

Questions and Answers about H1N1 Influenza Vaccine

What are the priority groups for receipt of H1N1 influenza vaccine?

CDC and the ACIP have defined priority groups for the receipt of H1N1 vaccine when it becomes available. As the demand for vaccination in each group is met, New Mexico will follow the CDC guidance on priority populations. These are:

Group 1:

- Pregnant women,
- Household members/caretakers of infants less than 6 months old,
- Children 6 - 59 months of age,
- Children 5 to 18 years with certain chronic health conditions that increase their risk of complications from flu, and
- Health care workers and emergency medical service personnel with direct patient care.

Group 2:

- Adults 25-64 years of age with chronic health conditions,
- All persons aged 5 – 24 years of age, and
- Health care and emergency medical services personnel without direct patient care.

Group 3:

- Adults 25-64 without chronic health conditions.

Group 4:

- Adults 65 years and older.

Do I have to give vaccine to only those in the priority groups?

Yes. As the demand for vaccine in each of the priority groups is met, vaccine will be offered to the next group.

Why are pregnant women prioritized for vaccination?

Data from early 2009 H1N1 influenza cases in the United States show that pregnant women account for a disproportionate number of deaths, making them a high-priority group for vaccination (see [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61304-0/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61304-0/abstract)). Also, guidance has been issued for clinicians to promptly treat pregnant women who become infected with the 2009 H1N1 virus with antiviral drugs (see http://www.cdc.gov/h1n1flu/clinician_pregnant.htm).

Why aren't adults age 65 years and older included as a priority group for the 2009 H1N1 vaccination as they are for seasonal influenza, where they are included as part of the age-50-and-older priority group?

Current studies indicate that the risk of infection, hospitalization, and death from the 2009 H1N1 influenza virus among persons age 65 years and older is less than is the risk for younger age groups. Studies suggest that there is some degree of preexisting immunity to the 2009 H1N1 strains, especially among adults older than age 60 years. One possible explanation is that some adults in this age group have had previous exposure, either through infection or vaccination, to an influenza A (H1N1) virus. People age 65 years and older are included as a priority group if they live with or care for infants younger than age 6 months or are a healthcare or emergency medical services provider.

Will H1N1 influenza vaccine be available for healthy people age 25 years and older (who are not in targeted groups)?

Once public health authorities at the local level determine that the H1N1 influenza vaccine demand for the four target groups has been met, providers will be notified that they can administer the

vaccine to healthy people ages 25 through 64 years. Once demand for H1N1 influenza vaccine among younger age groups is met, vaccination should be expanded to all people age 65 and older.

What type of H1N1 vaccine will be available?

There are five manufacturers of H1N1 vaccine. Each is approved for certain age groups and will be targeted to specific subpopulations. H1N1 vaccine will come in multiple shipments. We cannot guarantee what formulation and amount will be available with each shipment.

Formulation	Ages approved for	Target Population
Multidose vials Contains thimerosal	<ul style="list-style-type: none"> 6 months and older (Sanofi) 4 years and older (Novartis) 18 years and older (GSK, CSL) 	Non-pregnant healthcare workers and emergency medical services personnel Adults
Prefilled syringes (0.25 ml) Thimerosal-free	6-35 months	Infants and young children 6-35 months
Prefilled syringes (0.5 ml) Thimerosal-free	<ul style="list-style-type: none"> 3 years and older (Sanofi) 4 years and older (Novartis) 18 years and older (GSK, CSL) 	Pregnant women Children with chronic health conditions
Live attenuated vaccine (nasal flu vaccine) Thimerosal-free	2-49 years	Children without chronic health conditions

Who can receive each type of vaccine? How many doses of H1N1 influenza vaccine are needed for protection?

Vaccine schedule and dosage

Age group	Dosage	Number of Doses	Vaccine
6-23 mos.	0.25 ml	2 *	Sanofi Pasteur
24-35 mos.	0.25 ml	2*	Sanofi Pasteur
	0.20 ml	2*	MedImmune Nasal Spray
3 yrs – 9 yrs.	0.5 ml	2 *	Sanofi Pasteur
	0.5 ml	2*	Novartis (<u>age 4 & above</u>)
	0.2 ml	2*	MedImmune Nasal Spray
≥ 10 yrs	0.5 ml	1	Sanofi Pasteur
	0.5 ml	1	Novartis
	0.2 ml	1	Medimmune Nasal Spray
Adults ≥ 18 years	0.5 ml	1	Sanofi Pasteur
	0.5 ml	1	Novartis
	0.5 ml	1	CSL
	0.5 ml	1	GSK
	0.2 ml	1	MedImmune Nasal Spray

* For children 6 months through 9 years of age receiving H1N1 influenza vaccine, give **two doses at least 21 days apart**.

What are the contraindications to H1N1 influenza vaccination?

