

BLAST FAX



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TO: Solano County Providers

FROM: Solano Public Health,
Communicable Disease Control Program

NIH Study confirms two doses of 2009 H1N1 Flu Vaccine needed for children and the importance of not delaying the second dose

The National Institutes of Health (NIH) recently announced interim results which show that children nine years of age and younger have a significantly improved immune response when given a second dose of 2009 H1N1 influenza vaccine. There are 583 children enrolled in the study and the preliminary data shows the following:

- Among the youngest children (6 to 35 months), 100 percent had a robust immune response after the second dose compared with only 25 percent three weeks after the first dose.
- In children aged 3 through 9 years old, 94 percent had a robust response after the second dose compared with only 55 percent three weeks after the first dose.

This data demonstrates the importance of the second dose of 2009 H1N1 influenza vaccine given at least 3 weeks after the first dose and it demonstrates that this second dose should **not** be delayed in favor of getting the first dose out to more children.

When providing the second dose of 2009 H1N1 influenza vaccine keep in mind the following:

- Children ages 9 and under are recommended to receive 2 doses. This is slightly different than the recommendation for seasonal flu vaccine which is ages 8 and under.
- The interval between doses of 2009 H1N1 vaccine must be at least 3 weeks (21 days).
- The seasonal nasal-spray flu vaccine (Live Attenuated Influenza Vaccine [LAIV]) should not be given at the same time as 2009 H1N1 nasal-spray flu vaccine (LAIV).

- The seasonal flu injectable vaccine and the 2009 H1N1 flu injectable vaccine can be given at the same visit.
- A nasal-spray flu vaccine (LAIV) for one type of influenza (either seasonal or 2009 H1N1) can be given at the same visit as an injectable vaccine for the other type of influenza (either seasonal or 2009 H1N1).
- When feasible, the same type of vaccine (nasal-spray or injectable) should be used in a two-dose schedule, however it is acceptable to receive either form of the vaccine for the second dose.

2009 H1N1 Influenza Vaccine - Exemption to State Thimerosal Law Extended Through September 2010

The initial exemption to the California Mercury Free Vaccine Act (California Health and Safety Code Section 124172 subdivision (a)) for the 2009 H1N1 influenza vaccine that was scheduled to expire on November 30, 2009 has been extended by the California Health and Human Services Agency in consultation with Governor Schwarzenegger.

This exemption allows preservative-containing monovalent 2009 H1N1 influenza vaccine to be administered to children younger than 3 years old and pregnant women for the period of October 12, 2009 - September 30, 2010. The exemption was granted to ensure that pregnant women and young children, who are at high-risk for 2009 H1N1 flu complications, can receive protection from 2009 H1N1 flu vaccine when preservative-free vaccine is limited or unavailable.

The exemption covers the **2009 H1N1 vaccine only**. There is no exemption currently for remaining supplies of seasonal (trivalent) influenza vaccine.

Additional information on the [California Mercury Free Vaccine Act](#) is available online.

Please obtain lab confirmation of Influenza A before reporting hospitalizations to the county

To minimize the reporting burden on health care providers and hospitals and to improve the quality of Solano County's 2009 H1N1 data, please submit Confidential Morbidity Reports (CMRs) to Solano Public Health **only** for individuals who have lab confirmation of Influenza A and please include lab results with CMR. Whenever possible, CDPH strongly encourages further characterization of Influenza A-positive specimens with subtyping and 2009 H1N1 flu-specific PCR. When these additional lab results are available, please forward them to Solano Public Health.

In addition, providing answers to the following questions with the CMR will dramatically reduce follow-up inquiries from Solano Public Health to healthcare providers and hospitals:

- What is the medical record number?
- Is/was the patient hospitalized? (yes/no); if yes, provide the admission and if applicable, the discharge date.
- Is the patient deceased? (yes/no); if yes, provide the date of death.
- Is/was the patient in the ICU? (yes/no).
- Is/was the patient intubated? (yes/no).
- Was the patient given antiviral medications? (yes/no); if yes which medication was used?
- Is the patient pregnant? (yes/no)
- Is the patient a healthcare worker? (yes/no)