



IN THIS ISSUE: 2023-24 INFLUENZA SEASON

2023-24 INFLUENZA SEASON: Vaccine Recommendations & Reporting Requirements

**Introduction**

The 2023-24 Influenza ("Flu") Season starts Sunday, October 1, 2023. On June 29, 2023, the Centers for Disease Control and Prevention (CDC) adopted the Advisory Committee for Immunization Practices (ACIP) recommendations on annual influenza vaccination.<sup>1</sup> There were small changes to the annual recommendations around influenza vaccination, including an updated vaccine composition for the 2023-24 season and a change in the recommendations for vaccination of people with egg allergies.<sup>1,2</sup> Highlights of the report are provided in this Epi-News issue; the Washoe County Health District encourages all providers to read the report for greater insight and information available at [https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s\\_cid=rr7202a1\\_w](https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w).

**ACIP Recommendations**

**Vaccine Components**

All 2023-24 seasonal influenza vaccines available will be quadrivalent.<sup>2</sup> Changes to the vaccine virus composition have been made for the influenza A(H1N1)pdm09 component.

U.S. egg-based influenza vaccines will contain hemagglutinin (HA) derived from:<sup>2</sup>

- influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus,
- influenza A/Darwin/9/2021 (H3N2)-like virus,
- influenza B/Austria/1359417/2021 (Victoria lineage)-like virus, and
- influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

U.S. cell culture-based inactivated (ccIIV4) and recombinant (RIV4) vaccines will contain HA derived from:<sup>2</sup>

- influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus,
- influenza A/Darwin/6/2021 (H3N2)-like virus,
- influenza B/Austria/1359417/2021 (Victoria lineage)-like virus, and
- influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

Inactivated, recombinant, and live attenuated influenza vaccines (LAIV4) are expected to be available.<sup>2</sup>

**Persons Recommended for Vaccination**

Routine annual influenza vaccination is recommended for **ALL** persons aged  $\geq 6$  months who do not have contraindications.<sup>1,2</sup> Vaccination is especially important for individuals at an increased risk for severe illness and complications from influenza. If there is limited influenza vaccine, priority should be placed on high-risk groups and persons living with/caring for these individuals (e.g., healthcare providers, caretakers, household contacts). These high-risk groups include (in no particular order):<sup>2</sup>

- Children aged 6-59 months (<5 years)
- Adults  $\geq 50$  years
- Persons with chronic pulmonary, cardiovascular, renal, hepatic, neurologic, hematologic, or metabolic disorders
- Persons considered immunocompromised
- Persons who are or will be pregnant during the influenza season
- Children and adolescents (6 months -18 years) receiving medication with aspirin or salicylate who might be at risk for Reye syndrome after influenza virus infection
- Residents of nursing homes or long-term care facilities
- American Indians or Alaskan Natives
- The extremely obese (BMI  $\geq 40$  in adults)

Prophylactic use of antiviral agents can be considered for preventing influenza among persons who cannot receive vaccine, particularly for those who are at higher risk for medical complications attributable to severe influenza.<sup>2</sup>

Consult manufacturer package inserts and CDC and ACIP guidance for information on dosage, administration, contraindications, and precautions for influenza vaccines in the full report here [https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s\\_cid=rr7202a1\\_w](https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w).

## Recommended Influenza Vaccines

- Adults aged  $\geq 65$  years should preferentially receive any higher dose or adjuvanted influenza vaccine: quadrivalent high-dose inactivated influenza vaccine (HD-IIV4), quadrivalent recombinant influenza vaccine (RIV4), or quadrivalent adjuvanted inactivated influenza vaccine (aIIV4). If none of these vaccines are available, then any other age-appropriate influenza vaccine should be used.<sup>2</sup>
- Persons with an egg-allergy should receive influenza vaccine (egg-based or non-egg based) that is otherwise appropriate for their age and health status. Additional safety measures are no longer recommended for vaccination of those with egg allergy alone beyond those recommended for receipt of any vaccine.<sup>1,2</sup>
- Immunocompromised persons should receive an age-appropriate IIV4 or RIV4 **but not an LAIV4**.<sup>2</sup>
- Persons who care for severely immunocompromised persons requiring a protected environment should not receive LAIV4. If administered, these individuals should avoid contact with such persons for 7 days after vaccination.<sup>2</sup>
- Pregnant persons should not receive LAIV4 but can when postpartum.<sup>2</sup>
- All other persons aged  $\geq 6$  months who do not have contraindications should receive a licensed and age-appropriate seasonal influenza vaccine with no preferential recommendation for a specific vaccine.<sup>2</sup>

Providers are reminded that all vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.<sup>2</sup>

## Timing of Influenza Vaccination

Recommended timing of vaccination was not changed from the 2021-2022 season.<sup>1,2</sup> For most people who require only one dose of vaccination (adults and children aged  $\geq 9$  years), vaccination should be administered during September or October, but continue to be offered as long as influenza viruses are circulating, which can be as late as May or June. Vaccines given too early in the season (July and August) may result in suboptimal immunity as protection declines over time. Children requiring two doses (those 6 months-8 years of age and first season of vaccination) should receive the first dose as

soon as the vaccine becomes available, with the second dose given at least four weeks after the first dose. Vaccination for pregnant persons in their first or second trimester and adults (especially those 65 years old and older) should occur during September or October.

