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GAVIN NEWSOM
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TO: Vaccines for Children (VFC) Providers

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SUBJECT: VFC 2022-2023 Seasonal Influenza Vaccine Information



Key takeaways from this letter:

- ✓ Flu vaccines can be co-administered with COVID-19 vaccines.
- ✓ Annual influenza immunization with any licensed, age-appropriate influenza vaccine is recommended for all persons 6 months and older.
- ✓ Summary of Advisory Committee on Immunization Practices' (ACIP) recommendations for the 2022-2023 influenza season.

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SUMMARY

The California VFC Program has already begun shipments of influenza vaccines products received at VFC’s national vaccine distributor. Begin immunizing your patients soon after you receive vaccine, before onset of influenza activity, and continue to offer vaccine as long as unexpired vaccine is available.

This influenza season continues to coincide with the COVID-19 virus pandemic. Enhanced efforts to immunize all patients in your practice this season will help reduce the:



- Prevalence of influenza disease, thus reducing potential confusion with COVID-19
- Potential impact of influenza on healthcare provider visits
- Stress and impact on hospitals and healthcare systems.

The federal Advisory Committee on Immunization Practices' (ACIP) recommendations for the 2022-2023 influenza season are summarized at <https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm>. The full guidance is available at <https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm>.

KEY INFLUENZA VACCINATION STRATEGIES

- Annual influenza immunization with any licensed, age-appropriate influenza vaccine is recommended for all persons 6 months and older who do not have contraindications.
- Emphasis should be placed on vaccination of high-risk groups, including children aged 6-59 months; American Indians/Alaska Natives; children with chronic pulmonary conditions (including asthma); cardiovascular disease (excluding isolated hypertension); renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus); pregnant teens; and those receiving aspirin- or salicylate-containing medications and who might be at risk for Reye syndrome.
- Children younger than 9 years of age who have not been previously immunized with at least two doses of influenza vaccine before July 1, 2022 need two doses of influenza vaccine this season for optimal protection.
- Children needing two doses of influenza vaccines should receive their first dose as soon as possible after vaccine becomes available in order to receive the second dose (which must be administered ≥ 4 weeks later) by the end of October.
- Children of any age who require only one dose for the season should also ideally be vaccinated by the end of October; vaccination of these children may occur as soon as vaccine is available because there is less evidence to suggest that early vaccination is associated with waning immunity among children compared with adults.
- We encourage your practice to implement strategies to achieve high vaccination coverage. This may include plans to remind patients to come in for their annual influenza vaccination and tracking patients due for a second dose. Please refer to the ["Flu Action Plan: 3 Habits of Highly Successful VFC Clinics"](#) for additional strategies.
- Influenza vaccination may serve as a catch-up opportunity for other pediatric and adolescent immunizations which may have been delayed due to the impact of the COVID-19 pandemic. Administer all due or overdue vaccines within the same visit.
- For children eligible for COVID-19 vaccination, [COVID-19 vaccines may be administered without regard to timing of other vaccines](#), including influenza vaccine. This includes simultaneous administration of COVID-19 vaccine and other vaccines on the same day. (However, there are [additional considerations if administering an orthopoxvirus vaccine](#).) If multiple vaccines are administered at a single visit, administer each injection in a different injection site. For individuals 3 years and older, the deltoid muscle can be used for more than one intramuscular injection administered at different sites in the muscle.
- In situations which influenza vaccination is delayed due to acute illness, patients should be reminded to return for influenza vaccination once they have recovered from their acute illness.

ELIGIBILITY FOR VFC-SUPPLIED SEASONAL INFLUENZA VACCINE

All VFC-eligible children aged 6 months through 18 years of age in your practice should be vaccinated according to ACIP recommendations. As with all other VFC-supplied vaccines, influenza vaccine doses from VFC can only be used for VFC-eligible children. Use in privately insured children or adult patients 19 years of age and older may constitute fraud or abuse of VFC-supplied vaccines. Note: Underinsured children may receive VFC supplied vaccines ONLY at a Federally Qualified Health Center or Rural Health Center.

