



## Iowa Department of Public Health 2009 Influenza A (H1N1) Monovalent Vaccine Recommendations

The Iowa Department of Public Health (IDPH) and Iowa's Infectious Disease Advisory Committee (IDAC) support the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommendations for use of vaccine against novel influenza A (H1N1).

### ACIP Initial Target Groups\*:

The ACIP recommends that vaccination efforts focus on five key populations:

- pregnant women,
- persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers),
- health care and emergency medical services personnel,
- persons aged 6 months--24 years, and
- persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications

### ACIP Subset of Target Groups during Limited Vaccine Availability\*:

When vaccine is available in limited quantities, the ACIP recommends that the following subset of groups receive the vaccine before others:

- pregnant women,
- persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers),
- health-care and emergency medical services personnel who have direct contact with patients or infectious material,
- children aged 6 months--4 years, and
- children and adolescents aged 5--18 years who have medical conditions that put them at higher risk for influenza-related complications.

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IDPH in consultation with IDAC is providing additional guidance during times of limited vaccine supply:

#### 1) Defining health care and emergency medical services personnel with direct patient contact

*ACIP defines health-care personnel as:*

*Health-care personnel (HCP) include all paid and unpaid persons working in health-care settings who have the potential for exposure to patients with influenza, infectious materials, including body substances, contaminated medical supplies and equipment, or contaminated environmental surfaces. HCP might include (but are not limited to) physicians, nurses, nursing assistants, therapists, technicians, emergency medical service personnel, dental personnel, pharmacists, laboratory personnel, autopsy personnel, students and trainees, contractual staff not employed by the health-care facility, and persons (e.g., clerical, dietary, housekeeping, maintenance, and volunteers) not directly involved in patient care but potentially exposed to infectious agents that can be transmitted to and from HCP. The recommendations in this report apply to HCP in acute-care hospitals, nursing homes, skilled nursing facilities, physicians' offices, urgent care centers, and outpatient clinics, and to persons who provide home health care and emergency medical services. Emergency medical services personnel might include persons in an occupation (e.g., emergency medical technicians and fire fighters) who provide emergency medical care as part of their normal job duties.\**

IDPH and IDAC recommend that when vaccine is in limited quantities, priority be given to those health care and emergency medical services personnel providing direct patient care (within 3-6 feet of the patient) to high risk persons as outlined in the ACIP Subset of Target Groups during Limited Vaccine Availability (such as hospital intensive care nursery staff, pediatricians, or obstetricians) and that health care and emergency medical services personnel with daily exposure to these high risk patients should be given priority over those with weekly or monthly exposures.

2) Defining chronic medical conditions

ACIP defines chronic medical conditions as:

*Chronic medical conditions that confer a higher risk for influenza-related complications include chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic disorders (including diabetes mellitus) or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus).*

IDPH and IDAC agree with the chronic medical conditions definition as provided by the ACIP but recommend that priority is given to those patients requiring current and regular medical care for the above mentioned conditions.

3) Consider providing initial shipments of the live attenuated vaccine (intranasal vaccine) to health care and emergency medical service personnel

Initial vaccine supplies may consist of live attenuated vaccine that is not recommended for pregnant women, persons with chronic medical conditions, children less than 2 years old, or persons over 49 years old. In this circumstance, live attenuated vaccine should be given to those health care and emergency medical services personnel meeting the above description, allowing later supplies of inactivated vaccine to be used for the other priority groups.

4) Vaccine priorities for persons within two or more of the ACIP target groups

IDPH and IDAC recommend that persons belonging to any two or more of the ACIP Subset of Target Groups during Limited Vaccine Availability are given highest priority for vaccination (e.g., for example a pregnant health care worker who has direct contact with high-risk patients).

5) Diversified approach to vaccinating the ACIP target groups

IDPH and IDAC recommend that vaccination occurs across all of the ACIP Subset of Target Groups during Limited Vaccine Availability, rather than exclusively focusing on one target group over another.

\*Use of Influenza A (H1N1) 2009 Monovalent Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. Morbidity and Mortality Weekly, August 21, 2009/58;1-8.

[www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm)