

Risk of Febrile Seizures, Fever

Afluria Vaccine from page 1

During the course of the teleconference, representatives of Sanofi-Aventis, GlaxoSmithKline, Novartis, and MedImmune all said that they had adequate supplies of vaccine, and they were willing to increase production if necessary to compensate for the 6-12 million doses that CSL had been expected to provide.

According to the CDC's Dr. Tim Uyeki, CSL's vaccine was associated with a ninefold increase in the risk of febrile seizures, compared with other manufacturers' vaccines in children aged 6 months through 4 years in Australia.

The rate was nine per 1,000 doses in these children, compared with an expected rate of one per 1,000 doses. The rate of febrile seizures was especially high in children aged 3-4 years old given Fluvax Junior, one of CSL's two versions of this year's TIV. The rate in

those children was 15 per 1,000 doses.

Febrile seizures occurred an average of 7.2 hours after the child received a dose of vaccine, with a range of 5.9-8.4 hours. Dr. Uyeki said that no explanation for the increased risk of fever and febrile seizures has been identified.

Although there was no apparent increase in febrile seizures in children aged 5-8 years, children in that age group did experience an increase in the incidence of fever. Sixteen percent of children in that age group experienced a fever following a dose of a CSL flu vaccine, compared with 9% of children receiving another manufacturer's vaccine.

ACIP members voted to include children aged 5-8 years in their recommendation in order to increase the simplicity and consistency of the public health message. Other ACIP recommendations

regarding flu vaccination in children, both for the seasonal TIV and for pandemic influenza A(H1N1), involve children age 6 months to 8 years, and most members believed it would be confusing to have this new recommendation cover children age 6 months to 5 years.

They did agree, however, that children aged 5-8 years could receive the CSL vaccine if they were at especially high risk from influenza and if no other vaccine was available.

Several committee members voiced concern about providers who may already have placed orders for the CSL vaccine. Since most vaccine from other manufacturers has already been allocated, they worried that it would be too late for some clinicians to change their orders. In response, a representative from the American Medical Association recommended that providers visit the AMA's Influenza Vaccine Availability Tracking System (IVATS) at <http://www.preventinfluenza.org/ivats>.

A spreadsheet at that site lists names and contact information for distributors who have vaccine available.

In related news, the CDC reported Aug. 4 that they've observed outbreaks of seasonal influenza A(H3N2) in two nonbordering counties in Iowa, along with sporadic cases of influenza 2009 H1N1 A and B in 11 other states.

The agency reminded physicians to consider influenza as a possible diagnosis in individuals with respiratory illnesses even though influenza is not often seen in the summer. Clinicians also were advised not to rely on the rapid influenza diagnostic test because of its moderate sensitivity and an increased chance of false positives during times when overall influenza prevalence is low. ■

Disclosures: While several members of ACIP disclosed that they had relationships with vaccine manufacturers, only members with no such conflicts of interest were permitted to vote.

Adherence to Flu Immunization Recs Mixed

BY SUSAN LONDON

FROM THE ANNUAL MEETING OF THE PEDIATRIC ACADEMIC SOCIETIES

VANCOUVER, B.C. — In the year after national recommendations for yearly influenza vaccination were expanded to include all children aged 6 months to 18 years, about half of primary care physicians who see children reported following this practice, new data show.

In a national survey, 65% of pediatricians and 35% of family medicine physicians said that they rou-

“Maybe we need a real focused effort on school-based immunization, public-private collaborations with health departments and VNAs [Visiting Nurses Associations], or something like that,” he commented.

In the survey, the investigators polled a national sample of 628 pediatric primary care providers about their immunization practices during the 2008-2009 flu season, the first one after the Advisory Committee on Immunization Practices (ACIP) expanded its recommendations for annual influenza vaccination to include all children between the ages of 6 months and 18 years.

A total of 330 pediatricians and 298 family medicine physicians completed questionnaires online or by mail, reported Dr. O'Leary, who is a pediatric infectious disease fellow and a primary care research fellow at the University of Colorado in Denver.

When it came to specific age-groups, 70% of pediatricians and 43% of family physicians, respectively, reported routinely immunizing 5- to 18-year-olds—values that are much higher than the 21% rate of actual vaccine receipt seen in this age-group during the same flu season from surveillance data (MMWR 2009;58:1091-5).

