Joint Committee on Vaccination and Immunisation
Advice on the H1N1v vaccination programme
Friday 8th January 2010

1. JCVI considered in detail up to date reports on:
    - epidemiological evidence
    - modelling studies
    - suspected adverse reactions to the H1N1v vaccines
    - progress of the H1N1v vaccination programme

2. JCVI noted that epidemiological evidence shows H1N1v activity is decreasing across the UK and is now at a low level. Furthermore, modelling predictions suggest that the second wave of H1N1v activity is close to completion and a third wave is unlikely, although localised outbreaks may still be observed.

3. In light of these data, the JCVI considered that there is no reason to extend the programme to groups of the population other than those currently being offered vaccination. However, it should be ensured that vaccination of those in the priority groups is completed.

4. The committee had previously advised that vaccination should be offered to anybody that requested it (following vaccination of those in the JCVI defined priority groups and front line health care and social care workers). This had been initially operationalised to vaccination of healthy children aged six months to below five years. However, the start of this phase of vaccination has varied geographically because of local conditions and the Christmas holidays. Thus, some areas have completed this phase whilst others have barely started. JCVI advises that vaccination of this healthy childhood group is completed but the programme is not extended to other healthy groups where vaccination has not commenced, including main carers of the elderly and disabled.

5. The committee plans to provide advice on seasonal influenza vaccination for 2010/11 at the next main meeting of JCVI in February.

6. Consideration of re-commencement of vaccination before the next seasonal influenza programme should be considered if:
    - emerging epidemiological evidence suggests that a third wave of H1N1v is arising or
    - a significant epidemic of this virus, a similar drifted virus or an antiviral resistant virus occurs elsewhere.

7. HPA coordinated surveillance systems involving isolation of respiratory viruses normally finish at the end of the influenza season. JCVI advises that HPA considers continuing this form of surveillance for longer.

8. JCVI noted that the reported suspected adverse reaction rate for H1N1v vaccination is consistent with data from clinical trials and gives rise to no safety concerns about the use of the H1N1v vaccines, including in

pregnancy. It is important that this should be kept under review by the MHRA as is planned.