



# Arkansas Department of Health

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Governor Mike Beebe

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November 19, 2009

## H1N1 Vaccine Provider Pre-Registration Sign-Up

Providers interested in receiving H1N1 vaccine are encouraged to go to the ADH website ([www.healthyarkansas.com](http://www.healthyarkansas.com)) for information. The steps include:

1. Pre-registering your interest for vaccine—please call the helpdesk at 1-800-574-4040 to pre-register or contact Wittney Hasley ([Wittney.Hasley@arkansas.gov](mailto:Wittney.Hasley@arkansas.gov)).
2. Submitting a provider agreement
3. Placing a vaccine order

You must complete all the above steps, in order to receive vaccine.

The Arkansas Dept of Health will be upgrading the software used for the **Health Alert Network (HAN)**. Use of this new system will begin on October 1, 2009. To ensure you continue to receive **Dr. Snow's weekly letter** and other important health information you must logon to <https://health.arkansas.gov/codespearreg>, click on “new user information” and fill in the blanks. You are required to have an email address. This email address becomes your logon ID. Please click on the web address and sign up. We will not be sending faxes after October 1.

**Good News** – the 18 year + CSL product can be used on age 3 years and up.

On November 11, 2009, the FDA expanded the approved use of CSL's seasonal and 2009 H1N1 monovalent influenza vaccines to include children aged 6 months and older. Both vaccines had previously been approved only for use in adults, aged 18 years and older. The immediate affect on the national H1N1 flu vaccination program is that CSL's pre-filled syringe and multi-dose vial formulations can now be used in a substantially broader range of ages. CDC is making a programmatic recommendation and issuing clarifying guidance on use of CSL H1N1 vaccine that takes into account practical logistical considerations of allocation, ordering, and distribution of vaccine and ancillary supply kits. Using the CSL H1N1 pre-filled syringe vaccine in children aged 6-35 months would result in wastage of one dose per syringe. Since children aged 6-35 months would only require a half dose of this vaccine, only half of the contents of the syringe could be used. Transfer of some or all of the contents of one syringe to another syringe is not permissible nor is using the same syringe to administer the latter half dose to another individual. Therefore, the only option is to discard the remaining half dose. With the current limited supply and availability of vaccine nationwide, CDC discourages using a half dose of CSL H1N1 pre-filled syringe vaccine on a child aged 6-35 months and discarding the remaining half dose.

While CSL's H1N1 multi-dose vial vaccine is now licensed for use in individuals aged 6 months and older, CDC is treating this formulation as being for use in individuals aged 3 years and older

for the purpose of allocating and ordering vaccine and ancillary supply kits (the multi-dose vial kits used for all H1N1 vaccines contain supplies that are intended for use in children and adults aged 3 years and older). CSL H1N1 multi-dose vial vaccine formulation will continue to be ordered as a 100 dose (0.5mL per dose) minimum order size and CDC will allocate one multi-dose vial ancillary supply kit for each 100 doses of multi-dose vial vaccine. If providers choose to administer half doses of the multi-dose vial formulation to children aged 6-35 months, they will effectively be short half the number of needle/syringe units, alcohol pads, vaccination record cards and sharps containers. Providers will be required to use their own ancillary supplies to make up the difference and print out additional shot cards from the CDC website ([http://www.cdc.gov/flu/freeresources/2009-10/pdf/influenza\\_record\\_card2009.pdf](http://www.cdc.gov/flu/freeresources/2009-10/pdf/influenza_record_card2009.pdf)). This situation also applies to the Sanofi Pasteur multi-dose vial vaccine formulation that is licensed for individuals aged 6 months and older.

**Pneumococcal Vaccine:** CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of pneumococcal polysaccharide vaccine (PPSV) for all people 65 years of age and older and for persons 2 through 64 years of age with certain high-risk conditions. For those 19 through 64 years of age, these include: having asthma or smoking cigarettes. For those 2 through 64 years of age, high-risk conditions include: chronic cardiovascular disease (congestive heart failure and cardiomyopathies), chronic pulmonary disease (including chronic obstructive pulmonary disease and emphysema), diabetes mellitus, alcoholism, chronic liver disease (including cirrhosis), cerebrospinal fluid leaks, cochlear implant, functional or anatomic asplenia including sickle cell disease and splenectomy, immunocompromising conditions including HIV infection, leukemia, lymphoma, Hodgkin's disease, multiple myeloma, generalized malignancy, chronic renal failure, nephrotic syndrome; those receiving immunosuppressive chemotherapy (including corticosteroids); and those who have received an organ or bone marrow transplant, and residents of nursing homes or long-term care facilities.

