

MONTEREY COUNTY



DEPARTMENT OF HEALTH LEN FOSTER, Director

ANIMAL SERVICES
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Health Update

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Pandemic (H1N1) 2009 Influenza Vaccination

Providers should continue to vaccinate for Pandemic (H1N1) 2009 Influenza throughout the spring season.

Influenza activity in Monterey County is currently lower than in previous months this season. However, it still remains high (see Influenza-Like Illness Surveillance Report at <http://www.co.monterey.ca.us/health/ForPhysicians/>). Historically, we have seen outbreaks of Seasonal Influenza as late as May and saw Pandemic (H1N1) 2009 Influenza throughout last summer. Therefore, late season vaccination for Pandemic (H1N1) influenza is important.

It is critical that children under ten years of age have two doses of vaccine and that individuals at high risk for complications are vaccinated. Individuals at high risk for complications from Pandemic (H1N1) 2009 Influenza include:

- Persons ages 6 months through 18 years
- Pregnant women
- Adults with chronic diseases
- The elderly

All individuals should be vaccinated at this time regardless of health status. Mild illness can be prevented and vaccination will reduce infection to our vulnerable populations.

Testing is key in monitoring of influenza activity. Monterey County continues to recommend testing hospitalized cases. If you have further questions please call the Communicable Disease Unit at 755-4521.

Vaccine Ordering Process:

Pandemic (H1N1) 2009 vaccine can be ordered at www.calpanflu.org and is usually received within one week. If you do not receive vaccine within seven business days, contact the helpdesk at 1-88-867-6319. Supply is plentiful.

Expired Vaccine Disposal:

Expired injectable and live intranasal vaccine can be disposed of in sharps containers or in red bags along with other medical waste. Document the disposal quantity, lot number, expiration dates, manufacturer and presentation.

Vaccine Safety:

Over 80 million Americans have safely received the Pandemic (H1N1) 2009 Vaccine. Adverse events have been lower than expected.

For more information see:

Centers for Disease Control and Prevention MMWR. "Safety of Influenza A (H1N1) 2009 Monovalent Vaccines- United States, October 1 - November 24, 2009." cdc.gov 11 December 2009.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5848a4.htm>.

Extended Thimerosal Exemption:

An exemption has been granted and **extended** from the California Health and Safety Code Section 124172 subdivision (a), permitting administration of thimerosal containing influenza A (H1N1) 2009 monovalent influenza vaccine to children younger than three years old and pregnant women **until September 30th, 2010**. Thimerosal containing influenza vaccine is given to these groups in most other states as the standard of care.

Dosing:

Current research shows that all children under the age of ten will require two 15 µg doses of vaccine to produce a protective antibody response. These doses should be four weeks apart with a minimum interval of twenty-one days (to be considered a valid dose). All other individuals should receive a single dose of vaccine for protection.

Interchangeability:

The seasonal live attenuated intranasal vaccine (LAIV) and Pandemic (H1N1) 2009 LAIV should **not** be given at the same time. All doses of LAIV, regardless of strain, must be separated by at least twenty-one days. Pandemic (H1N1) 2009 LAIV may be given at the same time as seasonal trivalent, inactivated influenza vaccine (TIV). Pandemic (H1N1) 2009 TIV and Seasonal TIV may be simultaneously administered as well.

Children under ten years of age receiving seasonal vaccine for the first time, require two doses of seasonal influenza vaccine separated by at least three weeks/twenty one days. It is recommended to plan accordingly for these children as they may be vaccinated in two or three visits, rather than four, as long as the overlapping vaccination is not two LAIV influenza vaccines.

Liability:

The Public Readiness and Emergency Preparedness (PREP) Act extends liability immunity against claims to individuals and entities involved in all stages of Pandemic (H1N1) 2009 Influenza vaccine development, testing, manufacture, distribution, prescribing, administration and, use. (Liability

immunity- a legal claim may **not** be pursued in a state or federal court except for situations involving willful misconduct.)

Reimbursement:

Private vaccinators can charge or bill for administration of the Pandemic (H1N1) 2009 Influenza vaccine. Contact individual plans for details as reimbursements may vary. MediCal patients can be charged up to \$9.00, Medicare patients up to \$21.64. All other patients can be charged no more than the Medicare rate for vaccine administration. There can be no charge for the vaccine itself.

Planning for Next Season:

The Pandemic (H1N1) 2009 strain will be included in the 2010- 2011 seasonal trivalent vaccine. The ACIP has recommended that all individuals over the age of six months be vaccinated. Be mindful of younger minimum ages in the FDA licensing for both the CSL and GSK products as well as a new high dose vaccine from Sanofi Pasteur for individuals over 65 years. For more information see:

“ACIP Provisional Recommendations for the Use of Influenza Vaccines”

<http://www.cdc.gov/vaccines/recs/provisional/downloads/flu-vac-mar-2010-508.pdf>

Additional resources:

<http://www.flu.gov/>

For further questions contact:

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