

# Influenza Updates

## H1N1 Vaccine Q & A



### *Who should receive the H1N1 influenza vaccine?*

- Pregnant women
- Household contacts and care-givers for children younger than 6 months of age
- Health care and emergency medical services personnel
- All people from 6 months through 24 years of age
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

*(Continued Page 4...)*

*Why should pregnant women be vaccinated against H1N1 influenza?*

*Why are persons 65 and older not among the recommended target groups?*

*When will the H1N1 vaccine be available?*

*How many doses will be needed?*

*Can the H1N1 vaccine and the seasonal vaccine be administered at the same visit?*

*Does the H1N1 vaccine contain thimerosal or adjuvants?*

*How safe is the H1N1 vaccine?*

*Can the H1N1 vaccine cause Guillain-Barré syndrome?*

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Download the most current Vaccine Information Statements (VISs) for H1N1 (when available), influenza and PPV in a variety of languages at the Immunization Action Coalition (IAC) website:  
[www.immunize.org](http://www.immunize.org)

# Health Care Personnel and H1N1 Influenza

## **Health Care Personnel (HCP)**

*might include but are not limited to:*

- **Physicians**
- **Nurses**
- **Nursing assistants**
- **Therapists**
- **Technicians**
- **Emergency medical service personnel**
- **Dental personnel**
- **Pharmacists**
- **Laboratory personnel**
- **Autopsy personnel**
- **Students and trainees**
- **Contractual staff not employed by the health care facility**
- **Persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care, but potentially exposed to infectious agents that can be transmitted to and from HCP.**

*The ACIP influenza recommendations apply to HCP in acute care hospitals, nursing homes, skilled nursing facilities, physicians' offices, urgent care centers, outpatient clinics, and to persons who provide home health care and emergency medical services.*

Recommendations for the new H1N1 influenza vaccine include all Health Care Personnel (HCP). Vaccination with the H1N1 vaccine is recommended for workers in hospitals, nursing homes, physicians' offices, urgent care, outpatient clinics, home health care and emergency medical services.

The seasonal influenza vaccine has been recommended for HCP for many years, but unfortunately, vaccination coverage rates for HCP remain at an estimated 42% nationwide. Although the vaccination rate for hospital HCP in Utah is generally higher than the nationwide estimate (75.5% in 2008), the vaccination rate for HCP in Long Term Care facilities remains only slightly higher than the national estimate (46.8% in 2008).

