

Health Update – Novel Influenza A H1N1 Vaccine - Talking Points for Clinicians, 3 August 2009

- **Action requested:** Please see the following talking points, adapted from CDC material, for use in discussing both novel influenza A H1N1 and seasonal influenza vaccine with your patients. The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine but to be use along-side seasonal flu vaccine to protect people. Like seasonal influenza vaccine, vaccination with novel influenza A H1N1 vaccine will be voluntary for those persons for whom the vaccine is recommended.
- CDC’s Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, met July 29, 2009, to make recommendations on who should receive the new H1N1 vaccine when it becomes available, and to determine which groups of the population should be prioritized if the vaccine is initially available in limited quantities. Under optimal circumstances, vaccine may be available as early as mid-October, however, it may be later. The Committee recommended that initial vaccination efforts focus on five key populations (together, these key populations equal 159 million):
 - all people 6 months through 24 years of age
 - people who live with or care for children younger than 6 months of age
 - all pregnant women
 - healthcare and emergency services personnel, and
 - people aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.
- People in these groups are at higher risk of disease or serious complications, likely to come in contact with novel H1N1, or who could infect young infants. Vaccinating persons who live with or care for children <6 months is the best way to help protect these children since those there is no influenza vaccine for children <6 months.
- Once the demand for vaccine for these prioritized groups has been met at the local level, programs and providers should begin vaccinating everyone from the ages of 25 through 64 years.
- Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. Many older adults seem to already have some existing immunity to the novel H1N1 virus. However, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should also offer vaccination to people 65 years and older.
- Availability and demand for vaccine can be unpredictable. It is possible that initial amounts of vaccine will not be enough to meet demands. **If vaccine is available in insufficient amounts for the initial priority groups, the following groups would be prioritized:**
 - pregnant women,
 - people who live with or care for children younger than 6 months of age,
 - healthcare and emergency services personnel with direct patient contact,
 - children 6 months through 4 years of age, and
 - children 5 through 18 years of age who have chronic medical conditions.
- Novel H1N1 vaccine supply and availability is projected to increase quickly over time, and vaccine should not be kept in reserve for later administration of the second dose.

- It is anticipated that seasonal flu and novel H1N1 vaccines may be administered on the same day, although vaccination with seasonal influenza vaccine should be encouraged early in the season.
- The method of distribution of novel influenza A H1N1 vaccine has not yet been finalized, but we anticipate it will utilize existing vaccine distribution resources and systems, including possibly the VFC system. Providers who do not participate in VFC but who are interested in providing novel influenza A H1N1 vaccine to their patients should contact Public Health at 206-2976-4774.

Novel H1N1 Influenza Vaccine Safety

- The novel H1N1 flu vaccines will be manufactured like seasonal flu vaccines, which have a very good safety profile. However, no vaccine is 100% safe. This vaccine will be no exception.
- We expect that H1N1 vaccines will be available in multiple formulations, including a formulation that does not contain the preservative thimerosal.
- CDC is working to enhance safety monitoring systems and will actively encourage providers and vaccine recipients to report adverse events following vaccination (whether or not they believe the vaccine caused the event). CDC will be monitoring very closely for any signs that the vaccine is causing unexpected adverse events and will work with state and local health officials to investigate any unusual events rapidly.

Seasonal Influenza Vaccine

- While the novel H1N1 influenza virus has been the focus of attention since the spring, it is important that we do not forget the risks posed by seasonal influenza viruses. Every year in the United States, on average 5% to 20% of the population gets the flu; more than 200,000 people are hospitalized from flu complications, and; about 36,000 people die from flu-related causes. Older people, young children, and people with certain health conditions, are at high risk for serious complications from seasonal influenza.
- Vaccination with seasonal influenza vaccine is encouraged, especially for those at high risk for serious complications and their close contacts, beginning in September or as soon as vaccine is available at doctors' offices or in their communities.
- It is not too early to get a flu vaccine as soon as it is available in August or September. The protection from the vaccine will not wear off before the flu season is over.
- Annual (seasonal) flu vaccines contain three viruses: one A (H1N1) virus, one A (H3N2) virus and one B virus. The viruses in the vaccine change each year based on international surveillance and scientists' estimations about which types and strains of viruses will circulate in a given year.
- We recognize the fact that annual flu vaccines contain an A (H1N1) virus may cause some confusion. The novel H1N1 influenza virus that has caused the current pandemic is not the same as the H1N1 virus in the seasonal flu vaccine.
- We want to make sure to communicate clearly to the public that the seasonal flu vaccine is not expected to protect against the novel H1N1 influenza virus. As always, it's not possible to predict at this time of year whether this year's seasonal vaccine will be a good match with circulating viruses.
- For more information on novel influenza A H1N1 vaccine, see: <http://www.cdc.gov/h1n1flu/>