IHS Influenza Kick Off
Overview

• Recap of the 2015-16 Influenza Season
• 2016-17 influenza vaccine recommendations
• IHS Influenza Vaccine Coverage
• IHS Health Care Personnel Influenza Vaccination Policy
• Update from the IHS National Supply Service Center
IHS Influenza Update

Lisa Groshkopf Influenza Division, CDC

September 21, 2016
Overview

- Surveillance update
- Vaccine effectiveness update
- ACIP recommendations update
Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2015-2016 Season
Number of Influenza-Associated Pediatric Deaths by Week of Death: 2012-2013 season to present

- **2012-2013**
  - Number of Deaths Reported = 171

- **2013-2014**
  - Number of Deaths Reported = 111

- **2014-2015**
  - Number of Deaths Reported = 148

- **2015-2016**
  - Number of Deaths Reported = 85

Week of Death:

- **Deaths Reported Previous Week**
- **Deaths Reported Current Week**
A Weekly Influenza Surveillance Report Prepared by the Influenza Division

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2015-2016 and Selected Previous Seasons
## 2015-2016 Surveillance: Antiviral Resistance Testing

<table>
<thead>
<tr>
<th>Virus</th>
<th>Oseltamivir Virus Samples tested (n)</th>
<th>Oseltamivir Resistant Viruses, Number (%)</th>
<th>Zanamivir Virus Samples tested (n)</th>
<th>Zanamivir Resistant Viruses, Number (%)</th>
<th>Peramivir Virus Samples tested (n)</th>
<th>Peramivir Resistant Viruses, Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Influenza A (H1N1)pdm09</td>
<td>2,090</td>
<td>18 (0.9)</td>
<td>1,036</td>
<td>0 (0.0)</td>
<td>2,090</td>
<td>18 (0.9)</td>
</tr>
<tr>
<td>Influenza A (H3N2)</td>
<td>699</td>
<td>0 (0.0)</td>
<td>699</td>
<td>0 (0.0)</td>
<td>611</td>
<td>0 (0.0)</td>
</tr>
<tr>
<td>Influenza B</td>
<td>1,104</td>
<td>0 (0.0)</td>
<td>1,104</td>
<td>0 (0.0)</td>
<td>1,104</td>
<td>0 (0.0)</td>
</tr>
</tbody>
</table>
## Adjusted VE against medically attended influenza, US Flu VE Network, 2015-16

**Vaccine Effectiveness**

<table>
<thead>
<tr>
<th>Any influenza A or B virus</th>
<th>Influenza Postive N vaccinated/Total</th>
<th>(%)</th>
<th>Influenza Negative N vaccinated/Total</th>
<th>(%)</th>
<th>Unadjusted VE %</th>
<th>Unadjusted 95% CI</th>
<th>Adjusted VE %</th>
<th>Adjusted* 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall</td>
<td>514/1332</td>
<td>39</td>
<td>3037/5708</td>
<td>53</td>
<td>45</td>
<td>(38 to 51)</td>
<td>47</td>
<td>(39 to 53)</td>
</tr>
<tr>
<td>6m – 8 y</td>
<td>108/277</td>
<td>39</td>
<td>765/1410</td>
<td>54</td>
<td>46</td>
<td>(30 to 59)</td>
<td>48</td>
<td>(31 to 61)</td>
</tr>
<tr>
<td>9–17 y</td>
<td>33/164</td>
<td>20</td>
<td>277/694</td>
<td>40</td>
<td>62</td>
<td>(43 to 75)</td>
<td>64</td>
<td>(44 to 77)</td>
</tr>
<tr>
<td>18–49 y</td>
<td>146/499</td>
<td>29</td>
<td>841/1957</td>
<td>43</td>
<td>45</td>
<td>(32 to 56)</td>
<td>48</td>
<td>(35 to 59)</td>
</tr>
<tr>
<td>50–64 y</td>
<td>149/283</td>
<td>53</td>
<td>562/918</td>
<td>61</td>
<td>30</td>
<td>(8 to 46)</td>
<td>23</td>
<td>(-3 to 43)</td>
</tr>
<tr>
<td>≥65 y</td>
<td>78/109</td>
<td>72</td>
<td>592/729</td>
<td>81</td>
<td>42</td>
<td>(8 to 63)</td>
<td>45</td>
<td>(10 to 66)</td>
</tr>
<tr>
<td>IIV3/4, all ages</td>
<td>472/1290</td>
<td>37</td>
<td>2893/5564</td>
<td>52</td>
<td>47</td>
<td>(40 to 53)</td>
<td>49</td>
<td>(41 to 56)</td>
</tr>
</tbody>
</table>

