



Mississippi Morbidity Report

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Recommended Priority Groups for Novel H1N1 (swine) and Seasonal Influenza Vaccines

Introduction: Every flu season has the potential to cause a lot of illness, doctor's visits, hospitalizations and deaths. CDC is concerned that the new H1N1 flu virus could result in a particularly severe flu season this year as there is little immunity in the population. Vaccines are the best tool we have to prevent influenza. The seasonal flu vaccine is unlikely to provide protection against novel H1N1 (swine) influenza. However **a novel H1N1 vaccine is currently in production and should be ready for the public in the fall.** The novel H1N1 vaccine is not intended to replace the seasonal flu vaccine – it is intended to be used along-side seasonal flu vaccine. The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), a panel made up of medical and public health experts, met July 29, 2009, to make recommendations on who should receive the new H1N1 (swine flu) vaccine when it becomes available. The ACIP has also issued seasonal influenza vaccination recommendations for adults and children for 2009-10 influenza season. The novel H1N1 flu vaccination priority groups differ somewhat from the recommendations for seasonal influenza vaccine. The recommendations for both novel H1N1 flu vaccine and seasonal flu vaccine are provided below.

Novel H1N1 Influenza Vaccination Recommendations: (available on the CDC website at <http://www.cdc.gov/h1n1flu/vaccination/acip.htm>; or access the complete guidance for the use of novel H1N1 vaccine at http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm?s_cid=rr58e0821a1_e)

While some issues are still unknown, such as how severe the virus will be during the fall and winter months, the ACIP considered several factors, including current disease patterns, populations most at-risk for severe illness based on current trends in illness, hospitalizations and deaths, how much vaccine is expected to be available, and the timing of vaccine availability.

The groups recommended to receive the novel H1N1 influenza vaccine include:

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus;
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- **All people from 6 months through 24 years of age**
 - **Children from 6 months through 18 years of age** because we have seen many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
 - **Young adults 19 through 24 years of age** because we have seen many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

We expect that there will adequate supplies of novel H1N1 flu vaccine, but flu vaccine availability and demand can be unpredictable and there is some possibility that initially, the vaccine will be available in

limited quantities. So, the ACIP also made recommendations regarding which people within the groups listed above should be prioritized if the vaccine is initially available in extremely limited quantities. For more information see the CDC press release [CDC Advisors Make Recommendations for Use of Vaccine Against Novel H1N1](#).

Once the demand for vaccine for the prioritized groups has been met at the local level, programs and providers should also begin vaccinating everyone from the ages of 25 through 64 years. Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older.

Prevention and Control of Seasonal Influenza with Vaccines (The full document for is available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5808a1.htm>)

Seasonal influenza vaccine should be provided to all persons who want to reduce the risk for becoming ill with influenza or of transmitting it to others. However, emphasis on providing routine vaccination annually to certain groups at higher risk for influenza infection or complications is advised, including all children aged 6 months--18 years, all persons aged ≥ 50 years, and other adults at risk for medical complications from influenza. In addition, all persons who live with or care for persons at high risk for influenza-related complications, including contacts of children aged < 6 months, should receive influenza vaccine annually.

Summary of seasonal influenza vaccination recommendations, 2009: children and adolescents aged 6 months--18 years:

- All children aged 6 months--18 years should be vaccinated annually.
- Children and adolescents at higher risk for influenza complications should continue to be a focus of vaccination efforts as providers and programs transition to routinely vaccinating all children and adolescents, including those who:
 - are aged 6 months--4 years (59 months);
 - have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematological or metabolic disorders (including diabetes mellitus);
 - are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus);
 - are receiving long-term aspirin therapy and therefore might be at risk for experiencing Reye syndrome after influenza virus infection;
 - are residents of long-term care facilities; and
 - will be pregnant during the influenza season.

