

2009 Influenza A (H1N1) Flu Vaccines

For the 2009-10 Influenza A (H1N1) season, five (5) preparations of H1N1 flu vaccine will be supplied.

sanofi pasteur (three presentations of injectable vaccine)

0.25mL prefilled syringe (no preservative) distinguished by a pink syringe plunger rod

0.5 mL prefilled syringe (no preservative)

5 mL multi-dose with preservative

CSL (two presentations of injectable vaccine)

0.5 mL prefilled syringe (no preservative)

5 mL multi-dose with preservative

Novartis (two presentations)

0.5 mL prefilled syringe (no preservative)

5 mL multi-dose with preservative

MedImmune (one presentation)

0.2 mL prefilled intranasal sprayer

GlaxoSmithKline (pending FDA approval)

Dosage Chart

Manufacturer	Vaccine	Age Group	Dosage & Route	# of doses	Minimum Interval from dose 1 to 2
sanofi pasteur	H1N1	6-35 months	0.25 mL IM	2 ^E	4 weeks**
		36 months through 9 yrs	0.5 mL IM	2 ^E	4 weeks**
		≥ 10 years of age & older	0.5 mL IM	1	
CSL	H1N1	Adults (18 years or older)	0.5 mL IM	1	
Novartis	H1N1	4 through 9 years	0.5 mL IM	2 ^E	4 weeks**
		≥ 10 years of age & older	0.5 mL IM	1	
MedImmune	H1N1	2 years through 9 years* ^S	0.2 mL intranasal [¶]	2 ^E	4 weeks**
		Children, adolescents & adults (10-49 years)	0.2 mL intranasal [¶]	1	
GlaxoSmithKline	Pending				

^E FDA has approved two doses for children 6 months through 9 years of age.

* Should not be administered to children under the age of 2 years, or to any person with asthma or child < 5 years of age with a history of asthma or wheezing. Refer to package insert.

^S Intranasal vaccine is contraindicated in children and adolescents (2-17 years of age) receiving aspirin therapy or aspirin-containing therapy, because of the association of Reye's syndrome with aspirin and wild-type influenza infection.

[¶] Each 0.2 mL dose is administered as 0.1 mL per nostril.

** CDC recommends that the two doses of 2009 H1N1 vaccine be separated by 4 weeks. However, if the second dose is separated from the first dose by at least 21 days, the second dose can be considered valid.

• **Contraindications:**

- Hypersensitivity to egg proteins or any other vaccine components, or life-threatening reactions after previous administration of any influenza vaccine. Consult package insert.
- Moderate or severe illness with or without fever.

• **Precautions:**

- If Guillain-Barré Syndrome (GBS) has occurred within 6 weeks of previous influenza vaccination, the decision to give Influenza A (H1N1) 2009 Monovalent Vaccine should be based on careful consideration of the potential benefits and risks.
- Immunocompromised persons may have a diminished immune response to Influenza A (H1N1) 2009 Monovalent Vaccine.

• **Seasonal and H1N1 Vaccine Spacing**

Vaccine Types	Intervals
Inactivated + Inactivated	No interval
Inactivated + Live *	No interval
Live + Live ^E	4 week interval **

Persons who have received an injectable live virus vaccine (e.g., MMR, varicella) in past 4 weeks should wait 28 days before receiving LAIV.

* Providers can administer seasonal and 2009 H1N1 inactivated vaccines, seasonal inactivated vaccine and 2009 H1N1 LAIV, or seasonal LAIV and inactivated 2009 H1N1 at the same visit, or at any time before or after each other but in different places on the body.

^E Live attenuated seasonal and live 2009 H1N1 vaccines should **NOT** be administered at the same visit until further studies are done. If a person is eligible for the live vaccine, these vaccines should be separated by a minimum of four weeks.

** CDC recommends that the two doses (for children 6 mos through 9 years) of 2009 H1N1 vaccine be separated by 4 weeks. However, if the second dose is separated from the first dose by at least 21 days, the second dose can be considered valid.