

### **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. Two live vaccines not administered on the same day should be administered  $\geq 4$  weeks apart when possible.

### **Does Medicaid cover Tamiflu?**

Medicaid and all Medicaid Managed Care Organizations cover the use of Tamiflu. Medication denial may be the result of incorrect billing or member ineligibility. Questions regarding denied claims should be directed to the entity to which the patient is enrolled.

Traditional Medicaid: 1-800-577-1278

Anthem: 1-866-629-1608

Managed Health Services (MHS): 1-800-460-8988

MDwise: 1-800-356-1204

### **Why are there several unmarked syringes in the H1N1 ancillary supply kits sent from the CDC?**

Some supply kits contain 5 cc unmarked syringes with 20 gauge needles attached. These syringes were intended for use adding adjuvant to vaccine. As there is NO adjuvant, the CDC will eventually remove these syringes from the kit. These syringes are not to be used to give injections and can be discarded.

### **How long should a sick student or staff member be kept home?**

In the current flu conditions, students and staff with symptoms of flu should **stay home** for at least 24 hours after they no longer have fever or do not feel feverish, without using fever-reducing drugs.

### **Who should be tested for the 2009 H1N1 Influenza A?**

Hospitalized patients with suspected influenza with an unusually severe or different presentation or individuals who have died of an influenza-like illness.

### **Is it safe for pregnant women to receive an influenza vaccine that contains thimerosal?**

Yes. A study of seasonal influenza vaccination examining over 2,000 pregnant women demonstrated no adverse fetal effects associated with seasonal influenza vaccine. The H1N1 vaccine is manufacture in the same manner as the seasonal flu vaccine. CDC advises pregnant women to get flu shots either with or without thimerosal.

### **Can a person who has received LAIV test positive on a rapid influenza diagnostic test?**

The live attenuated influenza vaccine viruses in LAIV (seasonal vaccine and 2009 H1N1 monovalent vaccine) can cause a positive result on a rapid influenza diagnostic test. The tests are designed to detect influenza viruses and cannot differentiate between live attenuated and wild-type influenza viruses. A positive test in a person who recently (in the previous 7 days) received LAIV and who also has an influenza-like illness could be caused by either LAIV or wild-type influenza virus.

### **Can family members of a pregnant woman receive the nasal spray vaccine?**

Pregnant women should not receive nasal spray for the seasonal or 2009 H1N1 flu vaccine, but it is okay for a pregnant woman to be around a family or other close contact who has received nasal spray flu vaccine. The nasal spray vaccine can be used in healthy people 2-49 years of age who are not pregnant and in women after they deliver, even if they are nursing.

### **Can health care providers get the live attenuated influenza vaccine?**

Yes. LAIV is a very good option for most health care providers who are healthy, younger than 50 years old, and not pregnant. However, health care providers should not get LAIV if they are providing medical care for patients who require special environments in the hospital because they are profoundly immunocompromised (e.g., those who work in bone marrow transplant units). Although no immunocompromised patient has been shown to be harmed by use of LAIV among health care workers, the recommendation against the use of LAIV in health care workers with this type of patient contact is intended as an extra precaution for fragile immunocompromised patients. Health care workers with this type of patient contact can get LAIV, but if they do, they should wait 7 days after being vaccinated before returning to duties that include care of severely immunocompromised patients in special environments.

### **Can children and adolescents with long-term Aspirin use receive the H1N1 Live Attenuated Influenza Vaccine (LAIV)?**

No. Children or adolescents less than 19 years old receiving long-term aspirin therapy should *not* be given the LAIV. They may be given the inactivated 2009 H1N1 vaccine.

### **Does the flu vaccine work right away?**

No, it takes about two weeks after vaccination for antibodies to develop in the body and provide protection against influenza virus infection.

