

# MAINE HEALTH ALERT NETWORK

---



*Maine Department of Health and Human Services  
Maine Center for Disease Control and Prevention (Maine CDC)  
(Formerly Bureau of Health)  
11 State House Station  
Augusta, Maine 04333-0011  
Phone 1-800-821-5821 / Fax 207-287-7443*

**\*\*ADVISORY – Important Information\*\***

---

**2009PHADV051**

**TO:** All HAN Recipients  
**FROM:** Dora Anne Mills, M.D., M.P.H., Public Health Director  
**SUBJECT:** First Orders of H1N1 Vaccine to Be Submitted This Week  
**DATE:** September 30, 2009  
**TIME:** 8:30 pm  
**PAGES:** 4  
**PRIORITY:** High

**Confidentiality Notice:** This fax message is intended for the exclusive use of the individual or entity identified above. It may contain information, which is privileged and/or confidential under both state and federal law. If you are not notified otherwise, any further dissemination, copying, or disclosure of the communication is strictly prohibited. If you have received this transmittal in error, please immediately notify us at 287-6551 and return the original transmission to us by mail at Key Bank Plaza, 6<sup>th</sup> Floor-286 Water Street, Augusta, ME 04333, without making a copy. Your cooperation in protecting confidential information is greatly appreciated.

Maine Center for Disease Control and Prevention (Maine CDC)  
(Formerly Bureau of Health)

**Summary:**

Maine CDC is placing orders with U.S. CDC for the first shipments of H1N1 vaccine this week, starting Wednesday, September 30<sup>th</sup>. The first shipments are not expected to arrive until later next week (the week of October 5<sup>th</sup>) and will consist of only a limited number of one type of H1N1 vaccine, the H1N1 LAIV (Live Attenuated Intranasal Vaccine). This nasal formulation is limited to healthy non-pregnant 2 – 49 year olds. In terms of the high-risk populations for H1N1, this vaccine is most appropriate for young healthy children and household contacts of young infants. Maine CDC urges pediatric and obstetrical health care providers to register and submit orders for H1N1 vaccine as soon as possible.

**Background:**

Over the past four weeks Maine CDC has been engaging health care providers to register to be a H1N1 vaccine distribution site. Currently, about 300 sites are registered.

About 13,000 doses of H1N1 LAIV (Live Attenuated Intranasal Vaccine), which comes as a nasal spray, is being made available to Maine health care providers next week. Although the orders will be placed by Maine CDC this week, the vaccine is not expected to arrive in Maine until later next week, sometime in the October 7<sup>th</sup> – 9<sup>th</sup> timeframe.

These first few doses will be distributed primarily to pediatric health care providers to be focused on otherwise healthy children ages 2, 3, and 4 years of age as well as otherwise healthy non-pregnant people under age 50 who are household contacts (including siblings) or caregivers of infants under 6 months of age. H1N1 LAIV is appropriate for otherwise healthy and non-pregnant people ages 2 – 49 years of age. Since young children under 5 years of age are at high risk for H1N1 complications and since there is no influenza vaccine for infants under 6 months, Maine CDC asks that this first shipment of vaccine be focused on young children and household contacts or caregivers of young infants.

**Recommendations:**

- If you are a licensed health care provider for children or their families, and have not registered as an H1N1 Provider, then please do so now. You must register even if you already receive vaccine from Maine CDC. To register, fill out and submit the H1N1 Provider Agreement for H1N1 Vaccine, which can be found at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/provider-agreement-2009-2010.shtml>
- If you have registered and have received ordering information, please submit your order as soon as possible to Maine CDC. We cannot ship vaccine to you unless you have submitted an order.
- For questions regarding H1N1 influenza vaccine ordering see the FAQ from the September 17<sup>th</sup> health advisory (<http://www.maine.gov/tools/whatsnew/attach.php?id=79438&an=2>)
- For other questions:
  - Contact the Maine CDC's Immunization Program at 287-3746 or the public information line at 1-888-257-0990.
  - Email us questions at: [flu.questions@maine.gov](mailto:flu.questions@maine.gov)