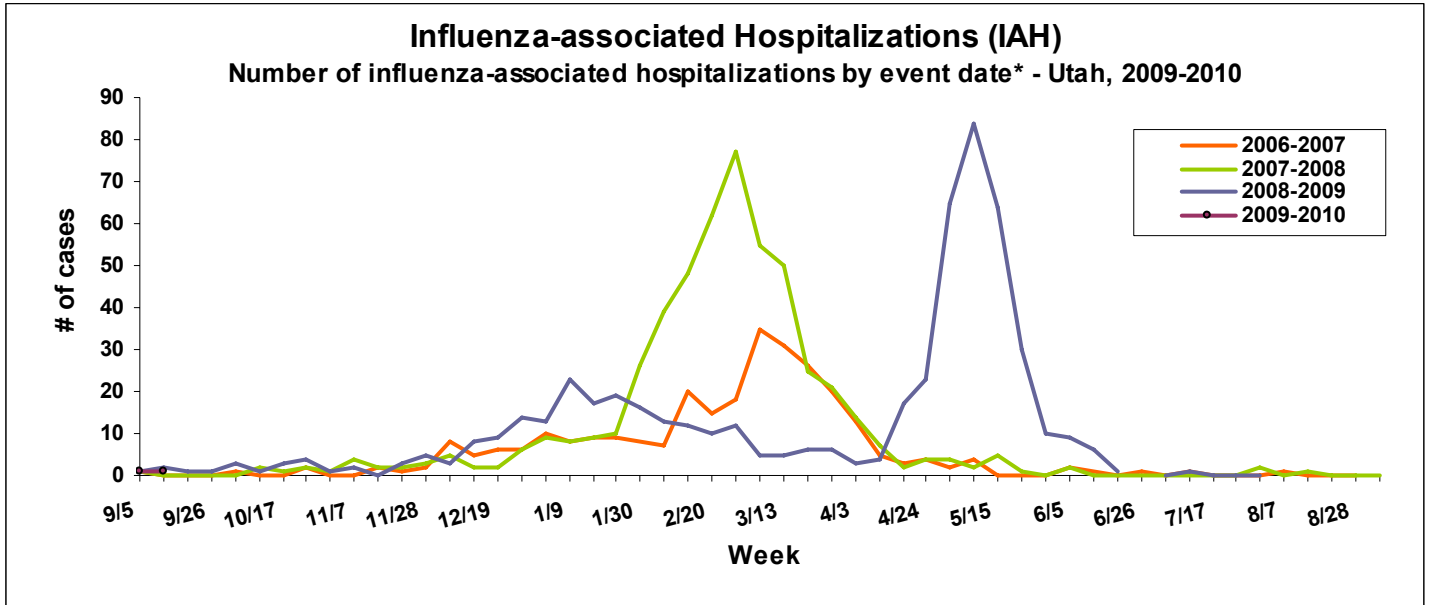
It is important to remember that influenza viruses can be transmitted from infected HCP to patients, even when symptoms of illness are not present. HCP are in constant contact with persons at highest risk for severe complications of influenza. Vaccination of all HCP can help avoid the spread of influenza to this vulnerable group. Be a protector, not a vector. Get your H1N1 and seasonal influenza vaccines as soon as they are available.



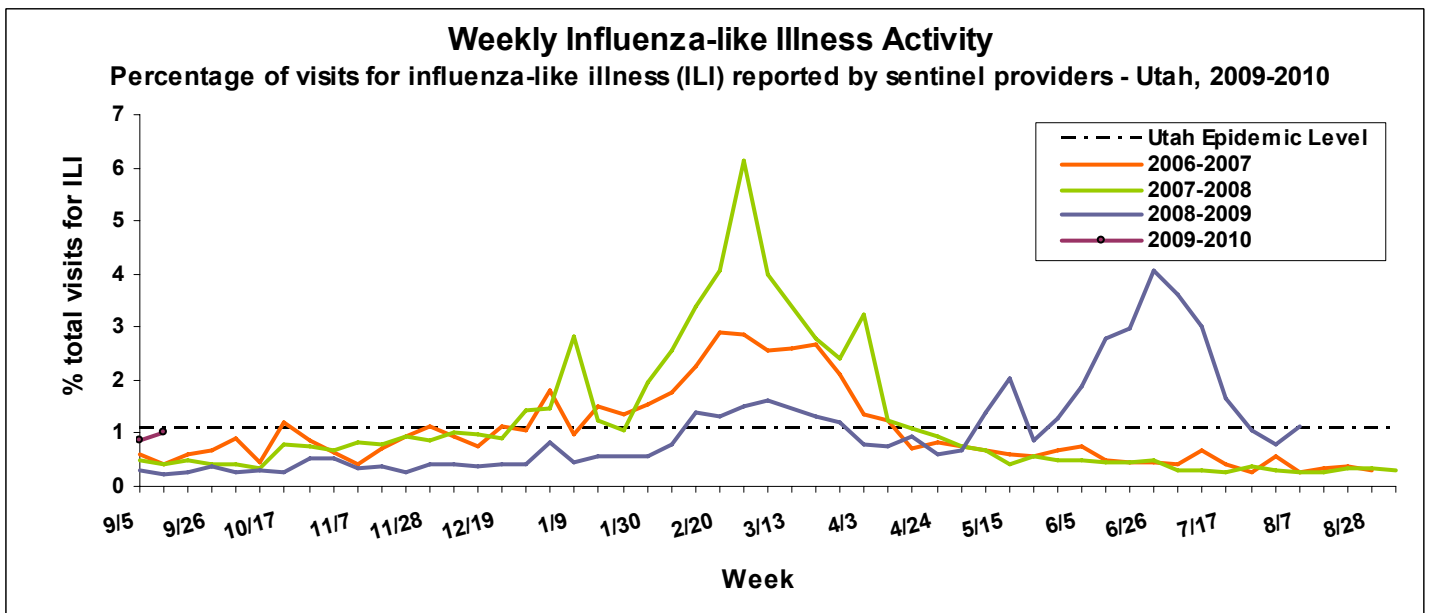
<b>Seasonal Influenza Vaccine Coverage Rates for Health Care Personnel</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>National overall HCP</b>	<b>42.0%</b>	<b>42.0%</b>	<b>42.0%</b>	<b>42.0%</b>	<b>42.0%</b>
<b>Utah Long Term Care Facility HCP</b>	<b>39.4%</b>	<b>45.8%</b>	<b>48.2%</b>	<b>47.8%</b>	<b>46.8%</b>
<b>Utah Hospital HCP</b>	<b>N/A</b>	<b>55.0%</b>	<b>N/A</b>	<b>72.3%</b>	<b>75.5%</b>

