Joint Committee on Vaccination and Immunisation
Advice on the H1N1v and 2010/11 seasonal influenza vaccination programmes
23 July 2010

Updated statement, replacing the statements of 3 February and 25 March 2010, following further discussions by the committee on the vaccination of immunocompromised individuals, pregnant women and children (in March 2010 and July 2010)

1. JCVI was asked for advice on whether pregnant women and young children (aged between six months and below five years) should be included in the 2010/11 seasonal influenza vaccination programme. In addition, JCVI was asked to advise on whether the adjuvanted monovalent H1N1v vaccine should:
    - continue to be offered over the spring and summer to pregnant women and children aged between six months and below five years
    - be offered over the spring and summer to healthy people aged 65 years and over
    - be offered to carers
    - be offered to poultry workers
    - be offered over the spring and summer to any other individuals who wish to take advantage of the benefits it could offer

2. JCVI considered in detail recent advice from the JCVI Influenza Sub-committee and up to date reports on:
    - H1N1v epidemiology
    - cost effectiveness modelling of seasonal influenza vaccination of pregnant women
    - reported suspected adverse reactions to H1N1v vaccines
    - progress of the H1N1v vaccination programme

3. JCVI noted that:
    - H1N1v is likely to be the predominant influenza strain circulating next winter and it is possible it could re-emerge earlier than the usual influenza season
    - H1N1v infection results in predominantly mild illness for healthy people
    - clinical risk groups and pregnant women are at increased risk from H1N1v infection
    - H3N2 and B influenza viruses continue to be reported globally and may play an important role in the next influenza season. H3N2 infection causes excess mortality in the elderly and this might exceed that from H1N1v
    - vaccination of pregnant women may provide some passive immunity for the first 4-6 months of life of the infant
    - a substantial proportion of children are likely to have been exposed and developed immunity to H1N1v
    - trivalent non-adjuvanted seasonal influenza vaccine that includes the H1N1v strain is likely to be available for the 2010/11 influenza season

- all those that have already been immunised with adjuvanted monovalent H1N1v vaccine are likely to remain protected next winter, and possibly longer, against H1N1v and the vaccine may provide protection against a drifted variant.

4. JCVI welcomed plans to retain a strategic reserve of H1N1v vaccine for the purposes of future preparedness against the emergence of a virulent drifted form of H1N1v.

5. Spring and summer: JCVI advised that:
    - unvaccinated people over the age of six months in the JCVI defined priority groups (the clinical risk groups as defined by the current seasonal influenza vaccination programme, the household contacts of immunocompromised individuals and pregnant women) and front line health and social care workers should continue to be encouraged to receive the H1N1v vaccine during the spring and summer. This is because they are at particular risk from infection or, in the case of front line health and social care workers and the household contacts of immunocompromised individuals, may expose those at risk of infection. Vaccination would provide early protection against re-emergence of H1N1v in 2010/11 for those groups that are at increased risk from infection
    - the offer of vaccination to healthy children aged between six months and below five years should be completed, but not continued into the spring and summer
    - there is no scientific justification to extend the vaccination programme to other healthy age groups of the population.

6. JCVI did not consider that there is any scientific justification to offer the H1N1v vaccine to any other individuals who wish to have it. Nor is there any scientific justification for the vaccination of carers or poultry workers.

7. Autumn: JCVI advised that the next seasonal influenza vaccination programme should be implemented as usual and that:
    - people in the usual seasonal influenza clinical risk groups aged five years or greater should be given the trivalent seasonal influenza vaccine.
    - children in the usual seasonal influenza clinical risk groups aged between six months and below 13 years who have not received trivalent seasonal influenza vaccine previously should be given a second dose of trivalent seasonal influenza vaccine at least four weeks after the first dose[1]. This is because the immune response to a single dose of trivalent seasonal influenza vaccine may be poor in children within this age group and they may never have been exposed to influenza nor received seasonal influenza vaccine.

[1] JCVI gave further consideration to the vaccination of children in the 2010/11 influenza vaccination programme via correspondence and provided further advice.

- in addition, children in the usual seasonal influenza clinical risk groups aged between six months and below five years who have not already received H1N1v vaccine should also be given the adjuvanted monovalent H1N1v vaccine at the same time as the trivalent seasonal influenza vaccine (given with the first dose if receiving two doses of trivalent seasonal influenza vaccine). This is because the response to the H1N1v component of the trivalent seasonal influenza vaccine is uncertain in this age group.
- all immunocompromised people should be given a single dose of the trivalent seasonal influenza vaccine.[2] However, the immune response to the H1N1v component from a single dose of trivalent seasonal influenza vaccine would be expected to be suboptimal in immunocompromised individuals that have not previously received H1N1v vaccine and to all three components for immunocompromised children aged below 13 years that have not previously received the monovalent H1N1v nor the trivalent seasonal influenza vaccines. Therefore, immunocompromised individuals aged six months or older that have not received H1N1v vaccine should be given one dose of adjuvanted monovalent H1N1v vaccine followed four weeks later by one dose of trivalent seasonal influenza vaccine. Immunocompromised children aged six months to below 13 years that have not received the monovalent H1N1v nor the trivalent seasonal influenza vaccine previously should receive one dose of adjuvanted monovalent H1N1v vaccine and one dose of trivalent seasonal influenza vaccine at the same time followed four weeks later by a second dose of trivalent seasonal influenza vaccine.
- pregnant women with or, if they have not previously received H1N1v vaccine, without clinical risk factors for seasonal influenza should be offered one dose of the trivalent seasonal influenza vaccine.[3] The advice that pregnant women without clinical risk factors for seasonal influenza should receive seasonal influenza vaccine applies only to the 2010/11 influenza season.

8. JCVI suggested that the monovalent H1N1v vaccine could be offered as a travel vaccine for the individual benefit to those travelling to Southern

[2] JCVI gave further consideration to the vaccination of immunocompromised individuals in the 2010/11 influenza vaccination programme via correspondence and provided further advice.

[3] JCVI gave further consideration to the vaccination of pregnant women in the 2010/11 influenza vaccination programme via correspondence. The committee had previously advised that "all pregnant women not in any other clinical risk group who have not previously received adjuvanted monovalent H1N1v vaccine should be given one dose of adjuvanted monovalent H1N1v vaccine. Pregnant women should not receive trivalent seasonal influenza vaccine unless they are also in another clinical risk group". However, JCVI revised its advice noting that there is evidence to suggest that the immune system of pregnant women responds well to unadjuvanted H1N1v vaccine (despite the immunomodulation that takes place during pregnancy) and that, in its opinion, an unadjuvanted vaccine might be viewed as more acceptable than an adjuvanted vaccine by some pregnant women.

Hemisphere countries during the Southern Hemisphere seasonal influenza season through the normal routes for travel vaccines.

9. The advice in paragraphs 5-8 relates to the use of the adjuvanted monovalent H1N1v vaccine (Pandemrix). For those where use of Pandemrix or trivalent seasonal influenza vaccine is contraindicated for the reasons set out in the Green Book (*Immunisation against infectious disease*) pandemic influenza and influenza chapters, Celvapan alone should be given using the dosage schedule for which it is licensed.

10. Under circumstances where a virulent drifted form of H1N1v emerged, JCVI would review its advice on the vaccine programmes.