

Protocol for the Administration of Inactivated Influenza A (H1N1) 2009 Monovalent Vaccine

Indications and Usage: Influenza A (H1N1) 2009 Monovalent Vaccine is an inactivated influenza virus vaccine indicated for active immunization against influenza disease caused by pandemic (H1N1) 2009 virus.

Vaccination efforts should focus initially on persons in five target groups (see below) whose members are at higher risk for influenza or influenza-related complications, are likely to come in contact with influenza viruses as part of their occupation and could transmit influenza viruses to others in medical care settings, or are close contacts of infants aged less than 6 months (who are too young to be vaccinated).

Initial target groups for inactivated Influenza A (H1N1) 2009 Monovalent Vaccine and a subset of these target groups to receive vaccine if initial vaccine availability is not sufficient to meet demand:

Initial target groups

ACIP recommends that programs and providers provide vaccine to all persons in the following five initial target groups as soon as vaccine is available (order of target groups does not indicate 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.

Subset of initial target groups during limited vaccine availability

ACIP recommends that all persons in the following subset of the five initial target groups receive priority for vaccination if vaccine availability is not sufficient to meet demand (order of target groups does not indicate 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 who have direct contact with patients or infectious material,
- children aged 6 months through 4 years, and
- children and adolescents aged 5 years through 18 years who have medical conditions that put them at higher risk for influenza-related complications.

Per ACIP, health-care personnel (HCP) recommended for priority vaccination include those in acute-care hospitals, nursing homes, skilled nursing facilities, physicians' offices, urgent care centers, and outpatient clinics. The recommendations also apply to persons who provide home health care and emergency medical services.

Chronic medical conditions that may lead to a higher risk for influenza-related complications include chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus) or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).

Vaccination of other adult populations is recommended as vaccine availability increases.

Dosage and Route (See package insert for brands of Influenza A (H1N1) 2009 Vaccine being used)

| Age Group | Doses | No. of Doses |
|--|---------|-------------------------|
| 6 through 35 months | 0.25 mL | 2 doses one month apart |
| 36 months through 9 years ¹ | 0.5 mL | 2 doses one month apart |
| 10 through 17 years | 0.5 mL | 1 |
| 18 years of age and older | 0.5 mL | 1 |

¹Note only one vaccine brand is indicated for children 6 months to 4 years of age. Pay close attention to the brand of Influenza A (H1N1) 2009 Monovalent Vaccine being used.

Simultaneous administration of seasonal and H1N1 influenza vaccines

- You can administer both the inactivated seasonal influenza vaccine and the inactivated Influenza A (H1N1) 2009 Monovalent Vaccine at the same visit (using separate syringes and sites) or at any time before or after each other.
- You can administer the inactivated seasonal influenza vaccine and Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal together or at any time before or after each other.
- You can administer the seasonal live attenuated influenza virus vaccine and inactivated Influenza A (H1N1) 2009 Monovalent Vaccine together or at any time before or after each other.
- Administering both the seasonal live attenuated influenza virus vaccine and Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal at the same visit **IS NOT RECOMMENDED** because of concerns about competition between the two vaccine viruses. If you have only seasonal live attenuated influenza virus vaccine and Influenza A (H1N1) 2009 Monovalent Vaccine Live, Intranasal available, you should separate the doses of the two live attenuated influenza virus vaccines by at least 4 weeks

Anatomical Site for Administration of Inactivated Influenza A (H1N1) 2009 Monovalent Vaccine

- Intramuscular injection, dosage specific for age group. Adults and older children should be vaccinated in the deltoid muscle. Infants and young children should be vaccinated in the anterolateral aspect of the thigh. See the Pink Book, Epidemiology and Prevention of Vaccine-Preventable Diseases, for guidance on selecting proper needle lengths to administer intramuscular injections to different age groups. As with other intramuscular injections, use with caution in patients on anticoagulant therapy.

Precautions

- Guillain-Barré syndrome (GBS) within 6 weeks of receiving a previous dose of influenza vaccine.
- Immunocompromised persons may have a reduced immune response to inactivated Influenza A (H1N1) 2009 Monovalent Vaccine.

Contraindications

- Anaphylactic reaction to a previous dose of influenza vaccine; eggs or any other component of the vaccine (see package insert for specific components)
- Hypersensitivity to eggs or chicken protein, neomycin, or polymyxin

Refer persons with a history of anaphylaxis to a vaccine component, but who are at risk for complications from influenza, to their healthcare provider for evaluation, desensitization and possible administration of inactivated influenza A (H1N1) 2009 Monovalent Vaccine.

Adverse events—See the product’s package insert.

Storage and Handling: Store between 35°-46°F (2°-8°C) **DO NOT FREEZE**. Store in the original package to protect from light. Discard if the vaccine has been frozen. See the product’s package insert.

SAMPLE

M.D. Signature

Date