# Bureau of Epidemiology Influenza Surveillance

The "Utah 2009-10 Influenza Season Surveillance Report" is updated on Wednesday of each week throughout the influenza season. Indicators include; Influenza-associated hospitalizations (IAH), influenza-like illness (ILI) and school absenteeism. The weekly report can be found on the Bureau of Epidemiology web site at: [http://health.utah.gov/epi/h1n1flu/UT\\_update.html](http://health.utah.gov/epi/h1n1flu/UT_update.html)



\*Event date is calculated based on a hierarchy of dates: 1. onset date 2. specimen collection date 3. date reported to public health.  
 \*\*All cases: 60% confirmed, 40% probable



## *Frequently asked questions from providers about the H1N1 influenza vaccine.*

### *Why should pregnant women be vaccinated with the H1N1 vaccine?*

Pregnant women who were otherwise healthy were severely impacted by the novel H1N1 influenza virus during outbreaks in the spring of 2009. In comparison to the general population, a greater proportion of pregnant women infected with the H1N1 virus have been hospitalized. In addition, 6% of confirmed fatal H1N1 influenza cases in 2009 thus far have been in pregnant women, while only about 1% of the general population is pregnant. Since April 30, 2009 in Utah, 21 pregnant women have been hospitalized due to the H1N1 virus. Unless a pregnant woman has a severe (life-threatening) allergy to chicken eggs, a vaccine component, or a history of Guillian-Barré syndrome, it is recommended that she receive both the H1N1 and seasonal influenza vaccine. It is important that pregnant women receive both vaccines in order for them to avoid serious complications and hospitalization from influenza viruses. In addition, vaccination of the pregnant mother helps protect newborns against influenza until the infants are old enough for vaccination. Pregnant women should be given the injectable inactivated H1N1 and seasonal influenza vaccines (the intranasal influenza vaccines are not licensed for women during pregnancy). More information about pregnancy and the H1N1 vaccine is available at: [www.cdc.gov/H1N1flu/vaccination/pregnant\\_qa.htm](http://www.cdc.gov/H1N1flu/vaccination/pregnant_qa.htm).

### *Why are persons 65 and older not among the recommended target groups for the H1N1 vaccine?*

Studies conducted by the National Institutes of Health (NIH) indicate that the risk for infection among persons age 65 and older is lower than the risk for younger age groups, due to the presence of antibodies from previous exposure to similar viruses. Therefore, persons targeted for H1N1 vaccination are primarily those under age 65. As vaccine supply and demand for vaccine among younger age groups is met, providers should offer vaccination to people over age 65. However, the Centers for Disease Control and Prevention (CDC) still considers persons 65 years and older to be at highest risk for seasonal influenzas, and vaccination against seasonal influenza is encouraged as soon as vaccine is available.

