

Vaccinate Adults!

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Will we be able to administer both the seasonal and H1N1 influenza vaccines at the same visit?

You can in most cases. See the points below.

- You can administer both the inactivated seasonal and the inactivated H1N1 influenza vaccines at the same visit (using separate syringes and sites) or at any time before or after each other.
- You can administer the inactivated seasonal and live H1N1 influenza vaccines together or at any time before or after each other.
- You can administer the live seasonal and inactivated H1N1 influenza vaccines together or at any time before or after each other.
- Administering both the live attenuated seasonal and the live attenuated H1N1 influenza vaccines at the same visit is NOT recommended because of concerns about competition between the 2 vaccine viruses. If you have only live vaccines for both seasonal and H1N1 influenza available, you should separate the doses of the live vaccines by at least 4 weeks.

When will vaccine for the 2009 H1N1 influenza virus be available?

In late August, CDC announced that approximately 45 million doses of H1N1 influenza vaccine would be available in mid-October with approximately 20 million additional doses released in each subsequent week. On September 15, the FDA licensed three new injectable influenza A (H1N1) 2009 vaccines (CSL, Novartis, and sanofi pasteur) and one new intranasal influenza A (H1N1) vaccine (MedImmune). Package inserts are available at www.immunize.org/package-inserts/pi_h1n1.asp. Once H1N1 influenza vaccine is made available, vaccination efforts should begin immediately.

Is the 2009 H1N1 influenza vaccine experimental?

No. The 2009 H1N1 influenza vaccines are made employing the same methods and facilities used annually to produce seasonal influenza vaccine. H1N1 influenza vaccine will be available in an inactivated, injectable formulation and a nasal-spray, live attenuated formulation. These vaccines have been undergoing clinical trials to determine the size of the dose and the number of doses needed.

Once a 2009 H1N1 influenza vaccine becomes available, who will be targeted to receive the vaccine?

On Aug. 28, 2009, CDC issued recommendations for the use of the 2009 H1N1 influenza vaccine. The recommendations identify 5 initial target groups for H1N1 influenza vaccination. They are (1) pregnant women; (2) people who live with or provide care for infants younger than age 6 months (e.g., parents, siblings, day care providers); (3) healthcare and emergency medical

services personnel; (4) children and young adults ages 6 months through 24 years; and (5) people ages 25 through 64 years who have medical conditions that put them at higher risk for influenza-related complications. You can access the complete recommendations at www.cdc.gov/mmwr/pdf/rr/rr5810.pdf.

Are healthcare personnel among the initial target groups for monovalent H1N1 vaccine?

Emphatically yes. Healthcare personnel are among the highest priority groups for both monovalent H1N1 AND seasonal influenza vaccine. HCP of *all* ages should be vaccinated as soon as the vaccines become available.

Why are pregnant women prioritized for vaccination?

Data from early 2009 H1N1 influenza cases in the United States show that pregnant women account for a disproportionate number of deaths, making them a high-priority group for vaccination (see [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(09\)61304-0/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(09)61304-0/abstract)). Also, guidance has been issued for clinicians to promptly treat pregnant women who become infected with the 2009 H1N1 virus with antiviral drugs (see www.cdc.gov/h1n1flu/clinician_pregnant.htm).

Why aren't adults age 65 years and older included as a priority group for the 2009 H1N1 vaccination as they are for seasonal influenza, where they are included as part of the age-50-and-older priority group?

People age 65 years and older are included as a priority group if they live with or care for infants younger than age 6 months or are a healthcare or emergency services provider. Current studies indicate that the risk of infection, hospitalization, and death from the 2009 H1N1 influenza virus among persons age 65 years and older is less than is the risk for younger age groups. Studies suggest that there is some degree of preexisting immunity to the 2009 H1N1 strains, especially among adults older than age 60 years. One possible explanation is that

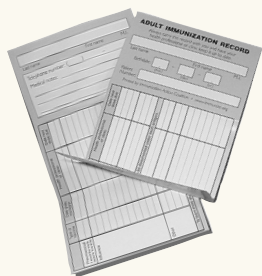
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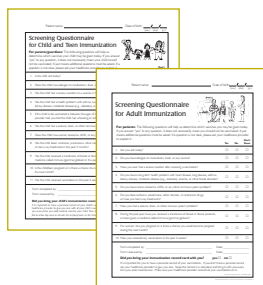
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To receive sample cards, contact us: admininfo@immunize.org

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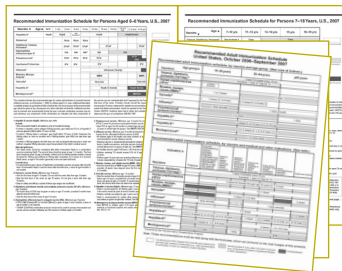
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