

Dear Colleagues,

Last week the influenza like illness (ILI) reported by the emergency department surveillance system was 12.7%. This considerably surpasses the seasonal peak we experienced during the 2008/9 influenza season. In addition, 10.4% of patients presenting to sentinel providers had ILI which is the highest level in the past decade. As a reminder, you can access the weekly epidemiology report for Indiana by clicking the Info for Medical Provider tab on the [www.in.gov/flu](http://www.in.gov/flu) Web site.

It appears that the pipeline for vaccine is beginning to open up. We were able to order as much vaccine last week as in the previous three weeks combined. However, the demand for vaccine will likely outstrip supply for the next few weeks. Your local health department is managing the distribution of vaccine in your county and it is imperative that all 2009 H1N1 vaccine administered is promptly documented in our state immunization registry (CHIRP) to maximize the vaccine Indiana will receive. For information on public vaccine clinics in the counties please visit [www.in.gov/flu](http://www.in.gov/flu)

Last week the Food and Drug Administration (FDA) **approved an Emergency Use Authorization (EUA) for the use of the drug Peramivir IV for use in treating critically ill patients with 2009 H1N1** after CDC requested the EUA. More information can be found at <http://www.cdc.gov/h1n1flu/eua>

We continue to receive many calls on our toll free number for providers only for H1N1 concerns, comments and questions. Please feel free to call 1-877-499-0017 for assistance.

Attached are answers to last week's [frequently asked questions](#) and a [monovalent vaccine dosage chart](#).

Lastly, if you are reading this please help us by sharing the information with your colleagues. We have received reports that some providers are giving misinformation to patients regarding the 2009 H1N1 influenza and the vaccine.

We are all in this together as we combat this virus and I know that many of you are working overtime in the effort.

Thank you.

Judy Monroe, MD  
State Health Commissioner

## Weekly Provider Q & A

### **What is the minimum interval between doses of seasonal LAIV and 2009 H1N1 LAIV?**

The ACIP General Recommendations on live attenuated vaccines indicates that 28 days (4 weeks) is the recommended minimum interval, and can be applied to use of a seasonal LAIV and a 2009 H1N1 LAIV, because these are considered 2 different vaccines.

### **Can a child who requires 2 doses of a 2009 H1N1 vaccine and who received the first dose with a inactivated 2009 H1N1 vaccine complete the series with the 2009 H1N1 LAIV, or vice versa?**

When feasible, the same type of vaccine (live attenuated or inactivated) should be used in a two dose schedule, but mixed schedules are preferable to not completing the series. A 28 day interval between doses is recommended.

### **Can the nasal-spray flu vaccine be given to patients when they are ill?**

The nasal-spray flu vaccine can be given to people with minor illnesses (e.g., diarrhea or mild upper respiratory tract infection with or without fever). However, if nasal congestion is present that might limit delivery of the vaccine to the nasal lining, then delaying of vaccination until the nasal congestion is reduced should be considered.

### **Can a pregnant woman on daily baby ASA therapy be given the flu vaccine?**

Yes. It is important for a pregnant woman to receive both the 2009 H1N1 flu shot and the seasonal flu shot. The live attenuated flu vaccine (LAIV) is contraindicated in pregnant women. Pregnant women should receive the injectable flu vaccines.

### **Can a child on a daily baby ASA therapy be given the flu vaccine?**

Yes. All children should receive both seasonal and H1N1 flu vaccines. It is especially important for children with chronic medical conditions to receive these vaccines. The live attenuate nasal vaccine is contraindicated in children on chronic aspirin therapy, however. These children should receive the inactivated injectable form of the vaccine.

### **Should doses of H1N1 vaccine be held for pediatric patients who will need a second dose?**

No. The 2009 H1N1 vaccine will continue to be manufactured and distributed on a regular basis. There will be enough to complete the series eventually. Do not hold back doses.

# Influenza A (H1N1) 2009 Monovalent Vaccine Dosage Chart

Inactivated, Injectable Influenza Vaccine				
Manufacturer	Age	Dose–Presentation	Number of Doses	Route–Site
sanofi pasteur	6 through 35 months <sup>1</sup>	0.25 mL–prefilled syringe <sup>1</sup>	2 <sup>2</sup>	Intramuscular <sup>3</sup>
	36 months and older	0.5 mL–prefilled syringe	1 or 2 <sup>2</sup>	
	6 months and older	Dose per age–multidose vial		
Novartis Vaccine	4 years and older	0.5 mL–multidose vial	1 or 2 <sup>2</sup>	Intramuscular <sup>3</sup>
		0.5 mL–prefilled syringe		
CSL	18 years and older	0.5 mL–prefilled syringe	1	Intramuscular <sup>3</sup>
		0.5 mL–multidose vial		

- Children age 6 through 35 months should receive 0.25 mL vaccine per dose. Children age 36 months through adults should receive 0.5 mL vaccine per dose. See footnote 2 to determine number of doses.
- Based on currently available information, children 6 months through 9 years who are receiving injectable influenza A (H1N1) 2009 Monovalent vaccine should receive two doses of vaccine separated by approximately 4 weeks.
- Children 6 months through 2 years of age should be vaccinated in the anterolateral aspect of the thigh. Older children and adults should be vaccinated in the deltoid muscle if muscle mass is adequate. The anterolateral aspect of the thigh may be used as an alternate.

Live Attenuated Nasal Spray Influenza Vaccine (LAIV)				
Manufacturer	Age	Dose–Presentation	Number of Doses	Route
MedImmune	2 through 49 years if healthy and non-pregnant	0.2 mL–Spray ½ of dose into each nostril as indicated on the syringe.	1 or 2 <sup>4</sup>	Intranasal

- Based on currently available information, healthy children 2 through 9 years of age who are receiving live attenuated influenza A (H1N1) 2009 Monovalent vaccine should receive two doses separated by approximately 4 weeks.

For more information call **800-CDC-INFO** (800-232-4636) Website [www.cdc.gov/flu](http://www.cdc.gov/flu)

