



## NEWS

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### H1N1 Vaccine: Nasal Mist vs. Shot (Injection)

There are two types of H1N1 flu vaccine: the flu shot and the nasal mist vaccine. At this time, The Van Wert County Health Department is asking for your cooperation and recommending you accept the H1N1 mist preparation rather than the H1N1 shot. If there are medical reasons that you or your children cannot receive the mist, then the H1N1 flu shot (injection) will be recommended.

We are reserving the limited amount of injectable vaccine for those with high risk medical conditions. We are receiving weekly shipments from Ohio Department of Health who receives shipments from The Center for Disease Control. The goal is to prevent disease by vaccinating as many people as soon as possible.

The nasal spray flu vaccine is a vaccine made with live, weakened viruses (LAIV) that cannot grow at normal body temperature and is given via a nasal sprayer. This vaccine was approved for seasonal influenza viruses in 2003 and tens of millions of doses of the vaccine have been given in the United States. The nasal mist has been proven to provide coverage against the virus for 12 months, compared to the length of time for injectable which is believed to last only about 6 months. This is an added benefit as we are seeing the flu season start earlier each year. This year influenza-like illnesses were seen in our community in late summer to early fall.

Unlike the flu shot, the nasal spray flu vaccine does contain live viruses. **However, the viruses are attenuated (weakened) and cannot cause flu illness.** The weakened viruses are cold-adapted, which means they are designed to only cause infection at the cooler temperatures found within the nose. The viruses cannot infect the lungs or other areas where warmer temperatures exist. The nasal spray does not contain the preservative thimerisol. Some children and young adults 2 years to 17 years of age have reported experiencing mild reactions after receiving seasonal nasal spray flu vaccine, including

runny nose, nasal congestion or cough, chills, tiredness/weakness, sore throat and headache. Some adults 18 years to 49 years of age have reported runny nose or nasal congestion, cough, chills, tiredness/weakness, sore throat and headache. These side effects are mild and short-lasting, especially when compared to symptoms of influenza infection.

The 2009 H1N1 nasal spray and injectable vaccines are being made in the same way as the seasonal flu vaccines, but instead of containing three weakened flu viruses, the vaccinations only contain 2009 H1N1 virus. In one large study among children, the seasonal nasal-spray flu vaccine reduced the chance of influenza illness by 92% compared with placebo.

How many does should you get? In adults, only one dose of 2009 H1N1 vaccine, including the 2009 H1N1 nasal spray vaccine, is needed for protection. All children 9 years of age and younger getting a 2009 H1N1 vaccine will need two doses of 2009 H1N1 vaccine (either the 2009 H1N1 flu shot or the 2009 H1N1 nasal spray vaccine). The first dose should be given as soon as vaccine becomes available. The second dose should be given 28 or more days after the first dose. The first dose "primes" the immune system; the second dose provides immune protection. Children who only get one dose of vaccine when they need two doses may have reduced or no protection. Be sure to follow up to get your child a second dose if they are age 9 and younger. Protection begins about two weeks after the second dose. If a child has had any other recent "live" vaccines, such as MMR, Varicella (chicken pox), or the initial H1N1 mist or Seasonal Flumist, there has to be at least 28 days between the date of those vaccinations and the H1N1 nasal spray dose.

Who should get the H1N1 nasal spray vaccination? The 2009 H1N1 nasal spray vaccine is recommended for use in healthy people 2 years through 49 years of age who are not pregnant. Mist is a very good option for most health care providers who are healthy, younger than 50 years old, and not pregnant. However, health care providers should not get the mist if they are providing medical care for patients who require special environments in the hospital because they are profoundly immunocompromised (for example, those who work in bone marrow transplant units). Although no immunocompromised patient has been shown to be harmed by use of LAIV among health care workers, the recommendation against the use of LAIV in health care workers with this type of patient contact is intended as an extra precaution for fragile, immunocompromised patients. Health care workers with this type of patient contact can get LAIV, but if they do, they should wait 7 days after being vaccinated before returning to duties that include care of severely immunocompromised patients in special environments.

Certain populations should not get the 2009 H1N1 nasal spray vaccine. These include:

- People younger than 2 years of age;
- Pregnant women;
- People 50 years of age and older;

- People with a medical condition that places them at higher risk for complications from influenza, including those with chronic heart or lung disease, including asthma or reactive airways disease; those with diabetes, kidney failure, or people with illnesses that weaken the immune system, or who take medications that can weaken the immune system;
- Children younger than 5 years old with a history of recurrent wheezing;
- Children or adolescents receiving aspirin therapy;
- People who have had Guillain-Barré syndrome (GBS), a rare disorder of the nervous system, within 6 weeks of getting a flu vaccine,
- People who have a severe allergy to chicken eggs or who are allergic to any of the nasal spray vaccine components.

Women who are breastfeeding can receive the nasal spray vaccine, including 2009 H1N1 vaccine. A pregnant healthcare worker can also administer (give) a nasal spray vaccine (LAIIV). Because the viruses in the nasal spray vaccine are attenuated or weakened, vaccine viruses are unlikely to cause any illness symptoms, even if an unvaccinated person inadvertently gets vaccine viruses in their nose. CDC recommends that pregnant woman get both the 2009 H1N1 flu shot and the seasonal flu shot. Flu shots are made with a killed virus, and have not been shown to cause harm to pregnant women or their babies.

Staying informed is the best way to protect you and your family. Please visit [www.odh.ohio.gov](http://www.odh.ohio.gov), [www.cdc.gov](http://www.cdc.gov), [www.fighttheflu.org](http://www.fighttheflu.org), or [www.vanwertcountyhealth.org](http://www.vanwertcountyhealth.org).

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