### **What type of syringes are included in the 2009 H1N1 vaccine ancillary supply kits?**

Indiana medical providers receiving federally provided 2009 H1N1 vaccine and ancillary supplies should be aware that integrated needle and syringe units with retractable needles have been included in some of the multi-dose vial ancillary kits. The two products with retractable needles include BD Integra, website: <http://catalog.bd.com> and RTI VanishPoint, website: <http://vanishpoint.com>. These needles retract directly from the patient into the syringe as a built-in safety mechanism. Vaccinators should consult the manufacturers' website for proper instructions for use. Other needles provided in the ancillary supply kits are non-retractable needles. CDC is developing guidance for the 2009 Influenza Vaccine Ancillary Supply Kits that will be available soon.

### **Are two doses of H1N1 vaccine required if a pediatric patient has also had a seasonal flu shot?**

Yes. The seasonal flu vaccine is not expected to protect against the 2009 H1N1 flu. In previously unvaccinated persons aged <9 years, 2 doses of influenza vaccine are required to induce immunity because young children typically have had limited exposure to influenza viruses and are not immunologically primed (i.e., they do not have preexisting antibodies). Children younger than 9 years of age will need two seasonal flu shots if they are previous unvaccinated for seasonal influenza. Children younger than 10 years of age will also need two H1N1 flu shots. CDC recommends that the two doses of 2009 H1N1 vaccine be separated by 4 weeks. The U.S. Food and Drug Administration (FDA) has approved the use of one dose of 2009 H1N1 flu vaccine for persons 10 years of age and older. This is slightly different from CDC's recommendations for seasonal influenza vaccination which states that children younger than 9 who are being vaccinated against influenza for the first time need to receive two doses. Infants younger than 6 months of age are too young to get the 2009 H1N1 and seasonal flu vaccines.

### **How should pediatric doses of TAMIFLU be written?**

Healthcare providers and pharmacists should be aware that an oral dosing dispenser with 30 mg, 45 mg, and 60 mg graduations is provided with TAMIFLU® for Oral Suspension, rather than graduations in milliliters (mL) or teaspoons (tsp). There have been cases where the units of measure on the prescription instructions (mL, tsp) do not match the units on the dosing device (mg), which has led to patient or caregiver confusion and dosing errors. When dispensing commercially manufactured TAMIFLU® for Oral Suspension, pharmacists should ensure the units of measure on the prescription instructions match the dosing device. If prescription instructions specify administration using milliliters (mL) or teaspoons (tsp), then the device included in the Tamiflu® product package should be removed and replaced with an appropriate measuring device, such as an oral syringe if the prescribed dose is in milliliters (mL).

A detailed CDC Health Alert Network info service message regarding TAMIFLU dosing can be viewed at <http://www.cdc.gov/h1n1flu/HAN/092509.htm>.

<b>Oseltamivir</b>			
Antiviral medication dosing recommendations for treatment or chemoprophylaxis of 2009 H1N1 infection. (Table extracted from product information for Tamiflu®)			
		<b>Treatment (5 days)</b>	<b>Chemoprophylaxis (10 days)</b>
<b>Adults</b>		75-mg capsule twice per day	75-mg capsule once per day
<b>Children ≥ 12 months</b>			
Body Weight (kg)	Body Weight (lbs)		
≤15 kg	≤33lbs	30 mg twice daily	30 mg once per day
> 15 kg to 23 kg	>33 lbs to 51 lbs	45 mg twice daily	45 mg once per day
>23 kg to 40 kg	>51 lbs to 88 lbs	60 mg twice daily	60 mg once per day
>40 kg	>88 lbs	75 mg twice daily	75 mg once per day

**What is the Indiana Health Alert Network?**

The IHAN is a secure alerting system for providing important public health information rapidly to providers, hospitals, local health departments, and others throughout Indiana. Participants can receive messages via e-mail, phone, and fax. There is no cost to participate. To enroll, please contact Chuck Berning, IHAN Coordinator, at [cberning@isdh.in.gov](mailto:cberning@isdh.in.gov).