Eligibility screening and documentation of eligibility must occur at every immunization encounter (including special vaccination efforts, such as drive-up flu clinics or flu-only clinics). In order to meet VFC's vaccine accountability requirements, make sure you have systems in place to document and track administration of VFC-supplied vaccines (i.e. an Immunization Registry, clinic's Electronic Health Record, and/or [VFC's Flu Usage Log](#)). It is required that you submit influenza vaccine usage as part of your routine vaccine ordering process, whether or not flu vaccine doses are ordered.

2022-2023 INFLUENZA VACCINE COMPOSITION AND FORMULATIONS

For the 2022-2023 influenza season, the California VFC Program is offering only quadrivalent, inactivated influenza vaccines representing the following strains:

- an influenza A/Victoria/2570/2019 (H1N1)pdm09-like virus¹
- an influenza A/Darwin/9/2021 (H3N2)-like virus^{2,3}
- an influenza B/Austria/1359417/2021 (Victoria lineage)-like virus²
- an influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus.

¹A/Wisconsin/588/2019 (H1N1)pdm09-like virus for cell culture-based or recombinant vaccines.

²Change in strain from the 2021-22 formulation.

³A/Darwin/6/2021 (H3N2)-like virus for cell culture-based or recombinant vaccines.

VFC Program products for the 2022-2023 influenza season include:

Products	Dose Volume	Minimum Age in California	CPT
Fluarix [®] pre-filled syringes	0.5 mL at <u>all ages</u>	6 months	90686
Flucelvax [®] pre-filled syringes	0.5 mL at <u>all ages</u>	6 months	90674
FluLaval [®] pre-filled syringes	0.5 mL at <u>all ages</u>	6 months	90686
Fluzone [®] pre-filled syringes	0.5 mL at <u>all ages</u>	6 months	90686
FluMist [®] pre-filled syringes	0.2 mL	2 years	90672

*According to [California law](#), pregnant women or children younger than 3 years old may only receive vaccine doses that contain no more than trace levels of mercury [Health and Safety (H&S) Code Section 124172, Chapter 837, Statutes of 2004 (AB 2943, Pavley)]. **Multi-dose vials of influenza vaccine currently exceed the legal limit of mercury content and should not be used in these groups.** VFC preservative-free influenza VFC vaccine formulations should be used for administration to VFC-eligible children younger than 3 years of age and pregnant teens younger than 19 years of age.

A visual guide to all 2022-2023 influenza vaccine products is available here:
<https://eziz.org/assets/docs/IMM-859.pdf>.

DOSAGE AND ADMINISTRATION

Care should be taken to administer the correct dose. Avoid errors by double-checking doses and administering the entire syringe contents of the age-appropriate formulation.

- The dosage of most VFC influenza vaccines this season regardless of age is 0.5 mL.
- Exceptions:
 - FluMist®: The dosage for children 2 years of age and older for is 0.2 mL.
 - Fluzone®: is available for private purchase in two options (0.25 mL and 0.5 mL); however, only the 0.50 mL formulation is available from VFC. This 0.5 mL formulation can be used for all children aged 6 months and older.

The vaccine syringe or vial should be shaken well before administration. Vaccine should be inspected visually for particulate matter and discoloration prior to administration. If either of these conditions exists, the vaccine should not be administered.

When administering vaccines:

- **DO NOT** access more than one dose from a single-dose vial
- **DO NOT** use half of a 0.5 mL syringe for infants 6-35 months of age and waste the rest
- **DO NOT** split a 0.5 mL syringe into two 0.25 ml doses for ages 6-35 months
- **DO NOT** combine two doses of 0.25 mL to make a 0.5 mL dose
- **DO NOT** administer two doses of 0.25 mL to a patient to make a 0.5 mL dose

Inactivated influenza vaccine should be administered intramuscularly in the anterolateral aspect of the thigh for infants and young children. Older children and adults should be vaccinated in the deltoid muscle.