* Multivariate logistic regression models adjusted for site, age categories (6m-8y, 9-17y, 18-49y, 50-64y, ≥65y), sex, race/Hispanic ethnicity, self-rated general health status, interval from onset to enrollment, and calendar time (biweekly intervals)
2016-17 ACIP Influenza Statement--Overview

- Published in MMWR August 26, 2016

- Principal changes
  - LAIV not recommended during the 2016-17 season
  - New/recent vaccine licensures
    - Fluad
    - Flucelvax Quadrivalent
  - Changes to egg allergy recommendations
“In light of concerns regarding low effectiveness against influenza A(H1N1)pdm09 in the United States during the 2013–14 and 2015–16 seasons, for the 2016–17 season, ACIP makes the interim recommendation that live attenuated influenza vaccine (LAIV4) should not be used.”
Change in LAIV Recommendations—History (1)

- LAIV licensed in 2003
- Early randomized comparative trials of LAIV vs. IIV (conducted in 2002-03 and 2004-05 seasons) demonstrated superior efficacy of LAIV among young children
  - Lead to ACIP expressing a preference for LAIV for healthy 2 through 8 year olds for 2014-15
- Analysis of complete US Flu VE Network data for 2013-14 revealed no effectiveness of LAIV against H1N1pdm09
  - First H1N1-predominant season since 2009 pandemic
  - IIV was effective against H1N1pdm09
- LAIV no more effective than IIV against drifted H3N2 during 2014-15 season
- ACIP did not renew preferential recommendation for LAIV for 2015-16 season
Change in LAIV Recommendations—History (2)

- In June 2016, ACIP reviewed LAIV VE data for children 2 through 17 years of age, for the 2015-16 season, from three U.S. observational studies.

- VE against all influenza A and B
  - US Flu VE Network: 3%, not statistically significant
  - MedImmune: 46%, statistically significant
  - US Department of Defense: 53%, statistically significant

- VE against influenza A(H1N1)pdm09
  - US Flu VE Network: -21%, not statistically significant
  - MedImmune: 50%, not statistically significant
  - US Department of Defense: 15%, not statistically significant

- Concerns regarding low VE against H1N1pdm09 lead ACIP to recommend LAIV not be used during the 2016-17 season.
LAIV and IIV vaccine effectiveness ages 2–17 years, by influenza type/subtype, 2015-16

Any influenza  | H1N1pdm09  | B/Yamagata  | B/Victoria
---|---|---|---
LAIV 4 | 63 | 65 | 64 | 56
IIV 3/4 | 3 | -21 | -4 | 31

Total, Flu + | Vaccinated, Flu +
---|---
324 | 38
367 | 81
156 | 23
174 | 41
59 | 8
63 | 12
100 | 7
121 | 28
LAIV and IIV vaccine effectiveness ages 2–8 years, by influenza type/subtype, 2015-16

<table>
<thead>
<tr>
<th></th>
<th>Any influenza</th>
<th>H1N1pdm09</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAIV4</td>
<td>-3</td>
<td>-48</td>
<td>36</td>
</tr>
<tr>
<td>IIV3/4</td>
<td>58</td>
<td>62</td>
<td>47</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total, Flu +</th>
<th>Vaccinated, Flu +</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAIV4</td>
<td>183</td>
<td>28</td>
</tr>
<tr>
<td>IIV3/4</td>
<td>213</td>
<td>58</td>
</tr>
<tr>
<td>LAIV4</td>
<td>113</td>
<td>20</td>
</tr>
<tr>
<td>IIV3/4</td>
<td>126</td>
<td>33</td>
</tr>
<tr>
<td>LAIV4</td>
<td>66</td>
<td>8</td>
</tr>
<tr>
<td>IIV3/4</td>
<td>83</td>
<td>25</td>
</tr>
</tbody>
</table>
LAIV and IIV vaccine effectiveness ages 9–17 years, by influenza type/subtype, 2015-16

