

*State of Wisconsin*  
*Emergency Medical Services*  
**Medical Guidelines and Procedures**

**2009 Influenza A (H1N1)  
Vaccination Administration  
– INTRANASAL Live Attenuated –**

**Note: This information is based upon the most recent recommendations by the Centers for Disease Control and Prevention (CDC) and disseminated by the Wisconsin Department of Health Services.**

On August 28, 2009, the Advisory Committee on Immunization Practices (ACIP) recommended the use of influenza A (H1N1) 2009 vaccines for the following target groups (not listed in order of priority):

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

Live attenuated Influenza A (H1N1) 2009 vaccine is an intranasal administered vaccine licensed for use in healthy persons **2 through 49 years of age**. It is manufactured by MedImmune.

Health care workers and other individuals who receive live attenuated influenza virus vaccine should refrain from contact with severely immunosuppressed patients (e.g., bone marrow or air flow restricted units) for 7 days after vaccine receipt. Severely immunosuppressed persons should not administer live attenuated influenza virus vaccine to other people.

**Note: Pending availability of vaccine, these groups may be modified per Wisconsin Division of Public Health directives. As availability of vaccine increases, other groups—in addition to the above mentioned target groups—may receive the vaccine.**

**EMERGENCY MEDICAL RESPONDER (EMR)**

- Emergency Medical Responders (EMR) are **NOT** allowed to administer the 2009 Influenza (H1N1) vaccination.

**EMERGENCY MEDICAL TECHNICIAN (EMT) / ADVANCED EMT (AEMT)  
INTERMEDIATE / PARAMEDIC**

Persons who should NOT receive live (H1N1) 2009 influenza vaccine:

- Children ages < 2 years and adults  $\geq 50$  years.
- Persons with long term health problems including asthma, chronic pulmonary or cardiovascular systems disorders, underlining medical conditions (diabetes mellitus, renal dysfunction, hemoglobinopathies), known or suspected immunodeficiency diseases or receiving immunosuppressive therapies.
- Children and adolescents receiving long term aspirin treatment.
- Persons with a history of Guillian-Barré syndrome (GBS).
- Pregnant women.
- Children under 5 years of age with asthma or recurrent wheezing within the preceding 12 months.

### Storage

- Refrigerate at 35° - 46° F. (2° - 8° C.). DO NOT FREEZE.

### Contraindications

- Age less than 2 or greater than 49
- Children or adolescents receiving aspirin
- History of Guillain-Barre
- Serious allergic reaction to a previous dose of influenza vaccine (intranasal or intramuscular)
- Allergic reaction to egg, egg products, gentamicin (an antibiotic), gelatin, or arginine
- Any acute illness more severe than the common cold
- Oral (or equivalent) temperature elevation  $\geq 101.5^{\circ}$  F ( $38.6^{\circ}$  C).
- Immunocompromised patients
- If the vaccinee will be in regular close contact with someone with a severely compromised immune system in the next 7 days
- Pregnancy
- Long term medical conditions such as asthma/COPD, heart disease, kidney disease, or diabetes

### Reactions

- In children: Runny nose, headache, vomiting, and myalgia.
- In adults: Runny nose, nasal congestion, headache, and sore throat.

### Schedule

- Healthy children 2 years through 9 years of age: Two doses separated by at least 21-28 days.
- Healthy persons aged 10 years through 49 years: One dose

### How supplied

- Live attenuated Influenza A (H1N1) 2009 vaccine is supplied in a package of 10 pre-filled, single-use sprayers each containing 0.2 mL doses.

### Dosage and site of administration

- Half the dose (0.1 mL) is administered into each nostril while the recipient is in an upright position.
- Insert the tip of the sprayer just inside the nose and depress the plunger until the dose divider clip prevents you from going further.
- The dose-divider clip is removed from the sprayer to administer the second half of the dose (0.1 mL) into the other nostril.
- If the patient sneezes, the dose does not need to be readministered.

### Transmission of vaccine virus to contacts

Available data indicate that both children and adults vaccinated with live attenuated influenza vaccine rarely transmit shed vaccine viruses after vaccination and shedding should not be equated with person-to-person transmission of infection.

Health care workers and other individuals who receive live attenuated influenza virus vaccine should refrain from contact with severely immunosuppressed patients (e.g., bone marrow or air flow restricted units) for 7 days after vaccine receipt. Severely immunosuppressed persons should not administer live attenuated influenza virus vaccine to other people.

### Simultaneous administration of seasonal and Influenza A (H1N1) 2009 vaccines

In an individual who will be vaccinated with both seasonal (trivalent) vaccine and H1N1 2009 (monovalent) vaccines:

- If both vaccines are inactivated they may be received during the same visit at different anatomical sites or they may be received on different dates at any time.
- If one vaccine is inactivated and one vaccine is live attenuated, they may be received during the same visit or they may be received on different dates at any time.

- If both vaccines are live attenuated, they should not be received during the same visit but can be received if separated by a minimum of 4 weeks.

Two doses of (H1N1) 2009 vaccines from different vaccine manufacturers

- It is permissible to receive an inactivated (H1N1) 2009 vaccine as the first dose and a live (H1N1) 2009 vaccine as the second dose or vice versa separated by at least 21-28 days.

Simultaneous administration of (H1N1) 2009 vaccine and other childhood vaccines

- Inactivated (H1N1) 2009 vaccine can be administered during the same visit as any other vaccine (e.g., DTaP, MMR).
- Live attenuated (H1N1) 2009 vaccine can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal (trivalent) live attenuated influenza vaccine.

Procedure

- All vaccinees to receive appropriate CDC Vaccination Information Sheet (VIS)
- All vaccinees to complete the top section of the Vaccination Administration Record (VAR)
- Vaccinator to review completed VAR. VAR serves as written consent for the vaccination.
- If a potential vaccinee answers “yes” to any of the questions, the potential vaccinee should not receive the vaccination until cleared by a physician
- Half the dose (0.1 mL) is administered into each nostril while the recipient is in an upright position.
- Insert the tip of the sprayer just inside the nose and depress the plunger until the dose divider clip prevents you from going further.
- The dose-divider clip is removed from the sprayer to administer the second half of the dose (0.1 mL) into the other nostril.
- If the patient sneezes, the dose does not need to be readministered.

Liability Issues

The Public Readiness and Emergency Response (PREP) Act authorizes the Secretary of the Department of Health and Human Services to issue a declaration (“PREP Act declaration”) that provides immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures (vaccines) to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. A PREP Act declaration is specifically for the purpose of providing immunity from tort liability, and is different from, and not dependent on, other emergency declarations.

Signatures

As the Service Director for \_\_\_\_\_,  
I accept the 2009 Influenza A (H1N1) vaccination guideline/protocol and procedures as written.

Service Director name (print) \_\_\_\_\_

Service Director signature \_\_\_\_\_ Date \_\_\_\_\_

As the Medical Director for \_\_\_\_\_,  
I accept the 2009 Influenza A (H1N1) vaccination guideline/protocol and procedures as written.

Physician name (print) \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_