

MCI Interim Practice Guideline, October 20, 2009 Influenza A (H1N1) 2009 Monovalent Vaccination

On June 11, 2009, the World Health Organization (WHO) declared a worldwide pandemic of the novel influenza A (H1N1) virus. Influenza vaccination is the most effective method for preventing influenza and influenza-related complications. However, the current seasonal influenza vaccines are not likely to provide protection against novel influenza A (H1N1) virus. Mercy Clinics, Inc. endorses the following recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding H1N1 2009 Monovalent Vaccine:

1. **Target groups during limited H1N1 vaccine availability:** ACIP recommends providers administer vaccine to persons in the following five target groups:
 - Pregnant women and those up to two weeks postpartum
 - Persons who live with or provide care for infants aged < 6months (e.g., parents, siblings, and daycare providers)
 - Health-care and Emergency Medical Services personnel who have direct contact with patients or infectious material
 - Persons aged 6 months—4 years old
 - Children and adolescents aged 5-18 years who have medical conditions that put them at higher risk for influenza-related complications (e.g. including asthma, hepatic, neurologic/neuromuscular, hematologic, or metabolic disorders or immunosuppression).
2. Children less than 9 years of age should receive two doses of Influenza A (H1N1) 2009 monovalent vaccine to achieve satisfactory antibody responses.
3. Persons 65 years and older are not included in the above target grouping as they are less likely to become ill with 2009 H1N1 influenza compared to younger persons. They are, however, at higher risk for severe influenza-related complications should they acquire influenza. Therefore, persons 65 years and older should receive the seasonal influenza vaccine as soon as it is available.
4. Simultaneous administration of inactivated seasonal and novel H1N1 vaccines is acceptable using different anatomical injection sites.
5. Simultaneous administration of live, attenuated seasonal and novel H1N1 vaccines is not recommended.
6. Please refer to the table on the back side of this guideline for vaccine preparations, indications, doses and administration routes:

References:

- Centers for Disease Control and Prevention. August 21, 2009 (Early Release). Use of Influenza A (H1N1) 2009 Monovalent Vaccine. Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. MMWR August 21, 2009, 58: 1-8.
- Centers for Disease Control and Prevention. October 9, 2009. Update on Influenza A (H1N1) 2009 Monovalent Vaccines. MMWR October 9, 2009. Retrieved at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5839a3.htm> **October 15, 2009.**

Variation from this guideline is always acceptable, if in the opinion of the attending physician, individual circumstances require it.

Influenza A (H1N1) 2009 monovalent vaccines approved for use in the United States, October 6, 2009

Vaccine type	Manufacturer	Presentation	Mercury content (µg Hg/0.5 mL dose)	Age group	No. of doses	Route
Inactivated*	Sanofi Pasteur	0.25 mL prefilled syringe	0	6--35 mos	2 [†]	Intramuscular [§]
		0.5 mL prefilled syringe	0	≥36 mos	1 or 2 [†]	Intramuscular
		5.0 mL multidose vial	25.0	≥6 mos	1 or 2 [†]	Intramuscular
Inactivated*	Novartis Vaccines and Diagnostics Limited	5.0 mL multidose vial	25.0	≥4 yrs	1 or 2 [†]	Intramuscular
		0.5 mL pre-filled syringe	<1.0	≥4 yrs	1 or 2 [†]	Intramuscular
Inactivated*	CSL Limited	0.5 mL prefilled syringe	0	≥18 yrs	1	Intramuscular
		5.0 mL multidose vial	24.5	≥18 yrs	1	Intramuscular
LAIV [¶]	MedImmune LLC	0.2--mL sprayer**	0	2--49 yrs	1 or 2 ^{††}	Intranasal

* A 0.5-mL dose contains 15 µg hemagglutinin of A/California/7/2009 (H1N1)pdm.

[†] Two doses administered approximately 4 weeks apart (≥21 days acceptable) are recommended for children aged 6 months--9 years.

[§] The preferred site for infants and young children is the anterolateral aspect of the thigh.

[¶] Live attenuated influenza vaccine. A 0.2-mL dose contains 10^{6.5--7.5} fluorescent focal units of live attenuated influenza virus reassortants of A/California/7/2009 (H1N1)pdm.

** Influenza A (H1N1) 2009 LAIV is shipped refrigerated and stored in the refrigerator at 36°F--46°F (2°C--8°C) after arrival in the immunization clinic. The dose is 0.2 mL divided equally between each nostril. LAIV should not be administered to persons with asthma. Health-care providers should consult the medical record, when available, to identify children aged 2--4 years with asthma or recurrent wheezing that might indicate asthma. In addition, to identify children who might be at greater risk for asthma and possibly at increased risk for wheezing after receiving LAIV, parents or caregivers of children aged 2--4 years should be asked: "In the past 12 months, has a health-care provider ever told you that your child had wheezing or asthma?" Children whose parents or caregivers answer "yes" to this question and children who have asthma or who had a wheezing episode noted in the medical record during the preceding 12 months should not receive LAIV.

^{††} Two doses administered approximately 4 weeks apart are recommended for children aged 2--9 years.