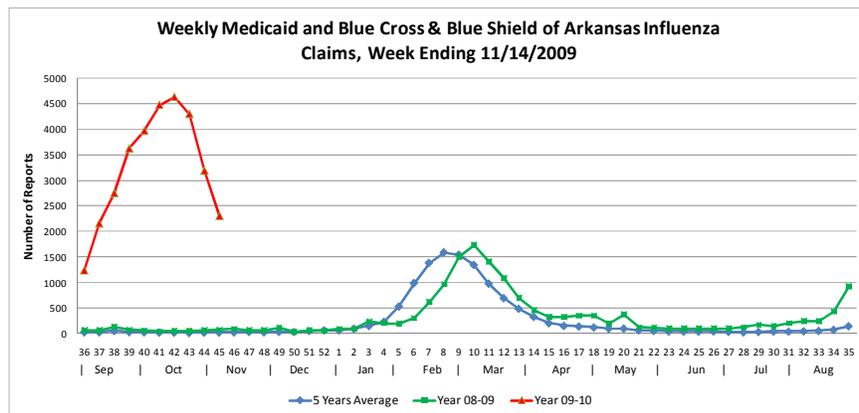
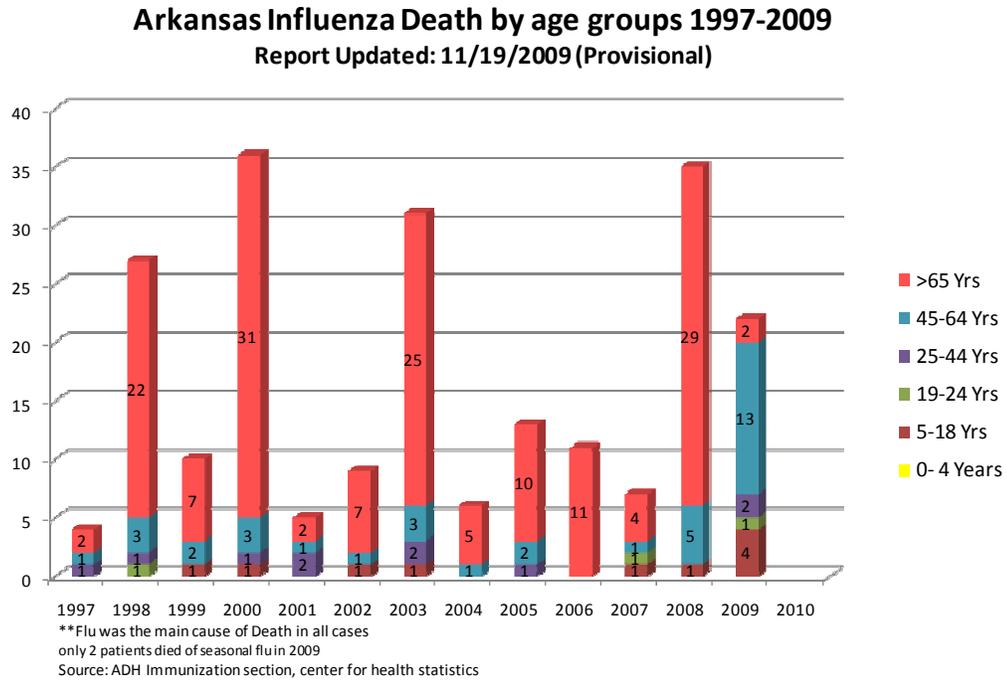
Among those with high-risk conditions for pneumococcal disease, most are also at high risk for severe complications from influenza. A single pneumococcal revaccination at least five years after initial vaccination is recommended for people 65 years and older who were first vaccinated before age 65 years. A single pneumococcal revaccination also is recommended for people at highest risk of disease, such as those who have functional and anatomical asplenia, and those who have HIV infection, AIDS or malignancy and have at least five years elapsed from receipt of first vaccination.

### **What can health care providers do to reduce delays in antiviral treatment?**

Clinicians can take several actions to reduce delays in antiviral treatment initiation. These include:

1. Informing people at higher risk for influenza complications of the signs and symptoms of influenza and the need for them to get treated early.

2. Ensuring quick access to telephone consultation and clinical evaluation for these patients as well as patients who report severe illness.
3. Considering empiric treatment of patients at higher risk for influenza complications based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated.



If you have any questions please feel free to contact Dr. Sandy Snow at 501-661-2169 or fax to 501-661-2300 or e-mail to [Sandra.snow@arkansas.gov](mailto:Sandra.snow@arkansas.gov)

