FLU PNEUS

October 2003

CMS
Centers for Medicare
& Medicaid Services

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http://www.cms.gov

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CMS publishes the annual guide to Immunization subjects

Take your best shot

Vaccine in good supply for the Influenza season

Influenza vaccine is available now and the vaccine supply outlook is better than it's been in some time. The Centers for Disease Control and Prevention's Dennis O'Mara outlined the projected vaccine supply situation in a recent workgroup meeting hosted by the Centers for Medicare and Medicaid Services.

O'Mara, who is the Associate Director for Adult Immunizations for CDC, said companies producing influenza vaccine are off to a good start in producing sufficient supply on an early timetable. So far, he said, there are no problems or glitches in production or distribution foreseen for this influenza season.

Several factors have contributed to this scenario. The influenza vaccine formulation has remained the same for this year as the one used last year. This is a somewhat unusual circumstance that has allowed producers to begin producing monovalent bulk product. This has proved to be a good move on the part of the companies.

The total production projected for 2003 at the moment is approximately 85.4 million doses. That's about ten million doses less than was produced last year, and a bit lower than the total production number for 2001. Based on recent demand, this production should be more than adequate, assuming this demand does not change appreciably. Also, while the number of producers had dropped to only two companies, that number has grown as one company returned to market a new vaccine delivery system.

Still, producers report that orders are coming slowly. Providers can and should begin ordering immediately.

Please see **Vaccine**, Pg 2

FluMist Approved

But Not for Everyone

FluMist, the long-awaited nasal spray form of Influenza vaccine has been approved by the FDA. However, it may be some time before many, including Medicare patients, will be able to dodge the annual "flu shot."

The live attenuated vaccine, which received FDA approval in June, is intended for healthy ambulatory patients, aged 5-49. As with other live virus vaccines, FluMist cannot be administered to immunosupressed patients, including AIDS or cancer patients.

On the other hand, FluMist can be very useful in terms of adult immunization goals in a number of ways. Some populations that have been targeted by the Advisory Committee on Immunization Practices may be more effectively immunized with a pain-free product like FluMist; such as healthcare workers and household members of high-risk patients.

Please see **FluMist**, Pg 4

Vaccine (from Pg 1)

"We're not sure why providers are holding back." O'Mara said. " In some cases, providers are ordering less. We think that in part, that may be due to the fact that they are no longer allowed to return unused product for credit. The manufacturers of influenza vaccine dispensed with that some years ago."

Companies supplying distribution projections for this season are cautiously predicting a head start on the season, as was the case last year, when most of the vaccine that was distributed was supplied by the early part of October, the recommended prime time for immunization efforts. In previous years, distribution was seen as late as December, sometimes due to problems in producing sufficient supply to meet demand.

The demand side of the immunization equation may get some boost from the buzz about FluMist, the new nasal spray vaccination for influenza. The company producing it has slated a 30 million dollar advertising campaign. Anything that gets patients and healthcare providers thinking about influenza immunization is considered to be a good thing.

Medicare payments rate for administration of the vaccine has increased dramatically...

Healthcare providers can find some motivation in the fact that Medicare payment rate for administration of the vaccine has increased dramatically for this year's influenza season. On average, the payment rate, which is determined on a state-by-state geographical basis, has increased by 94%, with the national average payment for vaccination administration coming in around $7.72. That schedule is available on the CMS Website at: http://www.cms.gov/preventiveservices/2j.zip

Vaccination Sites

It won't hurt you to take a look at these sites

National Immunization Project Flu Page
is the CDC's homepage for Influenza and related issues.
http://www.cdc.gov/nip/flu/default.htm

MedQIC.org
(Medicare Quality Improvement Community) is the searchable resource for articles, links and other resources related to many topics and settings.
http://www.medqic.org

Immunize.org
is a great resource for information on pneumonia and related conditions.
http://www.immunize.org/

National Immunization Project Flu Gallery
offers many resources approved and made available by the CDC. Includes bilingual materials and many formats, including posters, stickers, etc.
http://www.cdc.gov/nip/flu/gallery.htm

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Best Ways to Squash the Bug

Dedicated partners and innovative approaches are saving effort and money

What really works in promoting adult immunization? Around the country, QIOs and others interested in new approaches promoting immunization in our most at-risk populations are finding success by partnering with community stakeholders, utilizing new technologies and even harnessing the power of celebrity to get the word out about adult immunization.

