

District Health Department #10

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MEDIA RELEASE

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Taking Aim at the H1N1 Target: Health Department Continues to Focus on Target Groups By Brenda Kailing, RN, BSN

H1N1 flu activity remains at unprecedented widespread levels in 48 states across the U.S. Any flu virus has the potential to cause serious illness and death. Because the new H1N1 virus spread so far so fast at a time when flu is normally not common, the CDC launched the H1N1 vaccination program this fall.

Vaccination is the single best, most effective, way to prevent flu infection. As a way of directing H1N1 activities toward people at highest risk of illness and death, the CDC Advisory Committee on Immunization Practices (ACIP) established target groups, also called priority groups, to receive vaccine before others.

Now, in light of the gradual release of limited vaccine supplies, it has become more important than ever to focus on target groups. In most situations – hunting, for instance – it's usually most productive to set a target and aim for it, to assure a better chance of success.

Each local health department in Michigan was given the responsibility to distribute and provide H1N1 vaccine to its residents, to run clinics themselves and to work with health care providers, pharmacies, and other community vaccinators as needed. District Health Department #10 is committed to adhering to the science-based recommendations of ACIP for H1N1 target groups.

Target groups were determined based on severity of illness and risk for complications during the initial spring outbreak of H1N1. While no one wants to be "vaccine police", we do have a responsibility to protect the people who are most vulnerable before those at lower risk. The target groups were chosen for a reason.

1) Pregnant women are at heightened risk for both infection with H1N1 and for serious complications and death from it if they become ill. They have weaker immune systems and are hospitalized more often. They are about to become close contacts of little ones who cannot be vaccinated – their infants. In addition, studies have shown that passive antibodies transferred from mother to baby are protective for the newborn.

Infants born to women who received flu vaccine during pregnancy were hospitalized at a lower rate than infants born to unvaccinated mothers, according to an ongoing study by researchers at Yale School of Medicine. The study found that vaccinating mothers during pregnancy was 80% effective in preventing hospitalization due to influenza in their infants during the first year of life, and 89% effective in preventing hospitalization in infants under six months of age.

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2) Caregivers and close contacts of infants <6 months old should be vaccinated to prevent direct spread to infants whose developing immune systems put them at high risk. This is called “cocooning”, a necessary protection because flu vaccine is not approved for use in young infants.

3) Persons aged 6 months – 24 years have had the highest incidence of H1N1 illness and hospitalization thus far. Young persons in day care, schools, and colleges are often in close contact with one another, increasing the likelihood of disease spread.

4) People ages 25 – 64 years who have certain chronic diseases are at higher risk for flu infection and complications because their conditions may weaken their lungs, hearts, immune systems, and other body defenses. Getting sick with flu can also make their other health conditions worse. Seventy percent of all persons hospitalized due to H1N1 have had underlying medical conditions.

5) Health care workers, especially those providing direct patient care, are at increased risk of exposure and illness from flu. But perhaps more importantly, they may themselves be sources of infection for vulnerable patients who are then less able to fight off the flu.

Anyone not in one of these five target groups will not be offered H1N1 vaccine until persons with greater risk are vaccinated first. Studies have shown that both healthy adults and older adults have had very little illness due to H1N1. There have been no reported outbreaks among persons living in long term care facilities. It has been suggested that older adults may have some protection from past exposure to similar flu viruses.

The CDC continues to report that there will eventually be enough H1N1 vaccine available for anyone who wishes to receive it. As long as supplies remain limited, District Health Department #10 will prioritize vaccination for persons in the five target groups. We will notify the public when we have enough vaccine for others.

Vaccination is currently being provided by appointment at each local office of DHD#10. You may also check with your private physician to ask if vaccine may be available there.

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