

Some Docs Wary of Prescribing Live Flu Vaccine

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BOSTON — In the fall of 2005, the Tennessee Department of Health launched a campaign to vaccinate students in one county school system with a live attenuated intranasal influenza virus vaccine.

About 46% of the students were vaccinated, and the campaign had widespread support from physicians in the area. However, some physicians may have been overly cautious in their advice to patients, according to the results of a survey of more than 300 physicians in the county.

Rand Carpenter, D.V.M., of the Tennessee Department of Health, presented an analysis of the vaccination campaign at the annual meeting of the American Public Health Association.

As part of the campaign, donated live attenuated intranasal influenza virus vaccine was offered free to kindergarten through 12th-grade students and staff in the Knox County school system, which includes

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Knoxville, Tenn. The program lasted from October through December 2005. The live influenza virus vaccine was licensed in 2003 for use among healthy individuals aged 5-49 years.

Information packets about the program and consent forms were sent to parents, and health officials also set up an influenza virus vaccine hotline to answer questions from parents and physicians.

Across the county, 24,281 students (46%) were vaccinated as part of the campaign. Among school staff members, 3,626 (62%) were vaccinated, although about 60% were vaccinated with inactivated injectable influenza virus vaccine because they were older than the 49-year age limit. Students did not have the option of receiving the inactivated virus vaccine.

The highest level of vaccination was among elementary school students (56%). The vaccination levels dropped among older students, with about 45% of middle school students receiving vaccination with the live virus vaccine and 30% of high school students being vaccinated.

Health officials also designed and administered a survey for physicians in an effort to gauge physician knowledge and the type of advice being given to patients.

All 598 pediatric and adult physicians in the county received surveys and about 56% responded (337 physicians). About 80% of those who responded were aware of the campaign (268 physicians). Of

those who were aware of the campaign, 73% (196 physicians) gave advice to patients regarding the live influenza virus vaccine. Of those giving advice, about 94% (185 physicians) recommended participation for eligible patients. "These results indicated that physicians were supportive of this vaccination campaign," he said.

However, state health officials noticed that some patients were confused by their physician's advice and that some of the in-

formation given by providers potentially limited the campaign's success, Dr. Carpenter said.

Physicians gave several reasons for advising patients against participating in the vaccination program.

The most frequent reasons included having asthma, being immunocompromised or living with an immunocompromised household contact, having a chronic disease, egg allergy, or Guillain-Barré syndrome, or being pregnant or

lactating or having a household contact who is pregnant or nursing, he said.

Having an immunocompromised close contact is only a consideration among caregivers for people with bone marrow transplant in the hospital settings, Dr. Carpenter said. "This category was seemingly overused."

In addition, the live virus vaccine is not contraindicated in nursing patients and pregnant or nursing household contacts, he said. ■

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References: 1. Sanofi Pasteur Inc. Data on file (Study MTA02). September 2003. MKT9271-1. 2. Keyserling H, Papa T, Koranyi K, et al. Safety, immunogenicity, and immune memory of a novel meningococcal (groups A, C, Y, and W-135) polysaccharide diphtheria toxoid conjugate vaccine (MCV-4) in healthy adolescents. *Arch Pediatr Adolesc Med.* 2005;159:907-913.

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