

BLASTFAX

H1N1 Novel Influenza: Vaccine Recommendations and Updates

CDC's Advisory Committee on Immunization Practices (ACIP) met July 29, 2009 to make recommendations on who should receive the new H1N1 vaccine when it becomes available. While some issues are still unknown, such as how severe the virus will be during the fall and winter months, the ACIP considered several factors, including current disease patterns, populations most at-risk for severe illness based on current trends in illness, hospitalizations and deaths, how much vaccine is expected to be available, and the timing of vaccine availability.

The groups recommended to receive the novel H1N1 influenza vaccine include:

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by "cocooning" them from the virus;
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- **All people from 6 months through 24 years of age**
 - **Children from 6 months through 18 years of age** because we have seen many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
 - **Young adults 19 through 24 years of age** because we have seen many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

Dr. Joel Goldstein, MD, a member of the Chapter's infectious disease committee, has joined the Emergency Preparedness Committee of the Department of Community Health. They will be discussing all areas of novel H1N1 influenza response.

The vaccine could be available in October 2009 and will be distributed via McKesson (the existing vaccine distribution system for vaccines purchased via the federal contract) to individual providers with a minimum quantity of 100 doses per shipment. Shipment of syringes, needles, sharps containers, and alcohol swabs is expected to accompany vaccine shipments. A pocket vaccination card is also being developed and is anticipated to ship with vaccine and supplies.

In Georgia, staff in local public health district offices will identify and enroll providers to administer H1N1 vaccine. This task should be completed by September 15, 2009. State public health staff will be responsible for GRITS training for H1N1 vaccine providers identified by local public health.

Novel H1N1 flu vaccine is being provided at no cost. Providers in private practices or retail settings may charge for vaccine administration only. Public health is receiving federal implementation funding to cover vaccine administration costs. Medicare and Medicaid vaccine administration fee reimbursement is still under discussion. Reimbursement from private insurance companies may vary.

The Chapter has created a webpage with links to helpful websites with up-to-date information on novel H1N1 influenza. It may be accessed at: <http://www.gaaap.org/H1N1.htm>

For questions or concerns regarding this blastfax or any other immunization information, please contact the Chapter's Immunization Coordinator, Mike Chaney at (404) 881-5094 or mchaney@gaaap.org.