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Key Facts About H1N1 Vaccine

Preventing the H1N1 Flu: The single best way to protect against the flu is to get vaccinated. The seasonal influenza vaccine will not provide any protection against the H1N1 virus.

In response to the arrival of the novel Influenza A (H1N1) virus in April 2009, five manufacturers began to produce vaccines for the U.S. government. These vaccines have been manufactured by using the same established procedures that seasonal influenza vaccines use when they are produced. The U.S. has considerable experience with developing seasonal influenza vaccine with a long and successful track record of safety and effectiveness. The vaccine is FDA approved, thus there is nothing “experimental” about the H1N1 vaccine.

There are two types of H1N1 vaccines:

- **The “flu shot”** – an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. Some of the vaccine produced is approved for use in people older than 4 years of age, while another vaccine can be used for those 6 months and older.
- **The nasal spray flu vaccine** – a vaccine made with live, weakened flu viruses that do not cause the flu (sometimes called LAIV for “live attenuated influenza vaccine” or flu mist[®]). LAIV is approved for use in healthy people 2 – 49 years of age who are not pregnant.

When to Get Vaccinated

When the vaccine becomes available. At first, vaccine will most likely be limited in quantity. As a result of this, target groups that are at highest risk for infection or influenza-related complications will be offered vaccination. As vaccine continues to get manufactured, shipments will be delivered weekly. In the end, there will be enough vaccine for everyone who wants protection from the H1N1 virus.

Who Should Get Vaccinated

Currently, the initial target groups listed below will receive priority for vaccination.

- Pregnant women
- Persons who live with or provide care for infants aged <6 months (e.g. parents, siblings and day care providers)
- Health care and emergency medical services personnel
- Individuals 6 months through 24 years old
- Individuals 25 through 64 years old who have medical conditions that put them at higher risk for influenza-related complications

If vaccine becomes more limited in availability, a subset of the initial target group with a priority for vaccination will be in effect. This will include the following groups:

- Pregnant women
- Persons who live with or provide care for infants aged <6 months (e.g. parents, siblings and day care providers)
- Children aged 6 months – 4 years
- Health care and emergency medical services personnel who have direct contact with patients
- Children and adolescents aged 5 – 18 who have medical conditions that put them at higher risk for influenza-related complications

Expanding vaccination recommendations will include those 65 years and older only after assessment of vaccine availability and demand is met.

Note: Some people may have some degree of pre-existing immunity to the 2009 H1N1 influenza virus if they were vaccinated in 1976. The 1976 Swine Flu virus and the 2009 H1N1 virus are different enough that it is unlikely that a person has full protection. People vaccinated in 1976 should still be given the 2009 H1N1 vaccine.

Antiviral Drugs

Some people who get the flu will be treated with antiviral drugs by their health care providers. Antiviral drugs are prescription medications (pills, liquid or inhaled powder) that fight against the flu by keeping flu viruses from reproducing. These drugs can make your illness milder and make you feel better faster. They may also prevent serious flu complications. Antivirals are different from antibiotics and are recommended especially for people who are very sick (hospitalized) or people who are sick with flu-like symptoms and who are at increased risk of serious complications (pregnant women, young children, people over 65 years of age and people with chronic health conditions). Antiviral drug treatment works best if started within the first 2 days of symptoms. **Note:** Antiviral drug medications must be stopped 48 hours prior to the H1N1 vaccine being administered.

Administration of Seasonal and H1N1 Vaccines

Simultaneous administration of inactivated vaccines against seasonal and the 2009 H1N1 influenza viruses is permissible if different sites of injection are used. However, simultaneous administration of live attenuated vaccine (nasal mist) against seasonal and H1N1 viruses is not recommended. Each can be administered 28 days to 1 month apart.

Vaccine Effectiveness

Based upon preliminary data from adults participating in clinical studies, the 2009 H1N1 vaccines induce a robust immune response in most healthy adults 8 to 10 days after a single dose, as occurs with the seasonal influenza vaccine. Based on data collected, children 6 months to 9 years will require 2 doses of vaccine. Each dose should be administered 1 month apart).

Vaccine Side Effects

- **Flu shot:** The expected side effects will be similar to those of the seasonal influenza vaccine, potentially including a mild fever, body aches and fatigue for a few days after the vaccine and soreness at the injection site.
- **Nasal Mist:** The most common side effects seen with administration of the nasal vaccine include runny nose or nasal congestion in recipients of all ages, fever more than 100° F in children 2-6 years of age, and sore throat in adults. As with any medical product, serious adverse events may occur. People who have a severe (life-threatening) allergy to chicken eggs or any other substance in the vaccine should not be vaccinated.

Vaccine Adjuvants

Adjuvants are ingredients added to vaccines to help boost their potency. As a result, smaller amounts of vaccine are needed. Only unadjuvanted vaccines will be used in the U.S. during the 2009 flu season.

Vaccine Preservatives

As with the seasonal influenza vaccines, the Influenza A (H1N1) vaccines will be available in formulations that contain thimerosal, a mercury-containing preservative. Preservative-free formulations will also be available. (Single dose vaccine units will not contain thimerosal, but multi-dose vaccine vials will.)

Vaccine Safety

A high standard of safety is expected by the FDA. Although there are concerns regarding thimerosal in vaccines, the vast majority of research conducted in the U.S. and around the world does not support an association between thimerosal in vaccines and autism. Since 2001, no new vaccine licensed by the FDA for use in children has contained thimerosal as a preservative. All vaccines routinely recommended by CDC for children under 6 years of age have been thimerosal-free, or contain only trace amounts, except for some formulations of influenza vaccine.

Vaccine Safety Monitoring

The CDC and FDA closely monitor the safety of seasonal influenza vaccine and other vaccines licensed for use in the U.S. The purpose of monitoring is to identify significant adverse events following immunization that might be of public health concern. The CDC and its partners will use multiple systems to monitor the safety of 2009 H1N1 influenza vaccine. The Greenwich Department of Health will be a part of the monitoring system at the local level.

Obtaining Influenza A (H1N1) Vaccine

H1N1 vaccine is expected in limited quantities by early October with regular shipments weekly. All health care providers wishing to administer the 2009 H1N1 influenza vaccine must register with the CT Department of Public Health. The vaccine will be free to those who receive it, however, a vaccine administration fee can be charged. Along with community health care providers, the Department of Health will be an H1N1 influenza vaccine provider. At this time no H1N1 flu clinics have been scheduled. However, the public is advised to call 203-622-3774 for up-to-date information. Vaccine cannot be sold and any unused vaccine must be returned to the State of Connecticut.

Additional Information

To obtain the latest information on H1N1 vaccines and other issues pertaining to the H1N1 influenza virus visit www.flu.gov and www.cdc.gov/H1N1flu.