

Pharmacy Pearls

Case Presentation

A 6 year old male patient presents to his pediatrician for his annual influenza vaccination. His mother comments that he is afraid of needles and asks if he would be able to receive the intranasal influenza vaccine but was told by a friend's parent that it won't be offered this year.

How Long Does Immunity Last?

- It takes about 2 weeks for antibodies to develop after vaccination.
- Immunity lasts at least 6-8 months in non-elderly patients.
- Some evidence suggests a decline in effectiveness late season, primarily among patients >65 years.

What About the High-Dose Vaccine?

- Relative to the standard-dose, the high-dose vaccine was shown to be 24% more effective in preventing flu in patients ≥ 65 years.
- Adverse effects are generally mild but reported more frequently with the high-dose product.
- The CDC has not yet expressed a preference for the high-dose vaccine in patients ≥ 65 years.



INFLUENZA 2016-2017: WHAT YOU NEED TO KNOW

Update: Egg Allergies

- Egg allergic patients may receive any licensed and recommended vaccine. FluBlok is the only egg-free product, however severe reactions to other formulations is unlikely.
- It is no longer recommended to observe egg allergic patients for 30 minutes. Mildly allergic patients (only hives, no epinephrine) may be vaccinated with typical supervision.
- Patients who develop symptoms other than hives should be vaccinated in a medical setting under the supervisor of a provider able to manage severe allergic conditions.

Update: FluMist

- Not recommended for the 2016-2017 season due to lack of efficacy.
- Data from the 2015-2016 season showed inactivated vaccines were 63% (95%CI 52-72%) effective in preventing influenza in children whereas FluMist had a non-significant 3% effect on vaccine prevention (95%CI -49-37%).

To Tamiflu or Not to Tamiflu?

Treatment

The CDC recommends treatment in the following high risk populations:

- Children <5 years, but especially < 2 years
- Adults ≥ 65 years of age
- Morbidly obese (BMI ≥ 40)
- Women who are pregnant or up to 2 weeks post-partum
- Patients <19 years on long-term aspirin therapy
- American Indians & Alaskan Natives
- Resident of nursing home or chronic care facility
- Immunosuppressed patients (including medication-related)
- Patients with chronic renal, pulmonary (including asthma) cardiovascular, hematological, metabolic (including DM), or neurologic conditions

On the basis of clinical judgment, treatment may be considered in patients without risk factors if it can be initiated within 48 hours of symptom onset; therapy should not wait for lab confirmation. With the exception of pregnant women, initiation beyond 48 hours offers little benefit in healthy patients. Even with timely initiation, the benefits in low risk populations are relatively modest.

Generic Update: Tamiflu is now available as oseltamivir 30 mg, 45 mg, and 75 mg capsules

Prophylaxis

To limit the potential for resistance, the CDC does not recommend routine use of antiviral prophylaxis, however it may be considered for the following populations:

- Patients at high risk for complications who are unvaccinated or have exposure within 2 weeks of vaccination
- Immunocompromised patients
- Residents of long-term care facilities for outbreak prevention

The CDC generally does not recommend prophylaxis if >48 hours have elapsed since exposure