IMMUNIZING AGENT

Influenza A (H1N1) 2009
INTRANASAL Live Attenuated Vaccine

Introduction

Live attenuated Influenza A (H1N1) 2009 vaccine is an intranasal administered vaccine licensed for use in healthy persons ages 2 through 49 years of age. It is manufactured by MedImmune.

On August 28, 2009, the Advisory Committee on Immunization Practices (ACIP) recommended the use of influenza A (H1N1) 2009 vaccines for the following target groups (not listed in order of priority):

- pregnant women,
- persons who live with or provide care for infants aged less than 6 months (e.g., parents, siblings, and daycare providers),
- health-care and emergency medical services personnel,
- children and young adults aged 6 months through 24 years and
- persons aged 25 through 64 years who have medical conditions that put them at higher risk for influenza-related complications.

Note: Pending availability of vaccine, these groups may be modified per Wisconsin Division of Public Health directives. As availability of vaccine increases other groups, in addition to the above mentioned target groups, may receive the vaccine.

Schedule

- Healthy children 2 years through 9 years of age: Two doses separated by at least 21-28 days.
- Healthy persons aged 10 years through 49 years: One dose

Note: As of this date these are the number and spacing of doses recommended by the Centers for Disease Control and Prevention (CDC). If the CDC recommends a different spacing between doses for children and/or recommends a second dose for persons aged 10 years or older, new policies will be issued.

Persons who should **not** receive live (H1N1) 2009 influenza vaccine

- Children ages < 2 years and adults ≥50 years.
- Persons with long term health problems including asthma, chronic pulmonary or cardiovascular systems disorders, underlining medical conditions (diabetes mellitus, renal dysfunction, hemoglobinopathies), known or suspected immunodeficiency diseases or receiving immunosuppressive therapies.
- Children and adolescents receiving long term aspirin treatment.

- Persons with a history of Guillian-Barré syndrome (GBS).
- Pregnant women.
- Children under 5 years of age with asthma or recurrent wheezing within the preceding 12 months.

Contraindications

- Acute illness, oral (or equivalent) temperature elevation ≥ 100.4º F (38˚ C).
- History of a serious allergic reaction to eggs or to a previous dose of influenza vaccine.

Reactions

- In children: Runny nose, headache, vomiting, and myalgia.
- In adults: Runny nose, nasal congestion, headache, and sore throat.

Transmission of vaccine virus to contacts

Available data indicate that both children and adults vaccinated with live attenuated influenza vaccine can shed vaccine viruses for ≥2 days after vaccination. Shedding should not be equated with person-to-person transmission of vaccine viruses; although, in rare instances, shed vaccine viruses can be transmitted from vaccinees to nonvaccinated persons.

Health care workers and other individuals who receive live attenuated influenza virus vaccine should refrain from contact with severely immunosuppressed patients (e.g., bone marrow or air flow restricted units) for 7 days after vaccine receipt. Severely immunosuppressed persons should not administer live attenuated influenza virus vaccine to other people.

Dosage and site of administration

Half the dose (0.1 mL) is administered into each nostril while the recipient is in an upright position. Insert the tip of the sprayer just inside the nose and depress the plunger until the dose divider clip prevents you from going further. The dose-divider clip is removed from the sprayer to administer the second half of the dose (0.1 mL) into the other nostril. If the patient sneezes, the dose does not need to be readministered.

How supplied

Live attenuated Influenza A (H1N1) 2009 vaccine is supplied in a package of 10 pre-filled, single–use sprayers each containing 0.2 mL doses.

Simultaneous administration of seasonal and Influenza A (H1N1) 2009 vaccines

In an individual who will be vaccinated with both seasonal (trivalent) vaccine and H1N1 2009 (monovalent) vaccines:

- If both vaccines are inactivated they may be received during the same visit at different anatomical sites or they may be received on different dates at any time.
- If one vaccine is inactivated and one vaccine is live attenuated, they may be received during the same visit or they may be received on different dates at any time.
- If both vaccines are live attenuated, they should not be received during the same visit but can be received if separated by a minimum of 4 weeks.

Two doses of (H1N1) 2009 vaccines from different vaccine manufacturers

- If a child needs two doses of (H1N1) 2009 vaccine it is preferable to receive the same type of vaccine for both doses, i.e. two live or two inactivated doses from the same manufacturer separated by at least 21-28 days.
- It is permissible to receive two doses of inactivated (H1N1) 2009 vaccine from different manufacturers as long as the correct vaccine presentations are administered to the correct age groups and separated by at least 21-28 days.
- It is permissible to receive an inactivated (H1N1) 2009 vaccine as the first dose and a live (H1N1) 2009 vaccine as the second dose or vice versa separated by at least 21-28 days.

Simultaneous administration of (H1N1) 2009 vaccine and other childhood vaccines

- Inactivated (H1N1) 2009 vaccine can be administered during the same visit as any other vaccine (e.g., DTaP, MMR).
- Live attenuated (H1N1) 2009 vaccine can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal (trivalent) live attenuated influenza vaccine.

Storage

Refrigerate at 35° - 46° F. (2° - 8° C.). DO NOT FREEZE.

(Rev 9/29/09)