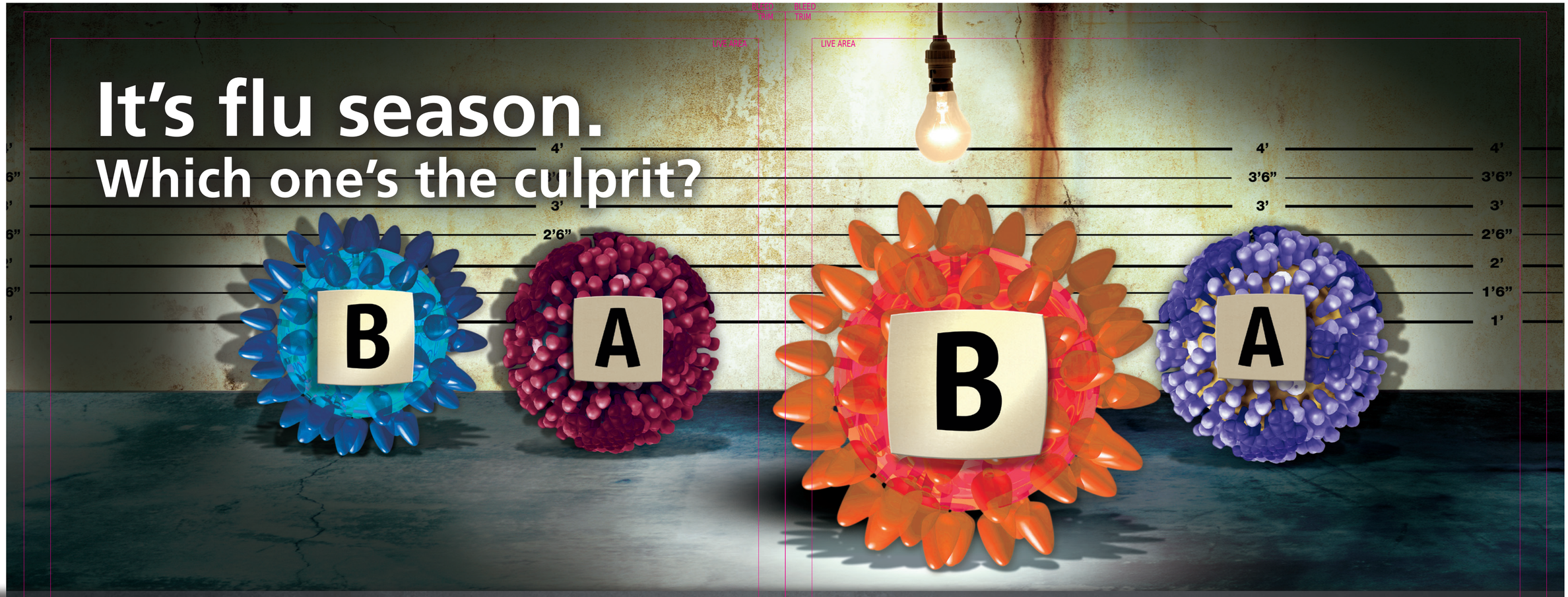
It's flu season.
Which one's the culprit?



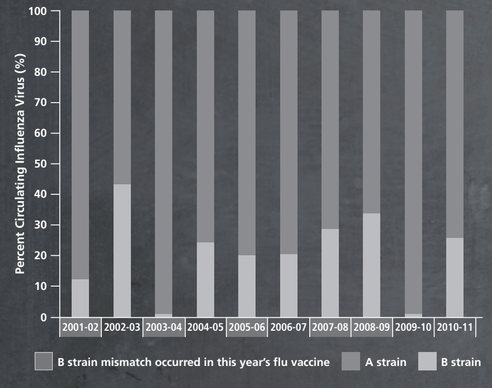
DATA INDICATE IT MAY BE THE B STRAIN

Many of your members may be vaccinated against influenza, yet still may not be protected against all circulating strains this coming season. Why? There are different strains of influenza—A strains and B strains. Protecting against influenza depends, in part, on predicting the circulating strains each season, and then ensuring the vaccination covers those strains.[1]

Influenza B causes flu morbidity every season, yet predicting the dominant circulating B strain is not an exact science. Current flu vaccines protect against two A strains, and one of the two B strain lineages.[2]

In 5 out of 10 influenza seasons (2001-2011), the predominant circulating B strain was different from the one included in the influenza vaccine.[3] When the incorrect B strain is predicted in an annual vaccine, the mismatch can leave a portion of your membership unprotected.

Influenza B Strain Prevalence Is Variable[3]



VACCINATED, YET NOT OPTIMALLY PROTECTED

What does this mean for your health plan?

- In seasons where mismatched circulating B strains predominate, your vaccinated members may be more susceptible to influenza illness

ESTIMATED ANNUAL IMPACT OF INFLUENZA A AND B

- 200,000 hospitalizations[4*]
- 31 million outpatient visits[5†]
- 44 million lost working days[5†]
- 38 million lost school days in one year[6‡]

*Based on 2003 population demographics.
†Estimated annual average based on data from influenza seasons from 1979-1980 through 2000-2001.
‡Estimated figure pertains to 1996 only.

POTENTIAL IMPACT OF PROTECTION

Protecting against both influenza B strain lineages avoids the challenge of predicting which one will predominate in upcoming influenza seasons. In fact, a recent CDC model[§] estimated that protecting against both B strains may have helped avoid 2.7 million cases of influenza illness over ten flu seasons.[7]

[§]The model used in the analysis is dependent on variables such as overall burden of influenza, annual vaccine capacity and coverage, and proportion of influenza burden due to circulating B strains.

References: 1. World Health Organization. Influenza (Seasonal) Fact Sheet No 211, April 2009. http://www.who.int/mediacentre/factsheets/fs211/en/#. Accessed January 4, 2012. **2.** Centers for Disease Control and Prevention. Seasonal Influenza (Flu). 2011-2012 Influenza Vaccine Information. http://www.cdc.gov/flu/flu_vaccine_updates.htm. Accessed January 4, 2012. **3.** Centers for Disease Control and Prevention. Seasonal Influenza (Flu). Past Weekly Surveillance Reports. http://www.cdc.gov/flu/weekly/pastreports.htm. Accessed January 4, 2012. **4.** Thompson WW, Shay DK, Weintraub E, et al. Influenza-associated hospitalizations in the United States. *JAMA*. 2004;292(11):1333-1340. **5.** Molinari NA, Ortega-Sanchez IR, Messonnier ML, et al. The annual impact of seasonal influenza in the US: measuring disease burden and costs. *Vaccine*. 2007;25:5086-5096. **6.** Adams PF, Hendershot GE, Marano MA. Current estimates from the National Health Interview Survey, 1996. *Vital Health Stat 10*. 1999;(200):1-203. **7.** Reed C, Meltzer MI, Finelli L, Fiore A. Public health impact of including two lineages of influenza B in a quadrivalent seasonal influenza vaccine. [Published online ahead of print January 4, 2012.] *Vaccine*. (2012),doi:10.1016/j.vaccine.2011.12.098.

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