



Nevada State Health Division TECHNICAL BULLETIN



TOPIC: Influenza in Nevada:
TO: Health Care Providers/Residents of Nevada

State Health Officer review of some H1N1 Clinicians Questions and Answers

September 28, 2009

Who is recommended to receive the 2009 H1N1 flu vaccine?

When vaccine is first available, the CDC Advisory Committee on Immunization Practices (ACIP) has recommended the 2009 H1N1 vaccine for the following 5 **target** groups (approximately 159 million persons nationally):

- Pregnant women
- Household and caregiver contacts of children younger than 6 months of age (e.g. parents, siblings, and daycare providers)
- Health care and emergency medical services personnel
- Persons from 6 months through 24 years of age
- Persons aged 25 through 64 years who have medical conditions associated with a higher risk of influenza complications

Once providers meet the demand for vaccine among persons in these initial target groups, vaccination is recommended for all persons 25 through 64 years of age. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older.

How should providers prioritize among the initial target groups recommended by ACIP?

The recommendations are broad and allow for flexibility to accommodate local variability in vaccine needs and demands. When vaccine is received, providers should vaccinate among the initial target group populations on a first come, first served basis.

How will the 2009 H1N1 vaccine flow from manufacturers to providers?

The Federal Government will allocate vaccine to states based on population size. Nevada has pre-enrolled providers who will participate in administration of 2009 H1N1 vaccine. Vaccine will be shipped to participating providers through a centralized distribution process. Not all providers will receive vaccine at the same time. The State Immunization program, in conjunction with state and local health officers will determine vaccine distribution based on target population in practices.

What supplies will be included with the 2009 H1N1 vaccine shipments?

The Federal Government will purchase vaccine and supplies (syringes, needles, alcohol swabs, sharps containers, and vaccine record cards) and distribute these at no cost to healthcare providers who make agreements with state and local public health authorities to provide the 2009 H1N1 vaccine. Supplies will be shipped separately from vaccine and are expected to arrive before or on the same day as vaccine.

Can patients who are allergic to eggs receive the 2009 H1N1 flu vaccine?

Asking persons if they can eat eggs without adverse effects is a reasonable way to determine who might be at risk for allergic reactions from receiving influenza vaccines. Persons who have had symptoms such as hives or swelling of the lips or tongue, or who have experienced acute respiratory distress after eating eggs, should consult a physician for appropriate evaluation to help determine if influenza vaccine should be administered. Persons who have documented (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma related to egg exposure or other allergic responses to egg protein, also might be at increased risk for allergic reactions to influenza vaccine, and consultation with a physician before vaccination should be considered. A regimen has been developed for administering influenza vaccine to asthmatic children with severe disease and egg hypersensitivity (*J Pediatr* 1985;106:931-3.).

Will private health insurance plans reimburse private providers for administration of 2009 H1N1 vaccine?

According to America’s Health Insurance Plans, a national association representing nearly 1,300 companies that provide health insurance to over 200 million Americans, “Every year health plans contribute to the seasonal flu vaccination campaign in several ways: “Just as health plans have provided extensive coverage for the administration of seasonal flu vaccines in the past, public health planners can make the assumption that health plans will provide reimbursement for the administration of 2009 H1N1 vaccine to their members by private sector providers in both traditional settings e.g., doctor’s office, ambulatory clinics, health care facilities, and in non-traditional settings, where contracts with insurers have been established.”

Private providers (physicians) may charge a maximum of \$21.34 (accepted rates) for vaccine administration ONLY. Public Health facilities may not charge the patient for vaccine administration, but may bill insurers.

Can seasonal influenza vaccine and 2009 H1N1 vaccine be given at the same visit?

Both seasonal and 2009 H1N1 vaccines are available as inactivated and live attenuated (LAIV) formulations. The simultaneous and sequential administration of seasonal and 2009 H1N1 inactivated vaccines is currently being studied. However, existing recommendations are that two inactivated vaccines can be administered at any time before, after, or at the same visit as each other (General Recommendations on Immunization, MMWR 2006;55[RR-15]). Existing recommendations also state that an inactivated and live vaccine may be administered at any time before, after or at the same visit as each other. Consequently, providers can administer seasonal and 2009 H1N1 inactivated vaccines, seasonal inactivated vaccine and 2009 H1N1 LAIV, or seasonal LAIV and inactivated 2009 H1N1 at the same visit, or at any time before or after each other. Live attenuated seasonal and live 2009 H1N1 vaccines should NOT be administered at the same visit until further studies are done. If a person is eligible and prefers the LAIV formulation of seasonal and 2009 H1N1 vaccine, these vaccines should be separated by a minimum of four weeks.

Can 2009 H1N1 vaccine be administered at the same visit as other vaccines?

Inactivated 2009 H1N1 vaccine can be administered at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine. Live 2009 H1N1 vaccine can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal live attenuated influenza vaccine.

Will the 2009 H1N1 vaccine be recommended for patients who had influenza-like illness since spring 2009?

All persons in a recommended vaccination target group who did not have 2009 H1N1 virus infection confirmed by real-time reverse transcription-polymerase chain reaction (RT-PCR) should be vaccinated with the 2009 H1N1 vaccine. However, most people ill with an influenza-like illness (ILI) since this spring have not had testing with the RT-PCR test, which is the only test that can confirm infection specifically with the 2009 H1N1 virus. Tests such as rapid antigen detection assays, and diagnoses based on symptoms alone without RT-PCR testing, cannot specifically determine if a person has 2009 H1N1 influenza. Persons who were not tested, but who became ill after being exposed to a person with lab confirmed 2009 H1N1 influenza should not assume that they also had 2009 H1N1 since many pathogens can cause an ILI, and should get the vaccine if they are in a recommended vaccination target group.

Persons who think they had 2009 H1N1 infection diagnosed by RT-PCR should ask their doctor if they should be vaccinated. Someone who was infected with the 2009 H1N1 virus and who is not severely immune compromised will likely have some immunity to subsequent infection with 2009 H1N1 virus. However, vaccination of a person with some existing immunity to the 2009 H1N1 virus will not be harmful and persons who are uncertain about how they were diagnosed should get the 2009 H1N1 vaccine. Additionally, persons recommended for seasonal vaccine should get a seasonal vaccine because infection with the 2009 H1N1 virus does not provide protection against seasonal influenza viruses.

Q: Is there a particular kind of flu vaccine that pregnant women should get? Are there flu vaccines that pregnant women should not get?

A. There are two type of flu vaccine. Pregnant women should get the "flu shot"— an inactivated vaccine (containing fragments of killed influenza virus) that is given with a needle, usually in the arm. The flu shot is approved for use in pregnant women and has been safely administered to pregnant women for years.

The other type of flu vaccine — nasal-spray flu vaccine (sometimes called LAIV for “live attenuated influenza vaccine)—is not currently approved for use in pregnant women. This vaccine is made with live, weakened flu viruses that do not cause the flu). LAIV is approved for use in healthy* people 2-49 years of age who are not pregnant.

FOR ADDITIONAL QUESTIONS PLEASE GO TO FLU.NV.GOV

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