<table>
<thead>
<tr>
<th></th>
<th>Any influenza</th>
<th>H1N1pdm09</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>LAIV4</td>
<td>20</td>
<td>71</td>
<td>66</td>
</tr>
<tr>
<td>IIV3/4</td>
<td>-7</td>
<td>-33</td>
<td>-17</td>
</tr>
</tbody>
</table>

Total, Flu +   141  154  43  48  92  100
Vaccinated, Flu + 10  23  3  8  7  15
U.S. Flu VE Network: LAIV and IIV VE age 2-17 yrs
Any Influenza A or B
New Vaccines for 2016-17

- **Fluad**
  - MF59-adjuvanted trivalent IIV
  - Indicated for persons aged 65 years and older
  - Immunogenically non-inferior to licensed comparator IIV3 in preclinical studies
  - Canadian observational study noted 60% relative effectiveness compared with unadjuvanted IIV3 among adults 65 years and older

- **Flucelvax Quadrivalent**
  - Will replace trivalent Flucelvax for 2016-17
  - Licensed for persons aged 4 years and older
  - Vaccine viruses propagated in Madin-Darby canine kidney cells instead of eggs
  - Immunogenically noninferior to trivalent formulation
Changes to Egg Allergy Language

- Removal of the 30-minute post-vaccination observation period
- Egg allergic persons can receive any licensed, recommended vaccine that is otherwise appropriate (IIV or IIV)
- One additional measure remains for persons with a history of severe allergic reaction to egg (i.e., any symptom other than hives)
  - “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 conditions.”
Recommendations regarding influenza vaccination of persons who report allergy to eggs: Advisory Committee on Immunization Practices, United States, 2016-17 Influenza season.

NOTE: Regardless of a recipient’s allergy history, all vaccination providers should be familiar with the office emergency plan and be currently certified in cardiopulmonary resuscitation. Epinephrine and equipment for maintaining an airway should be available for immediate use. (CDC. General recommendations on immunization—recommendations of the Advisory Committee on Immunization Practices (ACIP). MMWR Recomm Rep 2011;60(RR-2)

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Egg Allergy Algorithm

- No longer printed in the MMWR

After eating eggs or egg-containing foods, does the patient experience ONLY hives?

- Yes
  - Administer any influenza vaccine formulation appropriate for recipient’s age and health status (i.e., any appropriate IV or RV).
- No
  - After eating eggs or egg-containing foods, does the patient experience other symptoms such as:
    - Cardiovascular changes (e.g., hypotension)
    - Respiratory distress (e.g., wheezing)
    - Gastrointestinal (e.g., nausea/vomiting)
    - Reaction requiring epinephrine
    - Reaction requiring emergency medical attention
  - Yes
    - Administer any influenza vaccine formulation appropriate for recipient’s age and health status (i.e., any appropriate IV or RV).
  - No
    - Vaccine should be administered in an inpatient or outpatient medical setting (including but not necessarily limited to hospitals, clinics, health departments, and physician offices), under the supervision of a health care provider who is able to recognize and manage severe allergic conditions.

IV=Inactivated Influenza Vaccine; RV=Recombinant Influenza Vaccine.
CDC Antiviral Recommendations

- All patients in the following categories with suspected or confirmed influenza **should** be treated as soon as possible, without waiting for confirmatory influenza testing
  - Hospitalized patients
  - Patients with severe, complicated, or progressive illness
  - Patients at high risk for complications from influenza (either outpatient or hospitalized)

- Antiviral treatment **may** be prescribed on the basis of clinical judgment for any previously healthy (non-high risk) outpatient with suspected or confirmed influenza
Persons at High Risk for Influenza Complications

- Children <2 years
- Adults >65 years
- Pregnant and postpartum women (within 2 weeks after delivery)
- American Indians and Alaska Natives
- Persons who are morbidly obese (BMI >40)
- Residents of long-term care facilities
Persons at High Risk for Influenza Complications (continued)

