

JCVI updated advice on H1N1v vaccination

17 November 2009

The committee on October 8th had advised that

“ the available epidemiological evidence does not indicate that any one age group of the healthy population should be offered vaccine preferentially once all those in the priority groups had received vaccine. As the benefits of vaccination to healthy individuals over three years of age greatly outweigh any risks, the Committee advised that the vaccine should be made available to anyone who requested it. However, this does not apply to healthy children under three years of age for whom the supporting data are not yet available (this would be kept under review). JCVI suggested that the main carers for elderly or disabled persons in particular should be encouraged to receive the vaccine once all the priority groups have been vaccinated.”

Further evidence on the immunogenicity and reactogenicity of the vaccine and the epidemiology of the epidemic was considered by the committee on November 17th.

The committee noted that the vaccination of at risk groups and front line health and social workers was not yet complete and considered that optimising the vaccination of these groups was the first priority.

The committee also considered that the evidence showed that healthy children aged six months and over and under three years could be vaccinated with a half adult dose of Pandemrix vaccine with advice as to whether a second dose was required dependent on regulatory decisions. The lack of immunogenicity data in at risk children means that to ensure protection of this vulnerable group they should continue to be offered two doses of the Pandemrix vaccine.

The committee still did not consider that the epidemiological picture indicated any particular age group as being the next priority for vaccination. However it considered that the vaccination of the main carers for elderly or disabled persons whose welfare may be at risk if their carer falls ill (as stated in Immunisation Against Infectious Disease 2006 for seasonal influenza vaccination) was an important next group. The committee considered that the use of mass vaccination campaigns, including school based programmes, were not indicated and noted that school based programmes would incur significant opportunity costs for other public health interventions in schools and the wider community. Since operationally the offer of vaccination to anyone who requested it in the remaining population might best be done in a phased manner the committee considered that it was reasonable to commence this by making the Pandemrix vaccine available on request to healthy children aged six months and over to under five years of age as proposed by the Department of Health. The committee also noted that the epidemic may be waning and that this could obviate the need for further vaccination if it continues to decline.