NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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2 Lafayette Street, 19th Floor
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Dear Colleague:

This is a weekly update on H1N1 vaccine. Initial vaccine supplies are still limited. As of Tuesday, October 27th, approximately 600,000 doses were allocated to New York City. More doses are expected for shipment each week, and we ask providers to be patient as more H1N1 vaccine becomes available. Vaccine is being allocated as it is received. Partial orders are being filled to give more providers some vaccine to begin vaccination of their patients. As more vaccine is received, the balance of the orders will be filled. We will keep you updated on H1N1 vaccine availability as we receive more information.

We have received many questions from providers about the minimum intervals for H1N1 doses and about use of thimerosal -containing vaccines for pregnant women and young children.

1) Intervals between Influenza Vaccine Doses

- **For children less than 10 years of age who require two doses of 2009 H1N1 vaccine, what is the interval between doses?**
    - The preferred interval between two doses of 2009 H1N1 influenza vaccine (live-attenuated or inactivated) is 28 days**.**
    - **The minimum acceptable interval for the second dose, if using inactivated 2009 H1N1 vaccine, is 21 days after the first dose.**
- **For an individual receiving both live-attenuated seasonal influenza vaccine and live attenuated 2009 H1N1 vaccine, what should be the minimum interval between vaccines?**
    - The preferred interval between a dose of live attenuated 2009 H1N1 influenza vaccine and live-attenuated seasonal influenza vaccine is 28 days.
    - **The minimum acceptable interval is 14 days**
    - If the interval between administration of seasonal LAIV and 2009 H1N1 LAIV is from 1-13 days, the vaccine more recently administered should be repeated.
- The following link has additional information from the CDC on influenza vaccines: http://www.cdc.gov/H1N1flu/vaccination/top10_faq.htm
- This information is likely to be revised and we will let you know of changes when they occur.

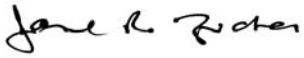
2) Use of Thimerosal-Containing Vaccines

- **Are thimerosal-containing vaccines safe?**
  - Thimerosal is a preservative used in vaccines for many years; studies have found no evidence of adverse health effects from the use of thimerosal.
  - Additional information on thimerosal in vaccines can be found at: http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228
- **What is Public Health Law 2112 and what does it say about thimerosal-containing vaccines?**
  - New York State Public Health Law Section 2112 (PHL 2112) restricts the use of thimerosal-containing vaccines for children under 3 years and pregnant women.
  - PHL 2112 is available at http://www.health.state.ny.us/regulations/public_health_law/section/2112/information_for_physicians/docs/update_to_state_law_restricting_thimerosol.pdf
- **What influenza vaccines are regulated by PHL 2112?**
  - Multi-dose vials of both seasonal and 2009 H1N1 influenza vaccines contain more than trace amounts of thimerosal and therefore their use is restricted under PHL 2112.
  - All single dose preparations (pre-filled syringes or single dose vials) are preservative free or only contain a trace amount of thimerosal.
- **What if you are unable to obtain formulations of vaccines required for pregnant women or children under 3 years?**
  - Currently, supplies of 2009 H1N1 vaccine are limited; this is particularly true for formulations that would be in compliance with PHL2112.
  - PHL 2112 has language which allows the use thimerosal vaccines for pregnant women and children under 3 years when supplies are limited, which reads as follows:
    - *In those instances when providers have in good faith sought out influenza vaccine that complies with PHL 2112, but such vaccine cannot be obtained, vaccination of children under 3 years and pregnant women is still recommended because the substantial risk of complications or death from influenza disease in these groups outweighs the unproven risk of vaccination with thimerosal-containing vaccine. PHL 2112 requires that informed consent be obtained in this situation. Informed consent can either be obtained in writing or verbally. Verbal informed consent should be noted in the medical record.*

To facilitate communication, please email us at nycflu@health.nyc.gov with questions about Citywide Immunization Registry (CIR) registration or information about placing H1N1 vaccine orders.

We thank you for your participation in this important vaccination effort.

Sincerely,



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