Prevention and Control of Influenza

The following recommendations reflect updates to the "2005 Guidelines on Prevention and Treatment of Influenza," written by the Advisory Committee on Immunization Practices (ACIP).

Provider Types Affected

Physicians, nurse practitioners, physician assistants, clinical nurse specialists, outpatient hospital departments, and community health centers.

Background

In the United States, influenza epidemics typically occur during the winter months. Approximately 36,000 deaths per year from influenza were reported during the period from 1990 through 1999.[1] Although influenza viruses cause disease among people of all ages, the rates of serious illness and death are highest among persons 65 years and older and those of any age who have medical conditions that place them at high risk for influenza-related complications.[2-7] Influenza vaccination levels increased substantially during the 1990s, but further improvements in vaccination coverage are needed, especially in African-American and Hispanic older adults.

The ACIP 2006 "Guidelines on Prevention and Treatment of Influenza" update the 2005 ACIP recommendations regarding the use of influenza vaccine and antiviral agents.[8] According to the updated guidelines, among the Medicare population, annual influenza vaccination is recommended for:

- Adults who have chronic pulmonary or cardiovascular disorders, including asthma (hypertension is not considered a high-risk condition.)
- Adults who required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes), renal dysfunction, hemoglobinopathies, or immunodeficiency (including immunodeficiency caused by medications or HIV)
- Adults who have any condition (eg, cognitive dysfunction, spinal cord injuries, seizure disorders, or other neuromuscular disorders) that can compromise respiratory function or the handling of respiratory secretions, or increase the risk of aspiration
- Residents of long-term care facilities where others who have chronic diseases live
- Persons 65 years or older
- Persons 50 to 64 years of age at an increased risk of influenza-associated clinic, emergency department, or hospital visits, particularly if they have a high-risk medical condition
- Persons who live with or care for persons at high risk for influenza-related complications

The principal changes in the 2006 recommendations include:

- Neither amantadine nor rimantadine should be used for the treatment or chemoprophylaxis of influenza A in the United States until evidence of susceptibility to these antiviral medications has been re-established among circulating influenza A viruses.
- The 2006-2007 trivalent influenza vaccine virus strains should be used: A/New Caledonia/20/1999 (H1N1)-like, A/Wisconsin/67/ 2005 (H3N2)-like, and B/Malaysia/2506/ 2004-like antigens.
- For the A/Wisconsin/67/2005 (H3N2)-like antigen, manufacturers may use the antigenically equivalent A/Hiroshima/52/2005 virus.
- For the B/Malaysia/2506/2004-like antigen, manufacturers may use the antigenically equivalent B/Ohio/1/2005 virus.

The full guideline is available at: http://www.cdc.gov/mmwr/PDF/rr/rr5510.pdf. ALC

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Background