

Monroe County Department of Public Health
2009 H1N1 Flu Update # 3
October 8, 2009

1. 2009 H1N1 vaccine availability and distribution:

Around 6,000 doses of the 2009 H1N1 live attenuated intranasal monovalent vaccine (LAIV) were distributed this week to the local hospitals and the Monroe County Health Department of Public Health. Discussions are underway to decide on the best approach to use this limited supply. This vaccine can be used in **healthy people** including **healthcare workers** between the ages of **2-49 years**. The vaccine is contraindicated if a healthcare worker has contact with severely immunocompromised patients such as bone marrow transplant patients hospitalized in special positive pressure units. See indications for LAIV use at <http://www.monroecounty.gov/File/Health/Flu/LAIVGuidance.pdf>

Another small shipment of inactivated 2009 H1N1 monovalent Flu vaccine will be available over the next 2 weeks. Large supplies will not be available until the last week of October or the first week of November. The vaccine will be distributed through direct shipment from 3 sources:

1. The CDC through McKesson (distributor of VFC vaccine),
2. The NYSDOH and
3. The MCDPH.

In the next few weeks, the MCDPH will be informed of the practices that are selected to be the “direct ship” sites. **To be on the list of potential ship to site a letter of agreement need to be signed.** The vaccine is expected to arrive in batches once each week. The health department will redistribute vaccine to offices that were not selected for direct shipment.

2. The 2009 H1N1 Vaccine Safety

The Monroe County Department of Public Health remains very sensitive to any concerns of the medical community about the safety of the H1N1 vaccine.

The CDC website (www.cdc.gov) has a great deal of information on H1N1 vaccine. The CDC states the following:

We expect the 2009 H1N1 influenza vaccine to have a similar safety profile as seasonal flu vaccines, which have a very good safety track record. Over the years, hundreds of millions of Americans have received seasonal flu vaccines. The most common side effects following flu vaccinations are mild, such as soreness, redness, tenderness or swelling where the shot was given. The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) will be closely monitoring for any signs that the vaccine is causing unexpected adverse events and we will work with state and local health officials to investigate any unusual events.

The CDC web site gives further information about the processing of the vaccine.

In addition, Dr. John Treanor, Professor of Medicine at the University of Rochester communicated the following message on 10/5/09 to reassure all of us of the safety of this vaccine:

“I think that it is very important for people, especially physicians, to understand that the components in the seasonal flu vaccine change almost every single year, and the vaccine is released and licensed with these new components each year without any clinical trials at all. . This year's new component is A/California/09. It is made in exactly the same way as every other flu shot, except that instead of having three viruses, there is only one. The way the vaccine is made, the components, and the dose are all exactly the same as always, except there is one-third as much antigen, because there is only one strain instead of three.

When the planning started for H1N1 vaccination, we did not know if we would need to give two shots or just one. Now we do. It only takes one shot in adults, just like with the seasonal flu vaccine. Children nine years and under need two shots, similar to the seasonal vaccine) The supplemental flu shot will have the same side effects (or lack of side effects) as the regular flu shot. Actually, , the A/California/09 or a variant of this virus will be part of the regular flu shot next year.

Of course, adverse events after this vaccine will be monitored very carefully, as they are with any other vaccine. This vigilance does not mean that people expect that there will be new types of adverse events, but rather that we understand the responsibility to exercise due diligence.”

3. Seasonal Influenza vaccine:

We are aware that many practices and healthcare systems received only partial shipment of the seasonal vaccine. The delay is partially attributed to low-yielding B strain and expedited production of H1N1. The seasonal Flu vaccine delivery will be extended with **most of the vaccines delivered by the end of November** instead of October. There will be ample time to vaccinate patients before the usual peak season of seasonal influenza, usually January or February.