

CDC: Influenza Vaccine Period Will Be Extended

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WASHINGTON — This winter's flu season is still months away, but officials from the federal government and the American Medical Association say they will be strongly urging physicians to extend influenza vaccine administration beyond its traditional October-December time frame.

The goal is to protect more Americans and to ensure a more even supply through-

out the season. The effort comes at a time when the vaccine supply is expected to be the largest in U.S. history, with at least 100 million doses slated to be available.

Centers for Disease Control and Prevention and AMA officials discussed their plans at a press briefing sponsored by the National Foundation for Infectious Diseases.

The two organizations began formulating strategies for encouraging a longer vaccination season at the National Influenza Vaccine Summit in January. They

and other stakeholders met again in late June. With several more high-risk groups targeted for vaccination this year—the CDC has defined 12 target groups—it is getting more difficult for physicians to determine how much vaccine to order and how to effectively manage supply, said Nicole M. Smith, Ph.D., of the CDC's Influenza Division.

There are other barriers to convincing physicians to preorder more vaccine: Any unused supply is essentially “money down

the drain,” said Dr. Ardis D. Hoven, medical director of the Bluegrass Care Clinic at the University of Kentucky, Lexington, and a member of the AMA's Board of Trustees. The CDC recommendations encompass about 180 million Americans, said Dr. Hoven.

In most years, vaccination peaks in early October, when about 70% of the vaccine supply has been released, according to CDC data. The demand drops off steeply, usually completely, by late December, which means that most years as much as 30% of the supply goes unused.

Dr. William Schaffner, chairman of the preventive medicine department at Vanderbilt University, Nashville, Tenn., and an NFID board member, said that both physicians and patients have fallen into the habit of thinking that if they haven't gotten a shot by late November, they don't need to

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bother. But he and other officials noted that flu usually peaks in February or March. “We need to persuade them it's not too late to get vaccinated,” said Dr. Schaffner at the briefing.

Physicians have to do some public relations

work on their own to make patients aware of this, Dr. Hoven agreed. And physicians have to be persistent with distributors, she added in an interview. They have “to be more proactive in constantly saying ‘When am I getting my doses?’” she said.

That might not be an easy job. The Health Industry Distributors Association estimates that there are 600 companies that distribute vaccine from two of the three major manufacturers. Glaxo-SmithKline, which will have a projected 47 million doses this fall, sells directly only. An estimated 50 million doses will be produced by Sanofi Pasteur. MedImmune Inc. is slated to produce 3 million doses of its live, attenuated nasal vaccine, FluMist. Another 15-20 million doses might become available if the Food and Drug Administration approves a new vaccine from ID Biomedical, which Glaxo owns also.

The CDC is looking into ways to track the supply so that it can easily locate available doses for physicians, as well, said Dr. Hoven.

Dr. Schaffner said the ramping up of the supply “bodes very well for our attempt to provide protection,” and seems to reflect manufacturers' belief that the market is going to grow.

Physicians and other health care providers are still lagging when it comes to leading by example. Several recent surveys conducted by the AMA and the CDC indicate that only about 40% of health care workers get a flu shot. Dr. Hoven said that often physicians delay getting a shot because they're too busy or want to save the dose for their patients. But she said it's a failing that needs to be corrected. ■



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