

2009 H1N1 Influenza Vaccine

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2009 H1N1 Recommendations

Who will be recommended to receive the 2009 H1N1 vaccine?

CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain groups of the population receive the 2009 H1N1 vaccine when it first becomes available. These target groups include pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months and 24 years old, and people ages of 25 through 64 years of age who are at higher risk for 2009 H1N1 because of chronic health disorders or compromised immune systems.

We do not expect that there will be a shortage of 2009 H1N1 vaccine, but availability and demand can be unpredictable. There is some possibility that initially the vaccine will be available in limited quantities. In this setting, the committee recommended that the following groups receive the vaccine before others: pregnant women, people who live with or care for children younger than 6 months of age, health care and emergency medical 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.

The committee recognized the need to assess supply and demand issues at the local level. The committee further recommended that once the demand for vaccine for these target groups has been met at the local level, programs and providers should begin vaccinating everyone from ages 25 through 64 years. Current studies indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups. Therefore, as vaccine supply and demand for vaccine among younger age groups is being met, programs and providers should offer vaccination to people over the age of 65.

Will two doses of vaccine be required?

The U.S. Food and Drug Administration (FDA) has approved the use of one dose of 2009 H1N1 flu vaccine for persons 10 years of age and older. This is slightly different from CDC's recommendations for seasonal influenza vaccination which states that children younger than 9 who are being vaccinated against influenza for the first time need to receive two doses. Infants younger than 6 months of age are too young to get the 2009 H1N1 and seasonal flu vaccines.

What will be the recommended interval between the first and second dose for children 9 years of age and under?

CDC recommends that the two doses of 2009 H1N1 vaccine be separated by 4 weeks. However, if the second dose is separated from the first dose by at least 21 days, the second dose can be considered valid.

Do those that have been previously vaccinated against the 1976 swine influenza need to get vaccinated against the 2009 H1N1 influenza?

The 1976 swine flu virus and the 2009 H1N1 virus are different enough that its unlikely a person vaccinated in 1976 will have full protection from the 2009 H1N1. People vaccinated in 1976 should still be given the 2009 H1N1 vaccine.

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

People who are allergic to eggs might be at risk for allergic reactions from receiving influenza vaccines, including the 2009 H1N1 vaccine. People who have had any of the following symptoms or experiences should consult with a doctor or other medical professional before considering any influenza vaccination:

- hives or swelling of the lips or tongue
- acute respiratory distress (trouble breathing) after eating eggs
- documented hypersensitivity to eggs, including those who have had asthma related to egg exposure at their workplace or other allergic responses to egg protein

Because children with severe asthma are at high risk of serious complications from influenza, a regimen has been developed for giving influenza vaccine to children with severe asthma and egg hypersensitivity.

Supply and Distribution

How is vaccine shipped to project areas?

CDC's contractor for centralized distribution ships vaccine to hospitals, clinics, doctor's offices, health departments, and other providers of vaccines that have been designated as vaccine-receiving sites by the Project Area (the project areas include all 50 states, the District of Columbia, 8 US Territories and freely associated states, and 3 large metropolitan health departments).

What kind of providers can be designated as vaccine recipients?

Providers that have the capability to receive, store and administer vaccine, including but not limited to provider offices, occupational health clinics, hospitals, local health departments, community vaccinators and pharmacies.

How many sites can a jurisdiction designate to receive vaccine?

There is a maximum of 150,000 sites to which vaccine can be shipped via centralized distribution. Project areas have received information about their allocation of sites.

How do project areas know how much vaccine is available for them to order?

CDC sends project areas a weekly 2009 H1N1 allocation report each morning as it does for seasonal influenza vaccine. The report indicates how much of each formulation of 2009 H1N1 vaccine is available for them to order.

What should project areas expect with respect to frequency of vaccine shipments?

Vaccine will be shipped as it becomes available, taking into account state allocations and orders. The process is modeled after that utilized by immunization programs to order seasonal influenza vaccine off the federal contract.. Details about CDC's ordering/allocation process for seasonal influenza are described in the all-grantee message sent to immunization program grantees on 8/11/2009 (Grantee message for allocation).

What is the minimum dose order for shipments of 2009 H1N1 vaccine?

For each vaccine formulation (identified by its National Drug Code) the minimum dose order is 100 doses and all orders must be placed in increments of 100 doses. Each ancillary supply kit contains

supplies to support 100 doses of vaccine, with different kits available for prefilled syringe products and for multi-dose vial products.

When and how much of the 2009 H1N1 vaccine will be available?

Both the flu shot (in the arm) and nasal spray form of 2009 H1N1 vaccines have now been produced and licensed by the Food and Drug Administration. The federal government has purchased a total of 250 million doses of 2009 H1N1 vaccine. 2009 H1N1 vaccine was available starting early October and approximately 29 million doses of licensed vaccine may be available by the end of October. Vaccine availability, however, depends on many factors so these numbers will be frequently updated. The first doses of live attenuated 2009 H1N1 flu vaccine were administered on October 5, 2009. Administration of the 2009 H1N1 flu shot will begin the week of October 12.

Will there be enough 2009 H1N1 flu vaccine for everyone who wants it?

It is expected that there will be enough 2009 H1N1 flu vaccine for anyone who chooses to get vaccinated. The US federal government has procured 250 million doses of 2009 H1N1 flu vaccine. This quantity of vaccine accounts for the National Institutes of Health (NIH) clinical trial data showing that children 6 months to 9 years of age will need two doses and persons 10 and older will need one dose. Limited amounts of 2009 H1N1 vaccine became available in early October, and more will continue to become available over the upcoming weeks.

