



**NEW YORK CITY DEPARTMENT OF HEALTH  
AND MENTAL HYGIENE**  
Thomas Farley, M.D., M.P.H.  
*Commissioner*

November 19, 2009

Dear Pediatric Provider:

I am writing to address concerns about the limited availability of H1N1 influenza vaccine for children under 4 years of age and to stress the importance of vaccinating children in this age group.

### **Vaccination of young children against H1N1 influenza**

The new H1N1 strain of influenza is spreading in New York City. Children from birth to 4 years of age are more likely than older children or adults to be hospitalized with this illness, a fact that highlights the need to vaccinate this younger age group. (For regularly updated surveillance reports, see <http://nyc.gov/html/doh/flu/html/data/data.shtml>.) Vaccinating young children against H1N1 influenza is complicated because only one vaccine manufacturer (Sanofi) is producing pre-filled syringes that contain 0.25 ml, the dose for children 6 months to 35 months of age. Of the 1.4 million doses of H1N1 Influenza vaccine available to the Health Department, only 7.5% (105,000 doses) have been in the form of these 0.25 ml pre-filled syringes. We are doing our utmost to fill pediatricians' orders for this vaccine formulation. To date, we have only been able to partially fill orders for most providers. When this formulation is not available, we fill orders by substituting other formulations of H1N1 vaccine.

### **Options for vaccine formulations to use**

For children less than 4 years of age and at least 6 months of age, the preferred options for vaccinating children outlined below:

- For children 6 months to 35 months, either a 0.25 ml pre-filled syringe **or a dose of 0.25 ml drawn from a multi-dose vial** may be used. Products from the manufacturers Sanofi, and CSL are approved for use in children as young as 6 months of age.
- For healthy children two years of age and older, live-attenuated monovalent H1N1 influenza vaccine (LAIV) may be used.
- For children between three and four years of age, either a 0.5 ml pre-filled syringe **or a dose of 0.5 ml drawn from a multi-dose vial** may be used.

Two additional options are available for vaccinating children from 6 months to 4 years old.

- If you have only 0.5 ml pre-filled syringes a half dose (0.25 ml) may be administered to children less than 3 years old, but the remainder of the dose must be discarded.
- If you have only 0.25 ml pre-filled syringes and need to vaccinate a child between 3 and 4 years of age, two doses may be administered as separate injections. You should not try to combine the doses into one syringe.

Vaccine manufactured by Novartis is not licensed for use in children less than 4 years of age.

### **Use of vaccines in multi-dose vials containing trace amounts of thimerosal**

While pre-filled syringes are in particularly short supply, there is much greater availability of vaccine in multi-dose vials. These multi-dose vials contain trace amounts of the preservative thimerosal. Numerous well-designed epidemiological studies have found no harmful effects associated with thimerosal-containing vaccines. **Because young children have high rates of infection now and are at increased risk of severe illness from influenza, we strongly recommend that they should receive influenza vaccine from multi-dose vials if preservative-free vaccine is not available.**

Despite the lack of any known risk of thimerosal to any class of patients, New York State Public Health Law Section 2112 (PHL 2112)<sup>1</sup>, normally restricts the use of thimerosal-containing vaccines in pregnant women and children less than 3 years old. Because vaccine supplies are currently limited, State Health Commissioner Richard Daines has issued a letter authorizing the use of all available dose forms in pregnant women and young children through May 2010. When administering thimerosal-containing influenza vaccine to a child less than 3 years old, you must obtain informed consent from the person authorized to consent on the patient's behalf. Federal law requires that you provide the patient or the person providing consent with the most current vaccine information statement (VIS). The VIS for inactivated influenza vaccine contains information on thimerosal and mercury and may be used to obtain informed consent. No special form or signature is required; document the discussion in your medical record. The VIS is available at: [www.immunize.org/vis/vis\\_fluinactive.asp](http://www.immunize.org/vis/vis_fluinactive.asp).

### **Requesting vaccine from the Department of Health and Mental Hygiene**

To request H1N1 vaccine from our office, you must first register in our Citywide Immunization Registry (CIR). Providers can register online at <http://nyc.gov/html/doh/html/cir/a03.html>, or by calling 212-676-2323. All providers who receive vaccines under the Vaccines for Children (VFC) program are already registered.

**Once you have registered, you will be assigned a facility code. You will then need to review and submit a provider agreement on line (available at <https://a816-healthpsi.nyc.gov/H1N1VacOrd/ShowIPForm.action>) to obtain H1N1 vaccine.**

Once you have registered and submitted an agreement, you can fax an H1N1 vaccine influenza vaccine order form to 212-676-2314 or 676-2315. The Health Department is prioritizing orders for providers who care for children.

**If you need to contact us about your vaccine supply, e-mail us at [nycflu@health.nyc.gov](mailto:nycflu@health.nyc.gov).** We will replenish vaccine based on the total number of doses ordered, number of doses already shipped, and the number of doses reported to CIR. If you have already ordered vaccine and wish to change your order to request multi-dose vials you may do so by submitting a revised order form (attached).

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<sup>1</sup>

[www.health.state.ny.us/regulations/public\\_health\\_law/section/2112/information\\_for\\_physicians/docs/update\\_to\\_state\\_law\\_restricting\\_thimerosal.pdf](http://www.health.state.ny.us/regulations/public_health_law/section/2112/information_for_physicians/docs/update_to_state_law_restricting_thimerosal.pdf)

### **Treating influenza-like illness in young children**

Children under age 2 are at high risk of severe illness and complications from influenza. Like others at increased risk, they should be treated promptly with antiviral medication (oseltamavir or zanamavir) if they develop suspected or confirmed influenza. Children with severe symptoms, and those who are hospitalized for influenza symptoms, should also receive treatment. Therapy should be initiated empirically and as soon as possible after onset of illness, ideally within the first 48 hours.

The Food and Drug Administration has issued an emergency use authorization for oseltamavir with updated weight-based dosing recommendations for infants less than a year old. Providers caring for children should use caution when prescribing oseltamavir to ensure that patients receive the proper dosage. See [www.cdc.gov/H1N1flu/antivirals/safety\\_info.htm](http://www.cdc.gov/H1N1flu/antivirals/safety_info.htm). If pediatric oseltamavir suspension is not commercially available, most pharmacists can compound it from powder or capsules. More information on management of influenza-like illness in children is available on the Centers for Disease Control and Prevention website: [www.cdc.gov/h1n1flu/pediatric/](http://www.cdc.gov/h1n1flu/pediatric/).

Thank you for working with us to protect the youngest New Yorkers from H1N1 influenza. We laud your efforts and appreciate your patience as we work to distribute the available vaccine.

For more information on vaccination (registry, safety, availability), see <http://nyc.gov/html/doh/flu/html/providers/vaccine.shtml>. Information is also available at [www.cdc.gov/h1n1flu/clinicians/](http://www.cdc.gov/h1n1flu/clinicians/).

Sincerely,



Thomas Farley, M.D., M.P.H.  
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