- More information, including consent forms and billing information, will be found at [www.maine flu.gov](http://www.maine flu.gov)
- Updated CDC guidance on H1N1 influenza vaccine including vaccine handling can be found at: <http://www.cdc.gov/h1n1flu/vaccination>
- FAQ on H1N1 vaccine safety can be found at: [http://www.cdc.gov/h1n1flu/vaccination/vaccine\\_safety\\_qa.htm](http://www.cdc.gov/h1n1flu/vaccination/vaccine_safety_qa.htm)

### **A few Questions Related to H1N1 LAIV:**

#### **Can seasonal influenza vaccine and 2009 H1N1 vaccine be given at the same visit?**

Both seasonal and 2009 H1N1 vaccines are available as inactivated and live attenuated (LAIV) formulations. Current recommendations are that two inactivated vaccines can be administered at any time before, after, or at the same visit as each other. Existing recommendations also state that an inactivated and live vaccine may be administered at any time before, after or at the same visit as each other. Consequently, 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. **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 and prefers the LAIV formulation of seasonal and 2009 H1N1 vaccine, these vaccines should be separated by a minimum of four weeks.

#### **Can 2009 H1N1 vaccine be administered at the same visit as other vaccines?**

Inactivated 2009 H1N1 vaccine can be administered at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine. Live 2009 H1N1 vaccine can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal live attenuated influenza vaccine.

#### **Can patients who are allergic to eggs receive the 2009 H1N1 flu vaccine?**

Asking persons if they can eat eggs without adverse effects is a reasonable way to determine who might be at risk for allergic reactions from receiving influenza vaccines. Persons who have had symptoms such as hives or swelling of the lips or tongue, or who have experienced acute respiratory distress after eating eggs, should consult a physician for appropriate evaluation to help determine if influenza vaccine should be administered. Persons who have documented (IgE)-mediated hypersensitivity to eggs, including those who have had occupational asthma related to egg exposure or other allergic responses to egg protein, also might be at increased risk for allergic reactions to influenza vaccine, and consultation with a physician before vaccination should be considered. A regimen has been developed for administering influenza vaccine to asthmatic children with severe disease and egg hypersensitivity (*J Pediatr* 1985;106:931-3.).

#### **Will the 2009 H1N1 vaccine be recommended for patients who had influenza-like illness since spring 2009?**

All persons in a recommended vaccination target group who did not have 2009 H1N1 virus infection confirmed by real-time reverse transcription-polymerase chain reaction (RT-PCR) should be vaccinated with the 2009 H1N1 vaccine. However, most people ill with an influenza-like illness (ILI) since this spring have not had testing with the RT-PCR test, which is the only test that can confirm infection specifically with the 2009 H1N1 virus. Tests such as rapid

antigen detection assays, and diagnoses based on symptoms alone without RT-PCR testing, cannot specifically determine if a person has 2009 H1N1 influenza. Persons who were not tested, but who became ill after being exposed to a person with lab confirmed 2009 H1N1 influenza should not assume that they also had 2009 H1N1 since many pathogens can cause an ILI, and should get the vaccine if they are in a recommended vaccination target group.

Persons who think they had 2009 H1N1 infection diagnosed by RT-PCR should ask their doctor if they should be vaccinated. Someone who was infected with the 2009 H1N1 virus and who is not severely immune compromised will likely have some immunity to subsequent infection with 2009 H1N1 virus. However, vaccination of a person with some existing immunity to the 2009 H1N1 virus will not be harmful and persons who are uncertain about how they were diagnosed should get the 2009 H1N1 vaccine. Additionally, persons recommended for seasonal vaccine should get a seasonal vaccine because infection with the 2009 H1N1 virus does not provide protection against seasonal influenza viruses.