No Change in Flu Guidance for Partially Vaccinated Children Under 9 Years of Age

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ATLANTA — Children less than 9 years of age who received just one dose of influenza vaccine in the previous season—particularly in the response to influenza A—may be defenseless against the pandemic.

In the event of an H5N1 pandemic, the global demand will easily be on the order of 3-4 billion doses, and probably much more,” Dr. Fedson said. “Yet today, if the world’s vaccine companies were asked to produce (vaccine), in 6 months they could produce enough … to vaccinate fewer than 100 million people. Vaccination will not be a realistic possibility for 85% of the world’s population that do not live in countries with vaccine companies, and it will be difficult even for those who do.”

By comparison, generic statins are inexpensive—$1.75 for 5 days’ worth of dosage in the United States—and they can be produced worldwide, Dr. Fedson said. Among the evidence in favor of statins protective qualities, Dr. Fedson said, are studies showing a reduction of up to 92% in bacteremia-attributable mortality in patients who take statins; a reduction of up to 25% in sepsis mortality in those who have previously taken statins; and a 53% reduction in 30-day pneumonia mortality in those who have taken statins.

However, international health officials need to embark on a statin research agenda to explore unanswered questions, Dr. Fedson said. Researchers need to perform clinical and epidemiologic studies examining hospitalization and mortality. They also must compare the effects of previous statin use with continuing statin use and compare treatment with prophylaxis.

New Prioritization of Children Aged 2-5 in Flu Vaccine Shortage

ATLANTA — The prioritization plan for use of inactivated influenza vaccine in the event of a supply shortage or delay has been updated to reflect the recently designated high-risk status of children aged 24-59 months.

The vote, of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention at its summer meeting, must be approved by CDC and published before it becomes official. If approved, the new prioritization scheme will look like this:

Tier 1
- IA: Persons aged 65 years and older with co-morbid conditions
- IB: Persons aged 2-64 years with comorbid conditions
- IC: Children aged 2-23 months
- ID: Pregnant women

Tier 2
- IA: Household contacts and out-of-home caregivers of children aged less than 6 months

Tier 3
- IA: Persons aged 5-49 years without high-risk conditions

In most vaccine shortfall situations, all three groups in tier 1 can be considered top priority, followed by tiers 2 and 3. It would be necessary to further prioritize risk groups IA, IB, and IC separately only when vaccine supply is extremely limited, Nicole M. Smith, Ph.D., said at the meeting. More information about the use of influenza vaccine and antiviral agents is available at www.cdc.gov/mmwr/preview/mmwrhtml/rr55e628a1.htm.