressed.</p> <p>Not addressed.</p> <p>Not addressed.</p>

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ADOLESCENTS	Same recommendations as ACIP. ⁹	See above indications <i>and</i> Children/teenagers (6 mos – 18 yrs) who are receiving long-term aspirin therapy and therefore might be a risk for developing Reye Syndrome after influenza. ¹⁰ <i>Note: Persons <12 yrs old should receive split virus vaccine only. See doing schedule.</i> ¹¹	See above indications. Recommended immunization schedule by age: annually during flu season for all age groups.	Same recommendations as ACIP for children/teenagers <i>and</i> All ACIP indications for vaccination are addressed in AAFP document Clinical Policy: Immunization of Adolescents. ¹²
USE IN PREGNANCY	A pregnant woman with a high risk medical condition should receive influenza vaccine regardless of trimester. <i>Note: emphasis, unlike ACIP, is on women with high risk medical conditions.</i> ¹³	Safe to use in pregnancy. Administer to women who will be in the second or third trimester during pregnancy. ¹⁴	Safe to administer in any trimester	Not addressed.
USE IN PERSONS WITH ALTERED IMMUNOCOMPETENCE	Same recommendations as ACIP. ¹⁵	HIV-infected persons with minimal AIDS-related symptoms and high CD4+ T-lymphocyte cell counts produce protective antibody titers when vaccinated against influenza. Patients with advanced HIV disease and low CD4+ T-lymphocyte cell counts may not develop protective antibody levels when vaccinated. A second dose of vaccine does not improve the response in those patients. ¹⁶ Recommended for persons with chronic metabolic disease and immunosuppression. ¹⁷	Recommended for persons with immunosuppressed status. See above.	Not addressed. Same recommendations in adolescents as ACIP, not addressed for adults. ¹⁸
CONTRAINDICATIONS	Same recommendations as ACIP <i>and</i> Influenza vaccine should not be given to patients who have had Guillain-Barré syndrome or other neurologic illnesses related to previously administered vaccine. ¹⁹	Anaphylactic hypersensitivity to eggs or to other components of the influenza vaccine. Adults with acute febrile illness should not be vaccinated until their symptoms have abated. ²⁰	<u>Precautions/Contraindications</u> Previous anaphylaxis to vaccine or component. Allergy to eggs. Severe acute illness.	Not addressed. Not addressed. Not addressed.

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PRECAUTIONS	Same recommendations as ACIP. ²¹	Because of their decreased potential for causing febrile reactions only split virus vaccine should be used for persons <12 yrs of age. ²²	Not addressed.	Not addressed.
PRECAUTIONS (cont'd)	Influenza vaccine should not be given to patients who have had Guillain-Barré syndrome or other neurologic illnesses related to previously administered vaccine. ²³	Avoiding subsequent influenza vaccination of persons known to have developed Guillain-Barré syndrome (GBS) within 6 weeks of a previous influenza vaccination seems prudent. However, for most persons with a hx of GBS who are at high risk of severe complications from influenza, many experts believe the benefits of vaccination outweigh the risk. ²⁴	Guillain-Barré syndrome not addressed.	Not addressed.

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Endnotes

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- ¹ ACP. American College of Physicians. Guide for Adult Immunization. ACOG 1994, p. 93.
 - ² CDC. Recommendations of the Advisory Committee on Immunization Practices (ACIP). Prevention and Control of Influenza. MMWR 1998; 47 RR-6, p. 5.
 - ³ ACP, op. cit., p. 92.
 - ⁴ CDC., op. cit., p. 5.
 - ⁵ Ibid., p. 6.
 - ⁶ CDC, op. cit., p. 7.
 - ⁷ Ibid., p. 4.
 - ⁸ AAFP. American Academy of Family Physicians. Summary of Recommendations for Periodic Health Examination. Positive Recommendations – General Population Guidelines. p. 2 (<http://www.aafp.org/exam/app-d3.html>).
 - ⁹ ACP, op. cit., p. 92.
 - ¹⁰ CDC, op. cit., p. 5.
 - ¹¹ Ibid.
 - ¹² AAFP. Clinical Policy: Immunization of Adolescents. Part II, p. 1 (1999) (http://www.aafp.org/policy/camp/apndx_e2.html).
 - ¹³ ACP, op. cit., p. 155.
 - ¹⁴ CDC, op. cit., p. 5.
 - ¹⁵ ACP, op. cit., p. 92.
 - ¹⁶ CDC, op. cit., p. 7.
 - ¹⁷ Ibid., p. 5.
 - ¹⁸ AAFP. Clinical Policy. p. 1.
 - ¹⁹ ACP, op. cit., p. 94.
 - ²⁰ CDC, op. cit., p. 8.
 - ²¹ ACP, op. cit., p. 91.
 - ²² CDC, op. cit., p. 5.
 - ²³ Ibid., p. 94.
 - ²⁴ Ibid., p. 10.