Vaccination in July or August can be considered for children who have health care visits during these months, if there might not be another opportunity to vaccinate them or for pregnant persons in their third trimester to reduce the likelihood of influenza in the infant as they are too young to be vaccinated themselves.<sup>1,2</sup>

For those with moderate or severe COVID-19, vaccination should be deferred until the individual has recovered.<sup>2</sup> For those who have mild or asymptomatic COVID-19, deferral may be considered to avoid postvaccination reactions being confused with COVID-19 symptoms. More information concerning persons with COVID-19 is available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>.

There is no recommendation for revaccination (booster dose) later in the season after initial vaccination, regardless of when the current season vaccine was received.<sup>2</sup>

## Influenza Vaccine Coadministration

IIV4s and RIV4 can be administered simultaneously or sequentially with other inactivated vaccines or live vaccines.<sup>2</sup> Injectable vaccines that are given concurrently (e.g., COVID-19 vaccine) should be administered at separate anatomic sites. LAIV4 can be administered simultaneously with other live or inactivated vaccines, however, if two live vaccines were not coadministered, wait at least 4 weeks after the administration of one live vaccine before giving another live vaccine. For more information on coadministration, see the full recommendations at [https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s\\_cid=rr7202a1\\_w](https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm?s_cid=rr7202a1_w).

## Nevada Influenza Vaccination Estimates

The Healthy People 2030 target for vaccination coverage to reduce the burden of vaccine preventable diseases is 70%.<sup>3</sup> In the 2021-22 season, Nevada ranked third to last in the nation for influenza vaccinations among persons  $\geq 6$  months with a coverage of 42%.<sup>4</sup> The overall United States influenza vaccination coverage was 51.4% for the same season.<sup>4</sup> Influenza vaccination prevented 1.8 million illnesses, 1,000,000 medical visits, 22,000 hospitalizations, and nearly 1,000 deaths during the

2021-22 season nationwide.<sup>5</sup> In order to improve vaccination coverage and to protect against seasonal influenza's potentially severe consequences in Washoe County, encourage influenza vaccination to patients, colleagues, family, and friends.

### **WCHD's Influenza Surveillance Program**

WCHD's influenza surveillance program consists of four major components: weekly reports of influenza-like illness by selected sentinel healthcare providers; the collection of a limited number of specimens by sentinel healthcare providers for sequencing; monitoring of influenza, pneumonia, and COVID-19 mortality through death certificates; and routine reporting and review of confirmed hospitalized cases of influenza. WCHD produces and disseminates reports each week during the influenza season. To receive these reports, email your name, organization, and email address to [epicenter@washoecounty.gov](mailto:epicenter@washoecounty.gov). Past reports are located here: <https://tinyurl.com/WCFluSurv>.

### **Influenza Reporting Requirements**

Reporting requirements are listed in Chapter 441A of the Nevada Administrative Code (NAC). Influenza must be reported to your local health department if:

1. Hospitalized positive influenza case (regardless of reason for hospitalization).
2. Pediatric death with a positive flu test.
3. Influenza strain is known or suspected to pose a risk of a national or global pandemic as determined by the CDC or the World Health Organization.
4. Influenza strain is novel or untypable. Includes avian flu (e.g., H5N1, H7N9) and swine flu (e.g., H3N2v).
5. Suspect an influenza outbreak is occurring.

Reporting is not limited to physicians and laboratories. Schools, daycares, and correctional facilities are required to report influenza outbreaks. For a complete description of persons required to report, please see [NAC 441A.225 - NAC 441A.260](#).

Reports of influenza using a Communicable Disease form located at <https://tinyurl.com/ReportDisease> can be faxed to 775-328-3764 or called into WCHD's Communicable Disease Line at 775-328-2447.

**Reports of suspected influenza outbreaks can be reported securely online here:**

<https://washoecountynv.seamlessdocs.com/f/OutbreakReportingForm>

### **Acknowledgements**

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### **References**

1. Centers for Disease Control and Prevention. Influenza (Flu). 2023-2024 CDC Flu Vaccination Recommendations Adopted. Accessed August 2023 <https://www.cdc.gov/flu/spotlights/2022-2023/flu-vaccination-recommendations-adopted.htm>
2. Grohskopf LA, Blanton LH, Ferdinands JM, Chung JR, Broder KR, Talbot HK. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 Influenza Season. MMWR Recomm Rep 2023;72(No. RR-2):1–25. DOI: <http://dx.doi.org/10.15585/mmwr.rr7202a1>
3. U.S. Department of Health and Human Services. Health People 2030. Increase the proportion of people who get the flu vaccine every year – IID-09. Accessed August 2023 <https://health.gov/healthypeople/objectives-and-data/browse-objectives/vaccination/increase-proportion-people-who-get-flu-vaccine-every-year-iid-09>
4. Centers for Disease Control and Prevention. Influenza (Flu). Cumulative end of season influenza vaccination coverage estimates for persons 6 months and older by state/local areas, Data Table, National Immunization Survey-Flu (NIS-Flu) and Behavioral Risk Factor Surveillance System (BRFSS), 2021-22 influenza season. Accessed August 2023 <https://www.cdc.gov/flu/fluview/interactive-general-population.htm>
5. Centers for Disease Control and Prevention. Influenza (flu). 2021–2022 Estimated Flu Illnesses, Medical Visits, Hospitalizations, and Deaths Prevented by Flu Vaccination. Accessed August 2023 <https://www.cdc.gov/flu/about/burden-averted/2021-2022.htm>