

H1N1 Vaccine

Recommended Use of Influenza A H1N1 2009 Monovalent Vaccine

The H1N1 vaccine is now available and recommended. Vaccination efforts should focus initially on persons in five target groups whose members are at higher risk for influenza or influenza-related complications, are likely to come in contact with influenza viruses as part of their occupation and could transmit influenza viruses to others in medical care settings, or are close contacts of infants aged <6 months (who are too young to be vaccinated). In the event that vaccine availability is unable to meet initial demand, priority should be given to a subset of the five target groups.

The first vaccinated people are at highest risk...pregnant women, people in close contact with infants under 6 months, health workers, people 6 months to 24 years, and those 25 to 64 with chronic conditions.

Next, everyone 25 to 64 ...and last people 65 and up. Older people have an advantage.... They were likely exposed to a somewhat similar virus that circulated when they were young. Therefore, seniors seem to have a lower risk of getting this year's H1N1.

The H1N1 vaccine is manufactured the same way as seasonal flu vaccine. So expect any reactions to the vaccine to be similar.

New evidence suggests that giving acetaminophen to children before vaccinations MIGHT reduce immunity. Acetaminophen's useful antipyretic effect might slightly reduce the immune response to some common childhood vaccines...diphtheria, tetanus, acellular pertussis, Hib, and pneumococcal vaccines. Routine use of fever reducers BEFORE vaccinations is not recommended. But it's okay to give these drugs AFTER vaccination if pain or fever occurs.

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