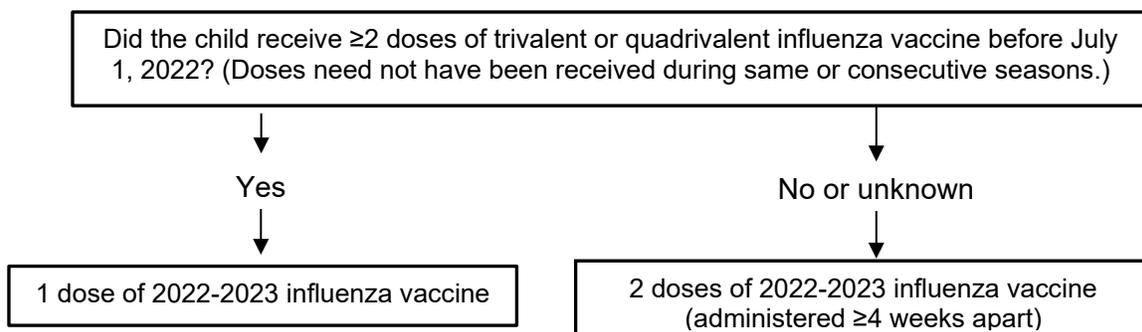
Vaccine Type

If more than one type of vaccine is appropriate and available for a specific person under 65 years, ACIP does not express a preference for use of any particular vaccine product over another. An age-appropriate vaccine formulation should be used. Providers should not delay vaccination to procure a specific vaccine preparation.

Number of doses of 2022-2023 seasonal influenza vaccine by age

Children 9 years and older: One dose.

Children 6 months through 8 years of age:



From: <https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm>.

ACIP Recommendations for Influenza Vaccination of Persons with COVID-19 Infection

Clinical experience with influenza vaccination of persons with COVID-19 is limited. For those who have acute illness with suspected or laboratory-confirmed COVID-19, clinicians can consider delaying influenza vaccination until the patients are no longer acutely ill and criteria to discontinue isolation have been met. If influenza vaccination is delayed, patients should be reminded to return for influenza vaccination once they have recovered from their acute illness.

Current ACIP Recommendations for Persons with Egg Allergy

- No postvaccination observation period is recommended specifically for egg-allergic persons. However, ACIP recommends that vaccination providers consider observing patients (seated or supine) for 15 minutes after administration of any vaccine to decrease the risk for injury should syncope occur.
- Persons with a history of egg allergy who have experienced only urticaria (hives) after exposure to egg should receive influenza vaccine. Any licensed, recommended influenza vaccine (i.e., any IIV4, RIV4, or LAIV4) that is otherwise appropriate for the recipient's age and health status can be used.
- Persons who report having had reactions to egg involving symptoms other than urticaria (e.g., angioedema or swelling, respiratory distress, lightheadedness, or recurrent vomiting) or who required epinephrine or another emergency medical intervention can similarly receive any licensed, recommended influenza vaccine (i.e., any IIV4, RIV4, or LAIV4) that is otherwise appropriate for their age and health status. If a vaccine other than cIIV4 or RIV4 is used, the selected vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices). Vaccine administration should be supervised by a health care provider who is able to recognize and manage severe allergic reactions.

For more details, please see <https://www.cdc.gov/mmwr/volumes/71/rr/rr7101a1.htm>.

ACIP Recommendations for Non-VFC Eligible Patients

The [ACIP now recommends that adults aged ≥65 years preferentially receive](#) any one of the following higher dose or adjuvanted influenza vaccines:

- Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4),
- Quadrivalent recombinant influenza vaccine (RIV4), or
- Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4).

If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.

Reporting of Suspected Vaccine Reactions or Errors

Vaccine Adverse Events Reporting System (VAERS) is the national vaccine safety monitoring system that is co-managed by CDC and FDA. VAERS serves as an early warning system to detect possible safety problems with U.S. vaccines. Health care providers are required to report to VAERS any adverse event listed by the vaccine manufacturer as a contraindication to further doses of the vaccine, and adverse events listed here. Please see the link for the VAERS Table of Reportable Events Following Vaccination at [VAERS - Report an Adverse Event \(hhs.gov\)](#).

For information on how to report to VAERS, go the VAERS website at <https://vaers.hhs.gov>. Providers are encouraged to report any vaccine administration errors to the National Vaccine Errors Reporting Program (VERP) at [Institute For Safe Medication Practices \(ismep.org\)](https://www.ismp.org). Examples of potential errors include administering half the content of a pre-filled syringe dose to a 1 year old, or a vaccine licensed only for adults 65 years and older to an 8 year old. In their reports, providers may make recommendations for error prevention. This surveillance program aims to prevent future errors.