- Persons with immunosuppression
- Persons <19 years who are receiving long-term aspirin therapy
- Persons with underlying medical conditions: chronic pulmonary, cardiovascular (except hypertension alone), renal, hepatic, hematologic, and metabolic disorders (incl. diabetes), or neurologic and neurodevelopment conditions
CDC Antiviral Recommendations

- Decisions about antiviral treatment should not wait for laboratory confirmation of influenza

- Clinical benefit is greatest when antiviral treatment is initiated early, but treatment initiated later than 48 hours after onset can still be beneficial for some patients

- Focus is on prevention of severe outcomes
  - Treatment of those with severe disease and persons at highest risk of severe influenza complications
  - No RCTs available

- Considers data from observational studies and meta-analyses of antiviral effectiveness

- Recommendations common to ACIP, IDSA, AAP
Influenza Antiviral Drugs: 2016–2017

- **Adamantanes:** rimantadine and amantadine  
  - M2 ion channel blockers (influenza A)  
  - High levels of resistance  
  - *Not recommended* for use during this season

- **Neuraminidase inhibitors:** oral oseltamivir (Tamiflu®, generic oseltamivir phosphate approved by FDA 8/3/16), inhaled zanamivir (Relenza®), IV peramivir (Rapivab®)  
  - For treatment and prevention of influenza A and B  
  - >99% of all circulating viruses were susceptible to NAIs during 2014-15 and 2015-16  
  - *Are recommended* for use during this season

- **Investigational:** IV zanamivir
Acknowledgements

Joe Bresee
Lynette Brammer
Lenee Blanton
Brendan Flannery
Alicia Fry
Jessie Clippard
Thank You!
Questions?
IHS Influenza Vaccine Coverage for 2015-2016

As Native American peoples, we need to keep our circle protected and strong. It is up to EACH AND EVERY ONE OF US to make sure that our loved ones are protected from the dangers of the flu.

Get Your Flu Vaccine Today.
Check out cdc.gov/flu for more information.

The flu is a dangerous disease — it should never be taken lightly.

Talk to your doctor or other provider about getting a flu vaccine today.

Get a flu vaccine every year. It is the best way to protect yourself and your family from the flu.
All IHS Areas
Cumulative One-Dose Seasonal Influenza Vaccine Coverage
07/05/15 to 05/07/16
Active Clinical Population

Data Source: IHS Influenza Awareness System
Data as of May 7, 2016
IHS Influenza Vaccine Coverage
GPRA FY 2015 vs. GPRA FY 2016

Influenza Vaccine Coverage

<table>
<thead>
<tr>
<th></th>
<th>FY 2015</th>
<th>FY 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>37.80%</td>
<td>37.10%</td>
</tr>
<tr>
<td>Adult</td>
<td>38.60%</td>
<td>38.70%</td>
</tr>
</tbody>
</table>
GPRA Influenza Vaccine Coverage by IHS Area FY 2016 (2015-2016 Influenza Season)
IHS Health Care Personnel (HCP) Influenza Vaccine Coverage All I/T/U Facilities

Data as of March 31st, 2016
IHS National Immunization Reporting System
HCP Influenza Vaccine Coverage
IHS and Tribal Sites

Data Source: IHS National Immunization Reporting System
Data as of March 31, 2016
HCP Coverage by IHS Area
All facilities vs. IHS only

HCP Influenza Vaccine Coverage by Area
2015–2016

HP 2020 Goal – 90%

- 2015-2016 I/T/U
- 2015-2016 IHS Only
Healthy People 2020 Goals

• No IHS Areas achieved the HP 2020 goal of 70% influenza vaccine coverage among children and adults

• Three IHS Areas achieved the HP 2020 Goal of 90% or higher influenza vaccine coverage among HCP in IHS facilities
  • Albuquerque Area
  • Nashville Area
  • Oklahoma Area
Mandatory HCP Influenza Policy Status: 2016-2017