Where will the vaccine be available?

Every state is developing a vaccine delivery plan. Vaccine will be available in a combination of settings such as vaccination clinics organized by local health departments, healthcare provider offices, schools, and other private settings, such as pharmacies and workplaces. For more information, see [State/Jurisdiction Contact Information for Health Care Providers Interested in Providing H1N1 Vaccine](#).

Seasonal and H1N1 Vaccine

Will the seasonal flu vaccine also protect against the 2009 H1N1 flu?

The seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu.

Will this vaccine be made differently than the seasonal influenza vaccine?

No. This vaccine will be made using the same processes and facilities that are used to make the currently licensed seasonal influenza vaccines.

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

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.

Prior Illness

Should I get vaccinated against 2009 H1N1 if I have had flu-like illness since the Spring of 2009?

The symptoms of influenza (flu-like illnesses) are similar to those caused by many other viruses. Even when influenza viruses are causing large numbers of people to get sick, other viruses are also causing illnesses. Specific testing, called “RT-PCR test,” is needed in order to tell if an illness is caused by a specific influenza strain or by some other virus. This test is different from rapid flu tests that doctors can do in their offices. Since most people with flu-like illnesses will not be tested with RT-PCR this season, the majority will not know whether they have been infected with 2009 H1N1 flu or a different virus.

Therefore, if you were ill but do not know if you had 2009 H1N1 infection, you should get vaccinated, if your doctor recommends it. So, most people recommended for 2009 H1N1 vaccination should be vaccinated with the 2009 H1N1 vaccine regardless of whether they had a flu-like illness earlier in the year. If you have had 2009 H1N1 flu, as confirmed by an RT-PCR test, you should have some immunity against 2009 H1N1 flu and can choose not to get the 2009 H1N1 vaccine. However, vaccination of a person with some existing immunity to the 2009 H1N1 virus will not be harmful. For more information on flu tests, see [Influenza Diagnostic Testing During the 2009-2010 Flu Season](#).

Any immunity from 2009 H1N1 influenza infection or vaccination will not provide protection against seasonal influenza. All people who want protection from seasonal flu should still get their seasonal influenza vaccine.

Prevention

Are there other ways to prevent the spread of illness?

Take everyday actions to stay healthy.

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. If soap and water are not available, use an alcohol-based hand rub.*
- Avoid touching your eyes, nose or mouth. Germs spread that way.
- Stay home if you get sick. CDC recommends that you stay home from work or school and limit contact with others to keep from infecting them.

Follow public health advice regarding school closures, avoiding crowds and other social distancing measures. These measures will continue to be important after a 2009 H1N1 vaccine is available because they can prevent the spread of other viruses that cause respiratory infections.


What about the use of antivirals to treat 2009 H1N1 infection?

CDC has issued [interim guidance for the use of antiviral drugs](#) for this season. CDC also has published [Questions & Answers related to the use of antiviral drugs](#) for this season.

Are natural remedies (also referred to as “complementary” or “alternative” medicine) recommended to prevent the 2009 H1N1 flu virus?

The first and most important step to prevent the flu is to get vaccinated. Vaccination stimulates an immune response using a killed or weakened virus that uses the body’s own defense mechanisms to prevent infection. CDC's current recommendations to protect against 2009 H1N1 virus do not include natural remedies as a sole prevention method. If you want to use a natural remedy to reduce symptoms, CDC recommends that you talk to your healthcare provider about options.

Alternative medicine should not be used as a replacement for proven conventional care, or to postpone seeing a doctor about a medical problem. The National Institutes of Health (NIH) provides

information at <http://health.nih.gov/topic/AlternativeMedicine>  on specific alternative options, including scientific information, potential side effects, and cautions for each.

The Federal Trade Commission (FTC) warns consumers to be cautious about products that claim to prevent, treat, or cure 2009 H1N1 influenza, specifically products like pills, air filtration devices, and cleaning agents can kill or eliminate the virus.

Canadian Study Reponse

I heard that getting a seasonal flu vaccine increases a person's chances of getting the 2009 H1N1 flu virus. Is this true?

CDC has reviewed data from studies done in the United States, and these studies along with a published study from Australia found that receipt of seasonal influenza vaccine neither increased nor decreased the risk of getting 2009 H1N1 influenza. In contrast, a small published study from Mexico found that seasonal vaccine provided some protection against 2009 H1N1. There has been recent media coverage about research conducted in Canada that suggests getting a season flu vaccination increases a person's chances for becoming infected with the 2009 H1N1 flu virus. No other country has reported that seasonal vaccine has any positive or negative effect on the risk of getting 2009 H1N1 influenza. CDC is continuing to review the data as it becomes available.

Should I still get a seasonal flu vaccination?

All influenza viruses may cause serious illness and vaccination is the first and most important step in protecting against flu. CDC recommends seasonal flu vaccination for anyone who wants to reduce their chances of getting seasonal flu.

What groups are recommended for seasonal flu vaccine?

Vaccination is particularly important for people who are at high risk of having serious seasonal flu-related complications or people who live with or care for those at high risk for serious seasonal flu-related complications, including:

- Children aged 6 months up to their 19th birthday
- 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
- People who live with or care for those at high risk for complications from flu, including:
 - Health care workers
 - Household contacts of persons at high risk for complications from the flu
 - Household contacts and out of home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Additional information on the Canadian studies can be found at <http://www.cdc.gov/media/pressrel/2009/s091007.htm>