In a new study of "What Works," QIOs around the country were surveyed to discover which interventions were proving most effective in changing systems, making healthcare workers more aware, and educating the public.

With few exceptions, the QIOs surveyed emphasized partnerships...

With few exceptions, the QIOs surveyed emphasized partnerships and utilization of shared resources as a way of multiplying efforts in a field where there is too much duplication of effort and not enough money and resources. Coalitions provide various communities with input to vital healthcare issues, and provide the regional coordinators and QIOs with resources that would be unobtainable if the organizations worked alone.

One emerging trend is developing across the country as regional coordinators report great success with faith-based coalitions and church-sponsored immunization clinics. Churches have built-in audiences, networks and credibility. With seniors comprising large numbers in church rolls, there is a receptive Medicare audience in place for immunization messages and efforts.

Traditional partners include medical associations, pharmacist associations and state and local health departments. But technology is emerging as the strongest new player.

Technology can be our friend, fighting viruses with e-mail...

Many of the QIOs surveyed reported that Websites, CD-ROM formatted tools and e-mail are the most cost-effective and accessible tools available to share everything from press releases and PSAs, to tracking systems for physicians' offices. Technology can be our friend, fighting viruses with e-mail, is an welcome, if unusual role-reversal.

Do you have an innovative intervention for immunization? We'd love to hear about it at:
jhutchison@okqio.sdps.org

ACIP Guidelines Revised

The Advisory Council for Immunization Practices has issued revised guidelines for the 2003-2004 season. Most of the changes in the recommendations are relatively minor and easily implemented. In a nutshell, they are:

- Suspension of the 'two-tiered' approach in light of improved vaccine supply and delivery projections for this year
- Recommended vaccination for healthcare workers
- Recommended vaccination of at-risk adults and children

For more details online go to:
ACIP Recommenations
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5208a1.htm

FluMist (from page 1)

FluMist is intended for healthy ambulatory patients, aged 5-49.

The vaccine will be available in relatively small quantities this year. MedImmune, the company that is producing FluMist and marketing it with Wyeth, expects to produce between 4 million and 6 million doses in the first year of production. To provide perspective, the total production of all Influenza vaccine this year is predicted to come in around 85 million doses.

For now, FluMist is not cheap. It's even been called a "designer" Influenza vaccine, currently priced at around $47 per dose. It is expected that the price will come down in the future as FluMist is accepted, increases in demand and is produced and supplied in larger numbers. To help make that happen, a budget of $30 million has been earmarked for FluMist advertising.

There are some other bugs still being worked out in the marketing of FluMist. One of the concerns is that, currently, the product must be stored frozen, at a temperature significantly below 32 degrees. This presents the possibility for additional expenses for its use without any more demonstrated effectiveness as a vaccine.

Field tests are being conducted to see if licensure can be extended to other age groups, including Medicare-aged patients.

Still, FluMist is an important development. Field tests are being conducted to see if licensure can be extended to other age groups, including Medicare-aged patients. A second generation of FluMist is being developed to deal with storage and handling issues.

With cost and storage problems being worked out, it's not hard to imagine the potential benefits of FluMist. A much larger population could potentially open up for immunization with the use of this product. After all, while nobody wants "the flu," almost as many don't want to get a shot. It may be possible soon to avoid both.

To read the FDA's announcement on FluMist, go to:
http://www.fda.gov/bbs/topics/NEWS/2003/NEW00913.html

2003 Immunizers' Question and Answers Guide Published

The Centers for Medicare and Medicaid Services has published the annual question and answer guide to immunization practices, billing and payment practices, definitions and coding for Medicare.

The *2003-04 Immunizers' Question and Answer Guide to Medicare Coverage of Influenza and Pneumococcal Vaccinations* is now available for reference or printing from the CMS site.

The new edition includes ACIP recommendations, up-to-date information about HIPAA policy and its impact on Medicare services and billing.
The new document can be found online at:
http://www.cms.hhs.gov/preventiveservices/2i.pdf