Summary of seasonal influenza vaccination recommendations, 2009: adults:

Annual vaccination against influenza is recommended for any adult who wants to reduce the risk of becoming ill with influenza or of transmitting it to others. Vaccination is recommended for all adults without contraindications in the following groups, because these persons either are at higher risk for influenza complications, or are close contacts of persons at higher risk:

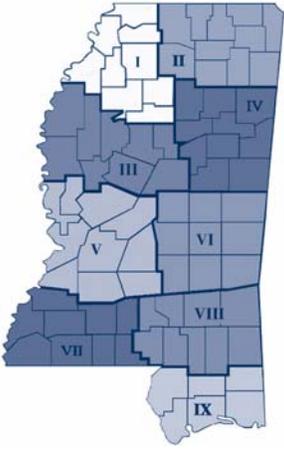
- persons aged ≥ 50 years;
- women who will be pregnant during the influenza season;
- persons who have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematological or metabolic disorders (including diabetes mellitus);

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Mississippi

Provisional Reportable Disease Statistics

July 2009



		Public Health District									State Totals*			
		I	II	III	IV	V	VI	VII	VIII	IX	July 2009	July 2008	YTD 2009	YTD 2008
Sexually Transmitted Diseases	Primary & Secondary Syphilis	2	1	1	0	13	1	2	5	2	27	19	121	89
	Total Early Syphilis	5	1	5	3	23	2	2	13	4	58	37	299	201
	Gonorrhea	62	38	88	60	219	75	33	79	54	708	687	4392	4182
	Chlamydia	229	164	250	130	547	179	135	245	207	2086	1882	14022	11327
	HIV Disease	7	3	9	2	19	4	2	4	5	55	40	375	326
Mycobacterial Diseases	Pulmonary Tuberculosis (TB)	0	0	1	1	5	1	0	1	1	10	7	52	50
	Extrapulmonary TB	0	0	0	0	0	0	0	0	0	0	1	10	11
	Mycobacteria Other Than TB	4	0	3	4	7	3	1	5	3	30	30	187	163
Vaccine Preventable Diseases	Diphtheria	0	0	0	0	0	0	0	0	0	0	0	0	0
	Pertussis	1	0	0	0	0	0	0	0	1	2	12	44	70
	Tetanus	0	0	0	0	0	0	0	0	0	0	0	0	0
	Poliomyelitis	0	0	0	0	0	0	0	0	0	0	0	0	0
	Measles	0	0	0	0	0	0	0	0	0	0	0	0	0
	Mumps	0	0	0	0	0	0	0	0	0	0	0	0	0
	Hepatitis B (acute)	1	1	1	0	0	0	0	0	1	4	8	23	28
	Invasive <i>H. influenzae b</i> disease	0	0	0	0	0	0	0	0	0	0	0	0	2
	Invasive Meningococcal disease	0	0	0	0	0	0	0	0	0	0	0	2	9
Enteric Diseases	Hepatitis A (acute)	0	0	0	0	1	0	0	1	0	2	2	8	4
	Salmonellosis	11	34	4	12	34	15	8	16	15	149	163	422	507
	Shigellosis	2	3	0	0	1	0	0	0	0	6	19	24	250
	Campylobacteriosis	2	2	4	1	3	0	0	0	3	15	25	72	74
	<i>E. coli</i> O157:H7/HUS	0	0	0	0	0	0	0	0	0	0	1	6	4
Zoonotic Diseases	Animal Rabies (bats)	0	0	0	0	0	0	0	0	0	0	0	0	2
	Lyme disease	0	0	0	0	0	0	0	0	0	0	0	0	0
	Rocky Mountain spotted fever	0	0	0	0	0	0	0	0	0	0	3	7	7
	West Nile virus	1	0	2	0	3	0	0	2	2	10	16	11	23

*Totals include reports from Department of Corrections and those not reported from a specific District.

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- persons who have immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus);
- residents of nursing homes and other long-term care facilities;
- health-care personnel;
- household contacts and caregivers of children aged <5 years and adults aged ≥ 50 years, with particular emphasis on vaccinating contacts of children aged <6 months; and
- household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

Provider Enrollment: The CDC is anticipating that the initial shipments of novel H1N1 influenza vaccine will be available by mid-October 2009. Orders for the vaccine will be managed by state health departments, including the Mississippi State Department of Health (MSDH). The CDC is developing a provider agreement for providers who are interested in enrolling and participating in novel H1N1 influenza vaccination. This agreement will be similar to the Vaccines for Children (VFC) program provider agreements. MSDH is especially interested in enrolling providers who may have access to the populations in priority groups (such as pregnant women, care – providers for children less than 6 months of age, and children younger than school age). Updates will be provided as more information on the enrollment process and vaccine administration is available.