### *When will the H1N1 vaccine be available?*

Vaccine deliveries are determined by production timing and Food and Drug Administration (FDA) approval of vaccine lots. Estimated delivery of state allotments is currently slated to begin nationwide as early as the end of September. By the middle of October, 40-45 million doses of H1N1 vaccine are expected to be available. Thereafter, 20 million doses are expected to be distributed per week. When Utah's allotments are received, vaccine will be distributed to local health districts and individual provider sites. Timing of delivery to provider sites will vary depending on the distribution plan of each health district. Check with your local health department for updates on anticipated H1N1 vaccine delivery dates. Additionally, provider sites carrying the H1N1 vaccine will be listed on the Utah Flu Vaccine Locator at [www.immunize-utah.org](http://www.immunize-utah.org).

### *How many doses of the H1N1 vaccine will be needed for each vaccine recipient?*

The FDA states: "Based on preliminary data from adults participating in multiple clinical studies, the 2009

H1N1 vaccines induce a robust immune response in most healthy adults eight to 10 days after a single dose.” Because of these findings, children six months through nine years of age may be recommended to receive two doses of the H1N1 vaccine, separated by a one-month interval. All persons 10 years of age and older who are vaccinated may be recommended to receive a single dose of the H1N1 vaccine. CDC will be publishing guidance on the number of doses needed in the next few weeks. It will be posted on CDC’s H1N1 influenza website at: <http://www.cdc.gov/h1n1flu/>.

### ***Can the H1N1 vaccine and the seasonal vaccine be administered at the same visit?***

Studies are still underway to determine whether the H1N1 and seasonal influenza vaccines, given simultaneously, will produce the same level of protection as they would produce if separated by 10 days or longer. The vaccine components and manufacturing process are the same for the H1N1 vaccine as for the seasonal influenza vaccine. It is only the influenza strains included in the vaccines that are different. Consequently, it is anticipated that simultaneous vaccination with the injectable influenza vaccine (Trivalent Inactivated) and the injectable H1N1 vaccine (monovalent inactivated) will not decrease the effectiveness of either vaccine. However, there is uncertainty with regard to simultaneous administration of nasal formulations of the H1N1 and seasonal influenza vaccines. Due to the nasal mode of administration and the necessary replication of the live attenuated virus in producing immunity, without further studies it is unclear if simultaneously administered nasal vaccines will induce an optimal immune response. CDC will provide more guidance on the recommended spacing for both the injectable and nasal vaccines as studies are concluded. Updates on the H1N1 vaccine guidance can be found at: <http://www.cdc.gov/h1n1flu/whatsnew.htm>.

### ***Does the H1N1 vaccine contain thimerosal or adjuvants?***

As with the seasonal influenza vaccine, multi-dose vials of the H1N1 vaccine contain the preservative thimerosal. Thimerosal has been used for decades in the United States to prevent the growth of bacteria and fungi, which may occur when a syringe needle enters a vial as a vaccine is being prepared for administration. Three leading federal agencies (CDC, FDA, and NIH) have reviewed the published research on thimerosal and found it to be a safe product to use in vaccines. Three independent organizations [The National Academy of Sciences’ Institute of Medicine, Advisory Committee on Immunization Practices (ACIP), and the American Academy of Pediatrics (AAP)] reviewed the published research and also found thimerosal to be a safe product to use in vaccines. However, some vaccine manufacturers will be producing H1N1 vaccine in single-dose units, which will not require the use of thimerosal. In addition, the live-attenuated version of the vaccine, which is administered intranasally, is produced in single units and will not contain thimerosal. More information about influenza vaccine and thimerosal can be found at: [http://www.cdc.gov/h1n1flu/vaccination/thimerosal\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/thimerosal_qa.htm). Additionally, local providers who carry the thimerosal-free vaccine can be found on the Utah Flu Vaccine Locator.

Adjuvants help promote an earlier, more potent, and more persistent immune response to the vaccine. However, according to current federal plans, only unadjuvanted vaccines will be used in the United States during the 2009/2010 influenza season. This includes all of the H1N1 and seasonal influenza vaccines that will be available for children and adults in both the injectable and nasal spray formulations. None of these influenza vaccines will contain adjuvants.

