

2009 H1N1 ACIP Vaccination Recommendations

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Welcome to this CDC influenza podcast. In this podcast, Dr. Tony Fiore from CDC's Influenza Division discusses vaccination recommendations made by the Advisory Committee for Immunization Practices (ACIP) for the new 2009 H1N1 influenza virus. The 2009 H1N1 flu is sometimes called novel H1N1 or swine flu, and the World Health Organization calls it the pandemic H1N1 2009 virus.

This podcast discusses only 2009 H1N1 influenza vaccination recommendations. For ACIP recommendations regarding seasonal influenza vaccination, listen to the Podcast “Seasonal Influenza 2009-2010: ACIP Vaccination Recommendations” at www.cdc.gov/podcasts.

In the spring of 2009, a new and very different influenza A H1N1 virus emerged to cause illness in people. This virus is spreading worldwide and the World Health Organization has declared an influenza pandemic. The virus is so different from seasonal influenza A H1N1 viruses that have spread in people over the past 30 years that the seasonal flu vaccine is not expected to protect against this new virus.

A vaccine to protect against 2009 H1N1 influenza is currently in production and it is anticipated that vaccine will be ready for the public during the 2009-2010 flu season. This 2009 H1N1 vaccine is not intended to replace the seasonal flu vaccine. Many people will be recommended to get both vaccines to protect against influenza illness this season.

ACIP advises the Centers for Disease Control and Prevention on vaccine issues. In July, 2009 the committee made recommendations on the use of vaccine for the control and prevention of 2009 H1N1 influenza. The committee considered several factors, including current disease patterns; who is most at-risk for severe illness, hospitalization or death; how much vaccine is expected to be available; and when the vaccine is expected to be available.

The committee recommended that vaccination efforts focus on five key populations. The key populations include those who are at higher risk of disease or complications, those who are likely to come in contact with 2009 H1N1, and those who could infect young infants who cannot be vaccinated themselves. The ACIP has recommended that when vaccine becomes available, immunization programs and providers should focus first on vaccinating as many people as possible in the following five groups:

- pregnant women,
- people who live with or provide care for children younger than 6 months of age,
- health care and emergency medical services personnel,
- people between six months through 24 years of age, and
- people from the ages of 25 through 64 who are at higher risk because of chronic health disorders such as asthma, diabetes, or a weakened immune system.

These groups total approximately 159 million people in the United States.

Once the demand for vaccine for these groups has been met, the next group to be vaccinated includes everyone from the ages of 25 through 64 years. Unlike seasonal flu, people 65 or older appear to be less at risk of infection with the 2009 H1N1 virus than younger people. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older.

The 2009 H1N1 vaccine is not intended to replace the seasonal flu vaccine. It is an additional influenza vaccine for this influenza season. Many people will be recommended to get both vaccines. So the best advice is, get the seasonal flu vaccine as soon as it is available in your community, and if you are in one of the recommended groups, get the 2009 H1N1 vaccine when it becomes available.

And remember that in addition to vaccination, there are other actions everyone should take to help prevent the spread of flu. This includes coverings coughs and sneezes with a tissue; washing hands often with soap and water, especially after coughing or sneezing; and staying home when sick with flu-like symptoms except to seek medical care. People who become severely ill or have a medical condition that places them at high risk for flu-related complications and develop flu-like symptoms, including fever or chills and cough or sore throat, should consult with a healthcare provider. They might need to be treated with influenza antiviral medicines. High risk medical conditions include asthma, diabetes, or heart and lung disease. For more information on 2009 H1N1, visit www.cdc.gov/h1n1.

For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO, 24/7.