• Conversations with unions resulted in revisions to allow religious exemptions
• Revised IHS SGM signed July 28th, 2016
  • [https://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_circ_main&circ=ihm_circ_1604](https://www.ihs.gov/ihm/index.cfm?module=dsp_ihm_circ_main&circ=ihm_circ_1604)
• Successfully bargained with 2 of the 3 unions
  • 97% of union employees
• Full implementation for all IHS employees anticipated for the 2016-2017 season
• IHS HCP Flu Webinar – Oct. 4th, 2016
RPMS Updates
New Influenza Vaccines and Manufacturer

• Quadrivalent cell culture (Flucelvax Quadrivalent ®) - CVX 171
• Trivalent adjuvanted – (Fluad®) – CVX code 168
• New influenza vaccine manufacturer – Seqirus (CSL and Novartis)
• All included in Patch 13 of the Immunization Package (BI) (Released August 29, 2016)
## Influenza Vaccine Codes in RPMS

### Influenza Vaccine Codes

**CVX Code** | **Full Vaccine Name (CDC abbreviation)** | **RPMS Short Name** | **Brand** | **Manufacturer** | **Age Indication**
--- | --- | --- | --- | --- | ---
151 | Influenza, high dose, preservative free | FLU-HDC | Micovax* | Sanofi Pasteur | 50 yrs
149 | Influenza, seasonal, injectable, preservative free, split | FLU-IVS | Fluarix® single dose syringe | Segrois | 55 yrs
142 | Influenza, seasonal, injectable, preservative free, split | FLU-IVS | Fluarix®, single dose syringe | Seqirus | 55 yrs
141 | Influenza, seasonal, injectable, preservative free, split | FLU-IVS | Fluarix®, multi-dose vial | Seqirus | 55 yrs
155 | Influenza, seasonal, recombinant, injectable influenza vaccine, preservative free | FLU-IVS | Flucel® | Protein Sciences | 55 yrs
164 | Influenza, tetanus, adjuvanted | FLU-IVS/AD | Flucel® | Protein Sciences | 55 yrs

### Quadrivalent Inactivated Vaccines (QIV) Available for 2016-2017 Season

| CVX Code | Full Vaccine Name (CDC abbreviation) | RPMS Short Name | Brand | Manufacturer | Age Indication |
--- | --- | --- | --- | --- | ---
259 | Influenza, seasonal, quadrivalent, preservative free | FLU-IVS | Fluarix® Quadrivalent, single dose syringe | Seqirus | 55 yrs
268 | Influenza, seasonal, quadrivalent, preservative free, split, 0.2 ml | FLU-IVS | Fluarix® Quadrivalent, single dose syringe | Seqirus | 55 yrs
160 | Influenza, seasonal, quadrivalent | FLU-IVS | Fluarix® Quadrivalent, multi-dose vial | Seqirus | 55 yrs
160 | Influenza, seasonal, quadrivalent, preservative free, split, 0.2 ml | FLU-IVS | Fluarix® Quadrivalent, single dose syringe | Seqirus | 55 yrs
160 | Influenza, intraderal, quadrivalent, preservative free | FLU-IDIV | Fluarix® Quadrivalent Intradermal | Seqirus | 55 yrs
171 | Influenza, seasonal, quadrivalent, preservative free, quadrivalent | FLU-QIV4A | Fluarix® Quadrivalent | Seqirus | 55 yrs

### Quadrivalent Live Attenuated Virus Vaccine (QLAIV) Note: Not recommended for use

| CVX Code | Full Vaccine Name (CDC abbreviation) | RPMS Short Name | Brand | Manufacturer | Age Indication |
--- | --- | --- | --- | --- | ---
145 | Influenza, intranasal, quadrivalent | FLU-LANIV | Fluarix® | Seqirus | 5-18 yrs

### Codes that should ONLY be used to record vaccine given elsewhere if formulation is unknown

| CVX Code | Full Vaccine Name (CDC abbreviation) | RPMS Short Name | Brand | Manufacturer | Age Indication |
--- | --- | --- | --- | --- | ---
90 | Influenza vaccine, unspecified formulation | FLU-UNCO | None | None | None

