

PROVIDERFACTS



Influenza Virus Vaccine Information

The influenza virus vaccine is covered as a routine immunization under standard Preferred Medical Doctor (PMD) contracts. An employer group may or may not elect to cover routine immunizations, so it is important to verify specific contract benefits for your patients. The vaccine may not be considered routine for certain medical conditions. Medical Policy 026, "Influenza Vaccine," is available on our web site, bcbsal.com for those conditions not considered routine, but medically necessary.

The Centers for Disease Control (CDC) is recommending the influenza vaccine be given as soon as it becomes available this year. Blue Cross and Blue Shield of Alabama follows the guidelines for vaccine coverage based on the recommendations issued by the CDC and the Advisory Committee on Immunization Practices (ACIP). Blue Cross does not require a specific time limit between yearly seasonal flu immunizations.

It is projected the novel H1N1 flu vaccine will be available late fall 2009. Currently, the vaccine is under government contract and is not commercially available. Every state is developing a vaccine delivery plan. The vaccine is anticipated to be available in a combination of settings, i.e., schools, health departments, healthcare centers, etc. It is not intended to replace the seasonal flu vaccine. If a group has our standard immunization coverage, the administration fee for the H1N1 vaccine will be covered. If additional doses are administered to comply with CDC recommendations, the additional administration fee will be covered.

The CDC's recommendations on the use of this vaccine are available on the CDC web site, www.cdc.gov, and should be followed closely. Because the vaccine may initially be available in limited quantities, the CDC is recommending certain groups, receive the vaccine first. These groups include pregnant women, people who live with or care for children younger than six months old, healthcare and emergency medical services personnel, persons between the ages of six months and 24 years old and people 25 to 64 years old who are at a higher risk because of chronic health disorders or compromised immune systems. Pregnant women are at higher risk of complications from swine flu than the general population. Vaccination of pregnant women can potentially provide protection to infants who cannot be vaccinated. The CDC has issued special recommendations for the prevention and treatment of H1N1 in this population.

The CDC has also issued recommendations for testing and treating patients for the novel H1N1 flu. Please refer to the CDC recommendation frequently during this flu season as the recommendations may be subject to change.

The CDC requested a new International Classification of Diseases, Clinical Modification (ICD-9-CM) diagnosis code to help capture data related to the new H1N1 influenza virus. Effective October 1, 2009, the diagnosis code for influenza due to identified novel H1N1 influenza virus is 488.1.

Information released by the Alabama Department of Public Health (ADPH) is provided on the next page.

Influenza Virus Vaccine Information (*continued*)

ADPH issues guidance on novel H1N1 testing, treatment and exclusion

August 19, 2009 -- The Alabama Department of Public Health (ADPH) is notifying physicians of the widespread prevalence of novel H1N1 in Alabama. During the last four weeks, the ADPH laboratory confirmed 652 cases of influenza, all of which were novel H1N1. In order to update physicians, the ADPH offers the following recommendations:

Testing

Patients with flu-like symptoms most likely have H1N1 disease and clinicians are justified in making this diagnosis based solely on presentation. Rapid influenza diagnostic tests positive for A or A/B are highly predictive of novel H1N1. H1N1 is less likely if the rapid test is positive for B. Negative rapid tests do not rule out H1N1. Several commercial laboratories offer H1N1 PCR testing, but routine confirmatory testing is not necessary and treatment decisions should not be delayed pending off-site test results. Because of the widespread prevalence of the disease and finite capacity of the ADPH laboratory, ADPH must restrict testing to hospitalized patients, pregnant women, and a fixed number of patients seen weekly by a statewide network of designated practices. This approach will allow ADPH to confirm the diagnosis in severely ill persons and pregnant women and identify circulating influenza subtypes.

Treatment

Although there have been a few case reports of resistance to oseltamivir, H1N1 is sensitive to both it and zanamivir. H1N1 is resistant to adamantane and rimantadine. For maximum benefit, antiviral treatment should begin as close to the onset of illness as possible. Many persons with mild symptoms and no underlying risk factors for severe illness recover from H1N1 illness without taking antivirals.

Exclusion

CDC's guidance for excluding ill persons depends on their setting. Persons with influenza-like illness should remain at home until at least 24 hours after they are free of fever (100° F), or signs of a fever, without the use of fever-reducing medications. This is often 3-5 days. This recommendation applies to schools, businesses, mass gatherings, camps, and other community settings where the majority of people are not at increased risk for influenza complications. Because viral excretion can persist after cessation of fever, convalescent healthcare workers should be excluded for seven days from symptom onset or until the resolution of symptoms, whichever is longer.

Because recommendations change frequently, please periodically check Center for Disease Control and ADPH Web sites.