VACCINE INFORMATION STATEMENTS (VISs)

The [inactivated influenza Vaccine Information Statement](#) must be provided to a parent or guardian before the child receives each dose of influenza vaccine. Each time a VIS is provided the following information must be included in each patient's permanent medical record:

- (1) Edition date of the current Vaccine Information Statement that was provided.
- (2) Date that the VIS was provided.

Copies of the latest influenza VISs are attached. There has been no change in the VIS since last season. The current inactivated influenza vaccine VIS version date is 8/6/2021.

VACCINE STORAGE AND HANDLING

Influenza vaccines must be stored at a temperature range of 36°F to 46°F (2°C to 8°C). Vaccine doses deemed spoiled due to exposure to out-of-range temperatures may not be readily replaced.

- Do not freeze or expose vaccines to out-of-range temperatures. Vaccine that has been frozen or deemed non-viable by a vaccine manufacturer may not be used and should be returned to the VFC program according to established guidelines.
- Single-dose vials should not be accessed for more than one dose.
- Vaccines should not be used after the expiration date on the label.

FLU PLANNING

As the influenza season nears, it is imperative to prepare as soon as possible to protect your patients from influenza disease. Flu vaccine can be co-administered with COVID-19 vaccine. Vaccinate your patients against flu and COVID-19 to prevent comorbidities and to avoid putting a strain on the healthcare system. The following resources may help in your planning efforts, including preparing for modified operations for delivery of essential immunization services during the COVID-19 pandemic:

- [VFC's Flu Action Plan: 3 Habits of Highly Successful VFC Clinics](#) can help your clinical team prepare for the upcoming flu season.
- Discuss strategies with your staff for administering influenza vaccines while taking precautions to prevent the spread of COVID-19.
- VFC's TEACh webinar on [Updated Guidance for Immunization During COVID-19](#).

Guidances:

- [Planning Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#)
- [Planning Curbside Vaccination Clinics](#)
- [Routine and Influenza Immunization Services During the COVID-19 Pandemic Best Practices for Vaccination Clinics held at Satellite, Temporary or Off-site Locations](#)

BILLING NOTES

Child Health and Disability Prevention Program (CHDP)

Please refer to relevant [CHDP Provider Information Notices](#) on influenza vaccines and any relevant Medi-Cal Bulletin Newsflashes.

In addition, CHDP providers with additional questions are advised to contact their [County CHDP Program](#).

Medi-Cal Managed Care

Please contact the specific Medi-Cal managed care health plan for information on immunization billing and reimbursement.

Medi-Cal Fee for Service (FFS)

To bill Medi-Cal for administration of VFC-supplied influenza vaccines, use the appropriate CPT-4 code followed by the “-SL” modifier. Providers will be reimbursed only for the administration fee when using VFC vaccines.

For specific information and details on Medi-Cal billing, please refer to the [Medi-Cal provider manual](#) on VFC. Providers with questions on Medi-Cal billing policies and procedures and provider manual information may call the [Telephone Service Center \(TSC\)](#) at 1-800-541-5555.

CPT Codes (Quadrivalent VFC Influenza Vaccine) – See Table on Page 3

A complete list of influenza vaccine products and CPT codes may be found at <http://www2a.cdc.gov/vaccines/IIS/IISStandards/vaccines.asp?rpt=cpt>.

QUESTIONS?

If you have any questions, please contact your VFC Field Representative, or call the VFC Program at 877-243-8832 (877-2GET-VFC), or visit www.eziz.org.

Resources

- [AAP Influenza Implementation Guidance and links to Resources](#)
- [ACIP 2022-2023 Recommendations: Prevention and Control of Seasonal Influenza with Vaccines](#)
- [CDC's Guidance for Planning Curbside Vaccination Clinics](#)

Enclosures

- [Influenza Vaccine Identification Guide \(IMM-859, 9/22\)](#)
- [Flu Usage Log \(IMM-1053F, 6/22\)](#)
- [VFC's Flu Action Plan: 3 Habits of Highly Successful VFC Clinics \(IMM-1274, 7/21\)](#)
- [Inactivated Influenza Vaccine VIS \(8/6/21\)](#)
- [Live Attenuated Influenza Vaccine VIS \(8/6/21\)](#)