



IMMUNE DEFICIENCY FOUNDATION

The National Organization Dedicated To Research And Education For The Primary Immune Deficiency Diseases.

HEALTH ADVISORY

Shortage of Killed Influenza Vaccine and FluMist® Influenza Vaccine Fall 2004

October 11, 2004

Dear Friend of IDF:

A severe shortage of killed influenza vaccine is anticipated this Fall.

Chiron Corporation notified the Centers for Disease Control and Prevention (CDC) on October 5, 2004 that its manufacturing license had been suspended in the United Kingdom and none of its influenza vaccine (FluViron®) will be available for distribution in the United States for the 2004-2005 influenza season. This will result in a 50% reduction of the expected supply of killed flu vaccine (flu shots) available in the U.S. for this flu season. The CDC estimates that 54 million doses of FluZone®, manufactured by Aventis Pasteur, SA and 1.1 million doses of FluMist™ will be available this season.

Because of this urgent situation, the CDC in coordination with its Advisory Committee for Immunization Practices (ACIP) has issued interim recommendations for influenza vaccination during the 2004-2005 season. The following priority groups for vaccination with killed influenza vaccine (flu shot) this season are considered to be of equal importance:

- all children aged 6–23 months;
- adults aged 65 years and older;
- persons aged 2–64 years with underlying chronic medical conditions;
- all women who will be pregnant during the influenza season;
- residents of nursing homes and long-term care facilities;
- children aged 6 months–18 years on chronic aspirin therapy;
- health-care workers involved in direct patient care; and
- out-of-home caregivers and household contacts of children aged <6 months.

The CDC recommends persons in the priority groups identified above to search locally for vaccine if their regular health-care provider does not have vaccine available. A useful web site to help find flu shot clinics is: <http://www.findaflushot.com/lungusa/>. Those persons not included in one of the priority groups described above should forego or defer vaccination. Therefore, healthy family members of primary immune deficiency patients may be denied access to a killed flu vaccine. If this occurs, *physicians may wish to consider the use of preventive antiviral agents in their primary immune deficient patients with T-cell defects who would be without vaccination protection during an influenza outbreak.*

The killed influenza vaccine shortage may also lead to an increased use of FluMist® this flu season.

In June 2003, the U.S. Food and Drug Administration approved FluMist®, a *live virus vaccine* for the prevention of influenza. FluMist® is the first nasally administered vaccine to be marketed in the United States. It is approved to prevent influenza illness due to influenza A and B viruses in healthy children, aged 5-17 and healthy adults, aged 18-49. FluMist® vaccinations are expected to continue throughout the fall and winter months.

The Immune Deficiency Foundation developed a Working Group of its Medical Advisory Committee to evaluate the health risks posed by FluMist® to individuals with primary immune deficiencies. The FluMist® Working Group has made the following recommendations to reduce the risk of complications from the FluMist® vaccine:

1. Because it is a live virus vaccine, people with primary immune deficiency diseases should NOT receive the FluMist® vaccine.
2. The FluMist® vaccine is not recommended for close contacts of primary immune deficient patients.
3. Primary immune deficient patients should talk to their doctors to see if it may be advisable to receive preventive medicine to avoid becoming infected with the FluMist® strains of the flu.
4. Primary immune deficient patients exposed through close contact to FluMist®, should see their doctor immediately, as (s)he may advise a treatment medicine.
5. School authorities may want to advise their immune deficient pupils if FluMist® is being administered in the school system. This information may be especially useful to those with T cell or combined T and B cell immune deficiencies.
6. Family members and healthcare workers in close contact with immune deficient patients should be advised to receive the traditional killed virus flu shot, rather than the FluMist® vaccine.

We encourage you to reference this letter as well as the enclosed materials in consulting with your physician about the risks of the shortage of the killed influenza vaccine as well as the FluMist® vaccine to you or your family members.

Please call us at (800) 296-4433 if we can provide additional assistance.

Sincerely,

Richard C. Birkel, Ph.D.
President