

Parents Not Keen on H1N1 Vaccine for Children

BY MICHELE G. SULLIVAN

Despite clinical evidence suggesting that children are at higher risk for pandemic influenza A(H1N1) complications, only 40% of parents surveyed said they plan to have their children vaccinated against that strain of the flu.

The survey, conducted by the C.S. Mott Children's Hospital National Poll on Children's Health, also found that 54% of parents intended to have their children vaccinated against the regular seasonal flu.

The survey shows that many parents don't grasp the full implications of pandemic flu's possible effect on children, Dr. Matthew M. Davis wrote in the survey report.

"In both their intentions to vaccinate children and their comparisons of H1N1 and seasonal flu, many parents do not feel that H1N1 is a significant health threat," wrote Dr. Davis of the University of Michigan, Ann Arbor. "Nearly one-half of parents who do not plan to vaccinate their children indicated that they were not worried about their children getting H1N1 disease; nearly one in five believed that H1N1 flu is not a serious disease."

The survey cohort comprised 1,678 adult parents; the sample was then weighted to reflect population figures from the U.S. Census Bureau. Although 40% of parents said they were definitely or probably going to have their

children vaccinated against pandemic flu, 29% said that they definitely or probably would not have their children vaccinated.

Most of these (56%) said they were worried about side effects of the vaccine. Other reasons for declining included not being concerned that their children would get H1N1 influenza (46%); that medication can treat the flu, rendering vaccination unnecessary (42%); too much hassle to get two vaccine doses (30%); their school or day care provider doesn't require the vaccination (25%); worry about the vaccine's cost (23%); and the belief that H1N1 is not a serious disease (20%).

Parents who planned to have their children vaccinated held the converse views, with most believing that pandemic flu is a serious disease (83%) and 80% being worried that their children will contract it.

A racial/ethnic breakdown of the results showed that Hispanic parents were far more likely than white or black parents to plan on having their children vaccinated against pandemic flu (52% vs. 38% and 30%, respectively). This was a "notable finding," Dr. Davis said. "It

may reflect a higher perceived risk among Hispanics, given the well-publicized outbreak of H1N1 flu in Mexico in early 2009."

The survey also asked parents to compare the perceived risks of H1N1 with those of seasonal flu. About half of the respondents said the two flus will be comparable in the number of children who catch it, the number who will need to be hospitalized, and the number of school days children will miss. About a third said that H1N1 will be worse than seasonal flu in all those ways, and 20% said seasonal flu will be worse.

Dr. Davis suggested that health care providers can help parents understand the risk that H1N1 flu may present to their children. "Health care providers must play a critical role in ensuring that parents understand the risks of H1N1 flu illness and H1N1 flu vaccination, and that children have adequate and timely access to the vaccine," he wrote.

To see the full report, visit www.med.umich.edu/mott/npch/pdf/092409report.pdf.

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CPT Codes for H1N1 Vaccine Are Released

The American Medical Association has created a new Current Procedural Terminology code (90470) and revised an existing code (90663) for use with H1N1 vaccinations, according to a statement from the association.

The new and revised CPT codes will help streamline vaccination reporting and reimbursement as physicians across the United States begin to administer nearly 200 million doses of the new H1N1 vaccine this fall, the AMA said in the statement.

The details of the two codes are:

▶ 90470: H1N1 immunization, both intramuscular and intranasal, including counseling

▶ 90663: Influenza virus vaccine (pandemic H1N1 formulation)

Both the new Category I CPT Code 90470 and the revised code 90663 are effective immediately.

Code 90470 was created for use when reporting H1N1 vaccination and counseling, while code 90663 was revised to include the specific H1N1 vaccine product, according to the statement.

To be paid for H1N1 vaccine administration, providers should bill 90663 in conjunction with 90470, according to the AMA statement.

The 90663 code should be billed at zero dollars, because the vaccine itself is being provided by the federal government at no charge. Providers will be paid for vaccine administration, the AMA said. The codes were created in a joint effort between the AMA CPT editorial panel and the Department of Health and Human Services.

—Heidi Splete

CDC Officials Continue to Urge Priority Groups to Receive Pandemic Flu Vaccine

BY MITCHEL L. ZOLER

Vaccination for the pandemic influenza A(H1N1) virus remains critical, because it is medicine's best tool for preventing or moderating infection, officials with the Centers for Disease Control and Prevention continued to stress last month.

By mid-October, almost 10 million doses of pandemic flu vaccine were available for order and shipment to health care providers registered to provide the immunizations, Dr. Anne Schuchat, director of the CDC National Center for Immunization and Respiratory Diseases, said during a press briefing.

At that point, "5.8 million of those doses had been ordered by states, and we are getting both new orders and new allotments every day," Dr. Schuchat said at the press briefing.

"It's a very dynamic circumstance," she noted.

Half the vaccine was the injectable form, significantly expanding the potential pool of recipients, according to Dr. Schuchat.

The intranasal vaccine—which earlier accounted for the majority of available pandemic flu vaccine—contained live, attenuated virus, and was not recommended for those with underlying medical conditions, including asthma and other chronic lung diseases; for pregnant women; or for children younger than 2 years.

With the addition of the injectable version, "More places will have the ability to offer the vaccine to these groups, so many more can take advantage of it," she said. "Each locality is directing the

vaccine to the places where it can be given quickly to high-risk populations or to health care workers, and to children and schoolchildren in some communities. The [localities] are trying to take the doses available to them and find focused, practical ways to get them used promptly."

While U.S. case numbers of H1N1 flu had dipped by that point, CDC Director Thomas R. Frieden stressed that the vaccine has not arrived too late.

"We wish we had [the vaccine] earlier," conceded

Dr. Frieden, but added "it's too soon to say it's too late, because we don't know what the rest of the [flu] season will bring. Even in areas where flu has been widespread, it's affected maybe 5%-10% of people, which means that 90%-95% are still susceptible."

Dr. Frieden noted that, while flu infection has been uncharacteristically active in August and September, because of H1N1, the flu season will stretch to May.

"It's a good idea to get vaccinated, because you don't know what the rest of this long flu season is going to hold. We have not had a flu season like this for at least 50 years," he noted.

So far, neither of the two biggest concerns about the H1N1 pandemic has materialized, Dr. Frieden said.

The virus has not become deadlier during the 6 months since it first appeared in late March, and it has not un-

dergone any change that would make the vaccine now available less effective. More than 1,000 H1N1 isolates worldwide have been analyzed, and they show a very stable virus.

The vaccine is antigenically "right in the middle, making it an excellent immunologic fit against the circulating virus," he said.

A high level of vaccine uptake by the public will depend on how easily available it is and on selling the public on three facts, said

'It's a good idea to get vaccinated, because you don't know what the rest of this long flu season is going to hold. We have not had a flu season like this for at least 50 years.'

Dr. Frieden:

1. Flu usually is not mild. It can knock a person out for a day or 2 or 3, it can make some people require hospitalization and intensive care, and it will kill some people. "Flu can be very serious, and the average case is no picnic," he said.

2. The best way to avoid flu is by vaccination, and the CDC has a "high degree of confidence" in the safety of the vaccine. That's because it's been made in exactly the same way as hundreds of millions of prior flu vaccine doses that were administered in the past. The CDC and vaccine manufacturers did not "cut any corners" in making the vaccine.

3. The H1N1 pandemic is unpredictable, the flu season is long, and vaccination is the best way to prevent or minimize infection, so it still makes sense for as many people as possible to get the vaccine.