### Codes that should not be used this influenza season - Integrate them in your vaccine table

| CVX Code | Full Vaccine Name (CDC abbreviation) | RPMS Short Name | Brand | Manufacturer |
--- | --- | --- | --- | ---
15 | Influenza vaccine, split virus (incl. purified surface antigen) | FLU-TIVS | None |
16 | Influenza vaccine, whole virus | FLU-WIVS | None |
331 | Influenza vaccine, live, attenuated, for intranasal use, trivalent | FLU-LANIV | None |
233 | Influenza, seasonal, quadrivalent | FLU-QIV4A | None |
244 | Influenza, seasonal, intranasal, preservative free, split, 0.2 ml | FLU-IDIV | None |
153 | Influenza vaccine, quadrivalent, live | FLU-QIV4A | None |
160 | Influenza vaccine, quadrivalent | FLU-QIV4A | None |

Available at [www.ihs.gov/flu](http://www.ihs.gov/flu), under ‘Provider Resources’
2016-17 Seasonal Influenza Vaccine and Antiviral Procurement

IHS National Supply Service Center
Pharmacy Support Branch
James J. Cummings, PharmD
James.Cummings@ihs.gov
# NSSC 2016-17 Influenza Vaccines

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Dosage Form</th>
<th>NDC</th>
<th>Price/dose</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Afluria®</strong></td>
<td>Multi-Dose Vial (MDV) - 10 doses/vial Peds/Adult (9 years &amp; older)</td>
<td>33332-0116-10</td>
<td>$5.49</td>
</tr>
<tr>
<td><strong>Fluzone® Quadrivalent</strong></td>
<td>PFS - 0.25mL - 10 doses/package Pediatric (6-35 months)</td>
<td>49281-0516-25</td>
<td>$17.53</td>
</tr>
<tr>
<td><strong>Fluarix® Quadrivalent</strong></td>
<td>PFS – 0.5mL – 10 doses/package Peds/Adult (3 years &amp; older)</td>
<td>58160-0905-52</td>
<td>$12.78</td>
</tr>
<tr>
<td><strong>Fluzone® HD</strong></td>
<td>PFS – High Dose - 10 doses/package</td>
<td>49281-0399-65</td>
<td>$28.33</td>
</tr>
<tr>
<td><strong>Fluzone® † Intradermal</strong></td>
<td>PFS 0.1ml – 10 doses/package</td>
<td>49281-0710-40</td>
<td>$13.64</td>
</tr>
<tr>
<td><strong>Flumist® † Intranasal</strong></td>
<td>PFS 0.2ml – 10 doses/package</td>
<td><em>Did not offer</em></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Flublok® †</strong></td>
<td>Single Dose Vial – 0.5mL—10 doses/box</td>
<td>42874-0016-10</td>
<td>$25.04</td>
</tr>
</tbody>
</table>

† Vaccine is supplemental to the four contract vaccines and IHS receiving FSS pricing.
Seasonal Vaccine Procurement
Overview 2025-16 vs. 2016-17

Packages last flu season vs. upcoming flu season

-5%  25,142  22,444  -22%
-7%  30%  26%
-44%
38,406  38,147 -1%
Flu Vaccine Ordering Post-Solicitation

• Contact “Gabe” Wyatt  aaron.wyatt@ihs.gov
  • He will forward a Flu 413 Form for ordering

• Submit Seasonal Flu Form 413 to NSSC
  • NSSC may have stock of additional contract vaccine
    ▪ If not NSSC will contact manufacturers to obtain and if authorized, will purchase additional vaccine
    ▪ If contract vaccine not available NSSC will contact additional vendors to find best price

• Occasionally, FSS priced vaccine available through McKesson but no guarantees
Antiviral Ordering & Procurement

- Tamiflu® 75mg Capsules may purchase from NSSC at substantially reduced prices by contacting “Gabe” Wyatt (Aaron.Wyatt@ihs.gov) and he will forward a 413 form

- Complete 413 and fax to “Gabe” (405) 951-6054 or e-mail

- Other dosage forms & strengths available thru McKesson

- Relenza® available thru McKesson Connect
Tamiflu® Capsules, 75mg, BT/10 priced at $19.24 per bottle – Expires April 2017 (part of the Shelf Life Extension Program (SLEP) for on hand Please contact NSSC for purchasing)

NSSC can ship overnight delivery if needed the next day. Typically, we ship 2-3 day ground.