### ***How safe is the H1N1 vaccine?***

CDC expects the H1N1 vaccine to have a similar safety profile as seasonal influenza vaccines, which have a very good safety track record. The federal government is committed to assuring the safety of vaccines. This is achieved by FDA oversight of rigorous pre-licensure trials and post-licensure (*Continued page 7...*)

# Seasonal Influenza Recommendations 2009/2010

The Centers for Disease Control and Prevention (CDC), the Advisory Committee of Immunization Practices (ACIP), and the American Medical Association (AMA) support the following recommendations for vaccination during the 2009/2010 season:

**1. People at high risk for complications from influenza, including:**

- Children and adolescents aged 6 months through 18 years
- Pregnant women
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long term care facilities

**2. People who live with or care for those at high risk for complications from influenza, including:**

- Household contacts of persons at high risk for complications from influenza
- Household contacts and out-of-home caregivers of children less than 6 months of age
- Health care workers

**3. Anyone who wants to decrease his or her risk of influenza.**

<b>BRFSS Influenza Vaccine Coverage for persons ≥65 years</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>U.S.</b>	<b>68.0%</b>	<b>65.7%</b>	<b>69.6%</b>	<b>72.0%</b>	<b>71.1%</b>
<b>Utah</b>	<b>75.5%</b>	<b>69.6%</b>	<b>72.1%</b>	<b>76.2%</b>	<b>73.3%</b>

<b>BRFSS Pneumococcal Vaccine Coverage for persons ≥65 years</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>U.S.</b>	<b>64.7%</b>	<b>65.9%</b>	<b>66.9%</b>	<b>67.3%</b>	<b>66.9%</b>
<b>Utah</b>	<b>65.8%</b>	<b>66.4%</b>	<b>65.9%</b>	<b>68.8%</b>	<b>69.2%</b>

<b>Other Influenza Vaccine Coverage for Adults in Utah</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>
<b>BRFSS for All Adults ≥18 Years of Age</b>	<b>36.9%</b>	<b>30.3%</b>	<b>33.4%</b>	<b>39.5%</b>	<b>39.8%</b>
<b>Utah Long Term Care Facility Residents</b>	<b>71.8%</b>	<b>72.6%</b>	<b>72.0%</b>	<b>71.6%</b>	<b>74.2%</b>

monitoring by CDC and FDA. CDC expects that any side effects following vaccination with the H1N1 vaccine would be rare. If side effects occur, they will likely be similar to those experienced following seasonal influenza vaccine. Mild problems that may be experienced include soreness, redness, or swelling where the shot was given, fainting (mainly adolescents), headache, muscle aches, fever, and nausea. If these problems occur, they usually begin soon after the shot and last 1-2 days. Health care providers are encouraged to voluntarily report possible adverse events of concern after vaccination to the **Vaccine Adverse Event Report System (VAERS)**, even if they are not certain that the vaccine caused the event. VAERS is a national program managed by both CDC and FDA to monitor the safety of all vaccines licensed in the United States. Another system used to further evaluate concerns identified in VAERS is the Vaccine Safety Datalink (VSD) Project. This project is a collaboration between CDC and eight large managed care organizations (MCOs), in which comprehensive medical information is collected on approximately 9 million people. The VSD project monitors the data weekly for certain adverse events that could be associated with newly licensed vaccines. More information about VAERS and VSD can be found at: <http://vaers.hhs.gov/> and <http://www.cdc.gov/vaccinesafety/vsd/>.

