



Sept. 1, 2009

KEY POINTS ON H1N1 FLU VACCINE

1. There are two types of flu vaccine this year: **H1N1 Flu vaccine** and the regular **seasonal Flu vaccine**. Give both types of vaccine to your patients this year. Both types of vaccine may be given to the same person the same day in separate arms. (However, if both types of vaccine are given by Nasal spray, give on different days.)
2. **Medical Offices must order the H1N1 Flu vaccine starting Sept. 1, 2009 through the email site: www.calpanflu.org.** This is also a great website for information for staff and patients.
3. McKesson will send you your office supply of H1N1 vaccine about mid-Oct. The Federal Government is paying for it, so you do not need to pay for the serum. You will also receive needles, syringes, sharps containers and alcohol swabs. You may charge an administration fee.
4. Start giving it as soon as it comes. H1N1 flu is expected to spread fast in Sept and Oct.
5. H1N1 flu vaccine requires **two doses** be given 21-28 days apart for everyone. People are not immune until they have had their second dose. H1N1 vaccine will come in multi-dose vials. There will be pre-filled syringes, thimerosal-free, for children and pregnant women. There will be nasal sprays. (You will receive free supplies of the H1N1 nasal vaccine. But remember the regular seasonal flu nasal vaccine needs a prior authorization). Ideally, first and second doses of H1N1 vaccine would be from the same product. However, the method and different products will be assumed to be interchangeable.
6. Five key populations for H1N1 Vaccine:
 - Pregnant women,
 - People who live with or care for children
 - Health care and emergency services personnel,
 - Individuals 6 months to 24 years of age,
 - Individuals 25 to 64 years of age, who are at increased risk from H1N1 because of chronic health conditions or compromised immune systems.
7. If there is no shortage of the H1N1 vaccine, **give it to everyone** who asks for it. Currently, no shortage is expected of either type of vaccine. No major side effects have been found in clinical trials.
8. Do not test for H1N1 or the seasonal flu when a patient presents with flu symptoms. Testing is no longer indicated per the SC County Health Dept. Assume the patient has H1N1 flu.

9. Treat H1N1 flu or regular seasonal flu with Tamiflu. It's best to treat within 36-48 hours of onset. However, may treat anytime during the course of the illness.

TABLE 2. ANTIVIRAL THERAPY FOR H1N1 INFLUENZA (SWINE FLU)*

Medication (brand)	How supplied	Usual dosage	Schedule
Oseltamivir (Tamiflu) (for ages ≥ 1 year)	75 mg	75 mg	Twice a day for five days
< 33 lb (15 kg)	60 mg/5 mL	30 mg (2.5 mL)	Twice a day for five days
33 to 50.7 lb (15 to 23 kg)	60 mg/5 mL	45 mg (3.75 mL)	Twice a day for five days
50.8 to 88.2 lb (23 to 40 kg)	60 mg/5 mL	60 mg (5 mL)	Twice a day for five days
> 88.2 lb (40 kg)	75 mg	75 mg	Twice a day for five days
Zanamivir (Relenza) (for ages 7 years)	5 mg powder	2 puffs	Twice a day for five days

10. Avoid using Tamiflu for prophylaxis since resistance is beginning to develop.

11. **ADVICE FOR SICK PATIENTS:** CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8° C]), or signs of a fever without the use of fever-reducing medications. This is a change from the previous recommendation that ill persons stay home for 7 days after illness onset or until 24 hours after the resolution of symptoms. This guidance does not apply to health care settings where the exclusion period should be continued for 7 days from symptom onset or until the resolution of symptoms, whichever is longer. Go to: http://www.cdc.gov/h1n1flu/guidelines_infection_control.htm for updates about the health care setting.