To implement influenza vaccination, many pediatricians and family medicine physicians displayed posters and pamphlets in their office (89% of each specialty), held dedicated flu vaccination clinics after hours or on weekends (57% and 41%, respectively), added

extra staff for vaccine-only visits during regular office hours (56% and 53%), and offered vaccination without an appointment (48% and 79%).

However, Dr. O'Leary noted, “one of the big things that came out of our survey was that some of the proven methods are not being used.”

Specifically, only small minorities of pediatricians and family physicians used ongoing tracking of influenza vaccine receipt (30% and 23%, respectively) and written, telephone, or e-mail reminders (23% and 14%) for all children covered by the expanded recommendations.

In adjusted analyses, physicians were more likely to report routinely immunizing all children aged 6 months to 18 years if they had dedicated influenza vaccination clinics after hours or on weekends (risk ratio, 1.26), used reminders for all children in this age-group (risk ratio, 1.28), or rated themselves as expending intense effort on this objective (risk ratio, 1.43).

On the other hand, rural physicians were less likely to report routinely immunizing all children in this age-group relative to their urban counterparts (risk ratio, 0.79), as were family medicine physicians compared with pediatricians (risk ratio, 0.67).

The reason for the difference between specialties is unclear, according to Dr. O'Leary.

“It may be that because it was the first year of the recommendation, the family medicine physicians had ordered a certain amount of the vaccine, and they needed to prioritize their older-than-65-year-old patients, as opposed to these healthy 5- to 18-year-olds,” he speculated. ■

FDA Announces Seasonal Flu Vaccines For 2010-2011

BY JANUARY W. PAYNE

The Food and Drug Administration has approved influenza vaccines for the 2010-2011 flu season that protect against three influenza strains, including the 2009 H1N1 virus, the agency announced July 30.

Last year, two separate vaccines were needed to protect against seasonal influenza and H1N1, respectively, because H1N1 emerged after the season's supply of flu vaccine had already been produced. But the upcoming flu season's supply of vaccines will incorporate protection against H1N1, as well as two other influenza strains.

The vaccine will contain these strains:

- ▶ A/California/7/09 (H1N1)-like virus (pandemic [H1N1] 2009 influenza virus)
- ▶ A/Perth/16/2009 (H3N2)-like virus
- ▶ B/Brisbane/60/2008-like virus.

Just days after the FDA's announcement last month, however, the Advisory Committee on Immunization Practices voted Aug. 5 not to use Afluria, a seasonal influenza vaccine manufactured by CSL Biotherapies, in children between the ages of 6 months and 8 years because of an increased incidence of fever and febrile seizures.

Other vaccine brand names and manufacturers of influenza vaccines for the 2010-2011 season listed in the agency statement are Agriflu by Novartis Vaccines and Diagnostics, Fluarix by GlaxoSmithKline Biologicals, FluLaval by ID Biomedical Corp., FluMist by MedImmune Vaccines Inc., Fluvirin by Novartis Vaccines and Diagnostics Limited, and Fluzone and Fluzone High-Dose by Sanofi Pasteur Inc.

Issuing guidelines that are effective during the 2010-2011 influenza season, the Centers for Disease Control and Prevention recommends that everyone aged 6 months of age and older get an annual influenza vaccine. Until now, vaccination was mainly recommended for people at higher risk of influenza complications, children aged 6 months to 18 years old, and those who had close contact with people at high risk for complications of the illness. “The best way to protect yourself and your family against influenza is to get vaccinated every year,” said Dr. Karen Midthun, acting director of the FDA's Center for Biologics Evaluation and Research. “The availability of a new seasonal influenza vaccine each year is an important tool in the prevention of influenza-related illnesses and death.” ■

VITALS

Major Finding: Some 65% of pediatricians and 35% of family medicine physicians reported adhering to expanded ACIP recommendations to immunize all children 6 months to 18 years of age against influenza.

Data Source: A national survey of 330 pediatricians and 298 family medicine physicians.

Disclosures: Dr. O'Leary reported that he had no conflicts of interest related to the study.

tinely immunized all children this in this age-group during the 2008-2009 season, according to results reported in a poster session.

However, the physicians' reported rates of routine immunization specifically for 5- to 18-year-olds—the newest age-group to be included with the expansion—were two to four times higher than this group's actual rate of vaccine receipt, as assessed from surveillance data in the general population.

“Our thought is that the discrepancy between the reported practice and the actual rate is because a lot of these kids just aren't coming in,” which suggests that innovative immunizations strategies are called for, lead investigator Dr. Sean O'Leary said in an interview.