H1N1 Vaccination Guidance Available From CDC

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The Centers for Disease Control and Prevention has posted on its Web site guidance on novel influenza A(H1N1) vaccination of interest to clinicians, as well as to state and local governments.

The CDC's vaccination planning Q&A page addresses issues including vaccine administration and cost. When administering the vaccine, physicians and other health care planners should assume that two doses will be needed. This will not be confirmed "until the late summer-early fall, once clinical trials are completed," the site says.

Among other points from the Q&A:

► **Dosage.** Physicians should assume 21-28 days between the first and second vaccinations, but at this time there will be no federal requirement to recall individuals for a second dose if necessary. The first and second doses may not be the same product, although ideally they will be.

Clinical trials are ongoing, but the CDC expects that the H1N1 vaccine may be given at the same visit as the seasonal flu vaccine.

► **Formula.** An adjuvanted H1N1 vaccine is unlikely, but the exact formulation of the vaccine will vary by provider, and the CDC will provide more information about adjuvants, storage requirements, and mixing procedures once data from the vaccine's clinical trials are available.

► **Logistics.** Clinical trials are ongoing, but the CDC expects that the H1N1 vaccine may be given at the same visit as the seasonal flu vaccine.

► **Priorities.** The CDC's Advisory Committee on Immunization Practices has recommended that initial H1N1 vaccinations be prioritized for five target groups: emergency medical personnel, pregnant women, children and adults aged 6 months to 24 years, caregivers and cohabitants of children younger than 6 months, and adults aged 25-64 years who are immunocompromised or who have chronic health conditions that may increase their flu risk.

► **Pneumococcal vaccine.** Although there is potential for increased risk of pneumococcal disease associated with influenza, the CDC has no new recommendations for administering the pneumococcal vaccine to groups other than those for whom it is currently recommended. But this could change as summer flu epidemiologic data become available.

In response to a CDC query regarding cost, America's Health Insurance Plans (AHIP) said in a statement: "Public health planners can make the assumption that health plans will provide reimbursement for the administration of a novel (A) H1N1 vaccine to their members by private sector providers in both traditional settings, e.g., doctor's offices, ambulatory clinics, health care facilities, and in nontraditional settings, where contracts with insurers have been established." AHIP is an organization representing more than 1,000 health insurance companies in the United States.

The CDC's guidance for other issues related to the cost of H1N1 vaccination covers these points:

► **The uninsured.** Private providers will be able to charge uninsured patients up to the allowable Medicare charge for their region for the vaccination, as long as the provider has signed an H1N1 influenza vaccine Provider Agreement.

► **Public health clinics.** Public health clinics will receive "implementation funds to support H1N1 vaccination clinics," according to the Web site. "Public health departments can bill… for an H1N1 vaccine administration fee, but cannot turn anyone away due to inability to pay." ■

For the CDC's complete Q&A on H1N1 vaccination planning, visit www.cdc.gov/h1n1flu/vaccination/statelocal/qa.htm.