

2018–2019 Influenza Vaccine Recommendations

Prevention and control of influenza during the 2018–2019 flu season

On August 24, 2018, the Centers for Disease Control and Prevention (CDC) Advisory Committee on Immunization Practices (ACIP) released the Prevention and Control of Seasonal Influenza with Vaccines Report regarding the use of vaccines to prevent and control influenza for the 2018–2019 season.

The information in this update highlights select information from the ACIP report. The comprehensive report, which includes complete influenza vaccine recommendations for the 2018–2019 season, is available online at www.cdc.gov/mmwr/volumes/67/rr/rr6703a1.htm.

VACCINE HIGHLIGHTS

The ACIP continues to recommend that all persons ages six months or older receive routine annual influenza vaccination with a licensed, recommended and age-appropriate vaccine, unless they have specific contraindications. Health care providers should offer vaccinations as soon as they become available and throughout the flu season as long as the vaccine is available, since influenza may not appear in certain communities until May. There is no preferential recommendation made for one influenza vaccine product over another for persons for whom more than one licensed, recommended, and appropriate product is available.

Additional information from the ACIP report includes the following topics for the 2018–2019 season:

- Groups recommended for vaccination and the timing of vaccination.
- Available vaccine products and indications, including recent regulatory actions on new vaccine licensures and labeling changes for previously licensed vaccines.
- Vaccine dose considerations for children ages six months through eight years.
- Recommendation that the nasal spray flu vaccine (live attenuated influenza vaccine or “LAIV”) can be used when appropriate for non-pregnant individuals, ages 2 through 49. There is a precaution against the use of LAIV for people with certain underlying medical conditions.
- Recommendation that individuals with an egg allergy may get any licensed, recommended and age-appropriate influenza vaccine.
- Vaccine selection and timing of vaccinations for immunocompromised individuals.

Different influenza vaccine preparations have different indications as licensed by the U.S. Food and Drug Administration (FDA). For the most current information regarding influenza vaccine recommendations, visit the CDC website at www.cdc.gov/flu.

THIS UPDATE APPLIES TO
MEDI-CAL PROVIDERS:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

PROVIDER SERVICES

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INFLUENZA VACCINE COMPOSITION FOR 2018–2019

U.S. trivalent influenza vaccines for 2018–2019 contain an A/Michigan/45/2015 (H1N1) pdm09-like virus, an A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus and B/Colorado/06/2017-like virus (Victoria lineage). Quadrivalent influenza vaccines will contain the same three HA antigens as trivalent vaccines, plus a B/Phuket/3073/2013-like virus (Yamagata lineage).

VACCINE PRODUCTS FOR THE 2018–2019 SEASON

Various influenza vaccine products are licensed and available from several different manufacturers. Information about available influenza vaccines is provided online at www.cdc.gov/flu/protect/vaccine/vaccines.htm.

CLAIM SUBMISSION FOR THE INFLUENZA VACCINE

Reimbursement for influenza vaccines is in accordance with the terms of the provider's *Provider Participation Agreement (PPA)* and the member's benefit plan design.

BARRIERS TO FLU VACCINATION

Perceived risk and susceptibility to the flu as well as a range of beliefs may act as perceived barriers to vaccine uptake. Results from member surveys indicate many members do not feel they need a flu shot. By addressing members' health beliefs and perceptions about the influenza vaccine, providers' recommendations have been shown to be a strong predictor of vaccination uptake. Recommending the flu vaccine to all eligible members and providing it during appointments, or having flu clinics where members can get the vaccine without having an appointment are strategies for improving vaccination rates.

COLORECTAL CANCER SCREENING DURING FLU SEASON

Colorectal cancer is the second leading cause of cancer death and has the third highest cancer incidence rate despite being highly preventable through colorectal cancer screenings. Providers are encouraged to discuss colorectal cancer screening with patients who are missing this important screening during visits for flu vaccinations and throughout the flu season. Visit www.flufit.org to learn more about the Flu/FIT Program initiative to hand out fecal immunochemical test (FIT) kits to appropriate patients who come in for a flu vaccine. Similar to flu vaccinations, remind patients that screenings via FIT must also be done annually. Providing patients screening options has been shown to improve participation, and a physician recommendation is the strongest factor associated with patient willingness to have a screening.

ADDITIONAL INFORMATION

Providers are encouraged to access the provider portal online at provider.healthnet.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 1-888-893-1569.