### *Can the H1N1 vaccine cause Guillain-Barré syndrome (GBS)?*

Scientists do not fully understand what causes GBS, but it is believed that stimulation of the body's immune system may play a role in its development. About two-thirds of people who develop GBS symptoms do so several days or weeks after they have been sick with a diarrheal or respiratory illness. Infection with the bacterium *Campylobacter jejuni* is one of the most common risk factors for GBS. People can also develop GBS after having influenza or other infections (such as cytomegalovirus and Epstein Barr virus). On very rare occasions, they may develop GBS in the days or weeks following receiving a vaccination. Among persons who received the swine influenza vaccine in 1976, the rate of GBS exceeded the background rate by less than one case per 100,000 vaccinations. Since then, numerous studies have been done to evaluate if other influenza vaccines were associated with GBS. In most studies, no association was found, but two studies suggested that approximately 1 additional person out of 1 million vaccinated people may be at risk for GBS associated with the seasonal influenza vaccine. CDC expects the H1N1 vaccine to have a similar safety profile as seasonal influenza vaccines, which have very good safety track records. Although CDC does not expect GBS cases to occur after vaccination with the H1N1 vaccine, they will be closely monitoring for any cases "out of an abundance of caution".

CDC states: "Although the incidence of GBS in the general population is very low, persons with a history of GBS have a substantially greater likelihood of subsequently developing GBS than do persons without such a history, irrespective of vaccination. As a result, the likelihood of coincidentally developing GBS after influenza vaccination is expected to be greater among persons with a history of GBS than among persons with no history of GBS. Whether influenza vaccination might be causally associated with this risk for recurrence is not known. It seems prudent for persons known to have developed GBS within 6 weeks of a previous influenza vaccination to avoid subsequent influenza vaccination." For persons with a history of GBS who are at high risk for severe complication from influenza, it is important to weigh the risks and benefits of vaccination against the possible risks of complications from the virus. More information about GBS and the H1N1 vaccine can be found at: [http://www.cdc.gov/h1n1flu/vaccination/gbs\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/gbs_qa.htm).



Utah Department of Health  
**IMMUNIZATION PROGRAM**

Immunize for healthy lives

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Salt Lake City, Utah 84114-2001

Phone: 801-538-9450  
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Check out our website at:  
[www.immunize-utah.org](http://www.immunize-utah.org)  
**HOTLINE: 1-800-275-0659**



**Influenza Updates**

**NUIC**  
Northern Utah Immunization Coalition

Meetings held at:  
**Weber-Morgan Health Dept.**  
477 23rd Street , Ogden  
2nd Floor Conf. Rm.  
at 2:00 p.m. on the first Tuesday of each month

# UAIC

Utah Adult Immunization Coalition

Welcomes all interested providers to attend the monthly UAIC meetings held at 8:00 a.m. on the fourth Wednesday of each month at:

**HealthInsight / UMA Offices**  
**348 E 4500 S / 310 E 4500 S**  
**Salt Lake City**

Or join the meeting by phone at:

**Call: 1-866-373-4096**  
**code 6669040488**

## Where to Find H1N1 and Seasonal Flu Vaccine

The “Utah Flu Vaccine Locator” is designed to help anyone find a clinic that meets his or her individual needs. Facilities offering H1N1 and seasonal influenza vaccines enter clinic dates, times, fees, services, and vaccines types into the Flu Vaccine Locator. This information is then made available to the public through the Utah Immunization Program website and is also used by the Immunization Hotline and the 211 resource

line. Searches for influenza vaccine can be made by date parameter, vaccine type and by county or city. The locator will display all clinics in the system that fit the criteria of the search.

The Flu Vaccine Locator is posted on the Utah Immunization Program website beginning in September and remains operational through the end of March. Persons without online access can locate influenza vaccine

simply by calling the Immunization Hotline at: 1-800-275-0659.

Listings on the Flu Vaccine Locator are updated with new information and/or changes by the vaccine provider sites. Accuracy of information is the responsibility of the provider. Any provider wishing to post clinics on the Flu Vaccine Locator may call the Utah Immunization Program at: 1-801-538-9450.

**Flu Vaccine Locator**  
Find a Flu Clinic Nearest You.  
[Click Here!](#)  
Immunization Hotline: 1-800-275-0659

[www.immunize-utah.org](http://www.immunize-utah.org)