

CDC Releases New Interim H1N1 Influenza Guidelines

CDC's H1N1 Flu Clinical and Public Health Guidance Web page has recently been updated with more interim guidance documents, including the promotion of recommendations for use of PPSV vaccine. CDC is urging health care professionals to vaccinate all individuals for whom PPSV vaccine is recommended to protect them from pneumococcal disease during this H1N1 influenza outbreak. Of special concern are the persons with high-risk conditions for whom PPSV vaccine is recommended, but to whom the vaccine is rarely given. For example, in the 2007 National Health Interview Survey, only 16 percent of at-risk adults ages 18-49 years had received a dose of PPSV vaccine.

Following are excerpts "Interim guidance for use of 23-valent pneumococcal polysaccharide vaccine during novel influenza A (H1N1) outbreak."

. . . CDC's Advisory Committee on Immunization Practices (ACIP) recommends a single dose of PPSV23 for all people 65 years and older and for persons 2 to 64 years of age with certain high-risk conditions. People in these groups are at increased risk of pneumococcal disease as well as serious complications from influenza. A single revaccination at least five years after initial vaccination is recommended for people 65 years and older who were first vaccinated before age 65 years as well as for people at highest risk, such as those who have no spleen, and those who have HIV infection, AIDS, or malignancy.

All people who have existing indications for PPSV23 should continue to be vaccinated according to current ACIP recommendations during the outbreak of novel influenza A (H1N1). Emphasis should be placed on vaccinating people aged less than 65 years who have established high-risk conditions because PPSV23 coverage among this group is low and because people in this group appear to be overrepresented among severe cases of novel influenza A (H1N1) infection, based on currently available data. PPSV23 coverage estimates are available at:

http://www.cdc.gov/flu/professionals/vaccination/pdf/NHIS89_07ppvaxtrendtab.pdf

Use of PPSV23 among people without current indications for vaccination is not recommended at this time. This recommendation may be revised as the epidemiology and clinical presentation of novel influenza A (H1N1) virus infection as well as the frequency and severity of secondary pneumococcal infections are better understood . . .

To read the entire document, including background about pneumococcal disease and PPSV and PCV vaccines, go to: http://www.cdc.gov/h1n1flu/guidance/ppsv_h1n1.htm

Other Newly Released or Updated Guidance Documents

- Interim Guidance on Case Definitions to be Used For Investigations of Novel Influenza A (H1N1) Cases, <http://www.cdc.gov/h1n1flu/casedef.htm>
- CDC's H1N1 Flu home page web section, <http://www.cdc.gov/h1n1flu>
- Immunization Action Coalition information related to H1N1 influenza, <http://www.immunize.org/h1n1>

World Health Organization Raises H1N1 Influenza Pandemic Alert to Phase 6

On June 11, 2009, the World Health Organization (WHO) raised the worldwide pandemic alert level to Phase 6 in response to the ongoing global spread of the novel influenza A (H1N1) virus. A Phase 6 designation indicates that a global pandemic is underway.

More than 70 countries are now reporting cases of human infection with novel H1N1 flu. This number has been increasing over the past few weeks, but many of the cases reportedly had links to travel or were localized outbreaks without community spread. The WHO designation of a pandemic alert Phase 6 reflects the fact that there are now ongoing community level outbreaks in multiple parts of world.

WHO's decision to raise the pandemic alert level to Phase 6 is a reflection of the spread of the virus, not the severity of illness caused by the virus. It's uncertain at this time how serious or severe this novel H1N1 pandemic will be in terms of how many people infected will develop serious complications or die from novel H1N1 infection. Experience with this virus so far is limited and influenza is unpredictable. However, because novel H1N1 is a new virus, many people may have little or no immunity against it, and illness may be more severe and widespread as a result. In addition, currently there is no vaccine to protect against novel H1N1 virus.

In the United States, most people who have become ill with the newly declared pandemic virus have recovered without requiring medical treatment, however, CDC anticipates that there will be more cases, more hospitalizations and more deaths associated with this pandemic in the coming days and weeks. In addition, this virus could cause significant illness with associated hospitalizations and deaths in the fall and winter during the U.S. influenza season.