- Known anaphylactic hypersensitivity to a previous dose of influenza vaccine, or to any component of the vaccine (e.g. thimerosal, eggs).
- Severe allergies to chicken eggs
- Moderate or severe acute febrile illness

- Influenza vaccine should not be administered to infants less than 6 months of age
- **Note:** *Minor illness with or without fever should not be considered a contraindication, particularly among children with mild upper respiratory tract infection or allergic rhinitis*
- **Note:** ***Pregnancy and breastfeeding are not contraindications to H1N1 influenza vaccination.*** *Pregnant women should receive inactivated influenza vaccine. Live attenuated Influenza Vaccine (LAIV or FluMist) is not approved for use in pregnant women. Women who are breastfeeding may receive either inactivated influenza vaccine or LAIV unless contraindicated because of other medical conditions.*

Can providers receive vaccine for only children, or all patients?

This vaccine is available for all patients. There will be guidelines on which patients should be prioritized to receive vaccine when it first becomes available.

How many doses of H1N1 influenza vaccine are needed for protection?

Those persons 10 years and older need only one dose. Children 6 months through 9 years of age need to receive two doses 4 weeks apart. A second dose given as soon as three weeks after the first one is considered valid.

When is vaccine going to be available?

We expect the first doses of H1N1 vaccine to arrive in New Mexico mid- to late-October.

How do I order H1N1 vaccine?

Due to the limited quantities and types of H1N1 vaccine that New Mexico will receive in the near future, the Department of Health will allocate the doses as they are available. Providers will be notified prior to vaccine being shipped to them as to the type and amount they will receive.

How much vaccine will I get?

CDC will allocate vaccine to New Mexico. Based on the amount and type of vaccine that is available, the Department of Health will allocate vaccine to providers that are registered to receive it. The Department will let providers know before vaccine ships how much they can expect.

How much does the vaccine cost?

There is no charge to providers for the H1N1 vaccine. The federal government is purchasing all H1N1 vaccine this year. Likewise, providers may not charge anyone for the vaccine. Providers may not sell the vaccine to anyone.

Can I bill for H1N1 vaccine?

No, all H1N1 vaccine is being purchased by the federal government.

Can I bill for administration of the H1N1 vaccine?

Yes, providers may bill for administering the H1N1 vaccine.

What CPT codes should I use for H1N1 vaccine and administration?

Providers should use **90663** for the vaccine and **90470** for H1N1 immunization administration (intramuscular, intranasal), including counseling when performed

If HCWs are given LAIV (FluMist) do they need to be furloughed at home? If not, what specific types of patients would they need to avoid and for how long?

In general, no, they do not need to be furloughed. Healthcare workers should not receive LAIV if they work with severely immunocompromised patients (e.g., those with bone marrow transplant) who require a protected environment.

Can LAIV (FluMist) be used in a family with a child less than 6 months of age if the wife or other family member is pregnant?

Yes. We will be reserving FluMist for healthy children 2-18 years of age as it is one formulation of influenza vaccine that is thimerosal free.

Is the 2009 H1N1 influenza vaccine experimental?

No. H1N1 influenza vaccine will be available in an inactivated, injectable formulation and a nasal-spray, live attenuated formulation. Neither is an experimental vaccine. The 2009 H1N1 influenza vaccines are made employing the same methods and facilities used annually to produce seasonal influenza vaccine. The vaccines are undergoing additional clinical trials at this time to determine the size of the dose and the number of doses that will be needed for protection.

Once H1N1 influenza vaccine becomes available, should we stop administering seasonal influenza vaccine?

No. Providers should start administering seasonal influenza vaccine as soon as it is available and continue to administer it throughout influenza season, including during the winter and spring months.

If a patient has received the seasonal influenza vaccine, do they need to receive the H1N1 influenza vaccine?

If a patient is in a risk group to receive H1N1 influenza vaccine, they should be vaccinated. Studies suggest that vaccination with season influenza vaccine will not provide protection against the 2009 H1N1 influenza virus.

Will we be able to administer both the seasonal and H1N1 influenza vaccines at the same visit?

You can in most cases. See the points below.

- * You can administer both the inactivated seasonal and the inactivated H1N1 influenza vaccines at the same visit (using separate syringes and sites) or at any time before or after each other.
- * You can administer the inactivated seasonal and live H1N1 influenza vaccines together or at any time before or after each other.
- * You can administer the live seasonal and inactivated H1N1 influenza vaccines together or at any time before or after each other.
- * Administering both the LAIV seasonal and the LAIV H1N1 influenza vaccines at the same visit is NOT recommended because of concerns about competition between the two vaccine viruses. If you have only live vaccines for both seasonal and H1N1 influenza available, you should separate the doses of the two live vaccines by at least 4 weeks.

Will there be a new Vaccine Information Statement (VIS) for the 2009 H1N1 influenza vaccine or can we use the same influenza VISs that have been issued from CDC for seasonal influenza vaccine?

A new VIS will be developed that pertains only to the 2009 H1N1 vaccine. You will find it posted at <http://www.immunize.org/vis> when it is available.

My patient was ill with a flu-like illness. Should they be vaccinated?

There are three possible scenarios in this situation: the patient was not tested, the patient was tested and found positive for Influenza A, or the patient was tested and found positive for Influenza A H1N1. In the first two scenarios it is recommended to vaccinate the patient against H1N1. If the patient had confirmed H1N1 illness, they should have immunity from that and do not need to be vaccinated.