Experts Suggest Schools as Likely H1N1 Vaccination Sites

BY HEIDI SPLETE

Bethesda, Md. — The most likely scenario involving the influen-
za A(H1N1) virus this fall is that young people in schools will be dis-
proportionately affected, said Dr. Anne Schuchat, director of the Na-
tional Center for Immunization and Respiratory Diseases at the Centers 
for Disease Control and Prevention. “We might need to offer interven-
tions to people who aren’t used to getting 
even a seasonal influenza vac-
cine,” Dr. Schuchat said during a 
breakout session on vaccine prepara-
tion and distribution at an H1N1 In-
fluenza Preparedness Summit spo-
nored by the National Institutes of 
Health.

[Since the session, children were named one of the target groups for priority H1N1 vaccination by the CDC’s Advisory Committee on Im-
munization Practices (see page 1)].

The CDC’s H1N1 Vaccine Task Force developed a guidance document 
with a best-case planning scenario, so clinicians have some idea what might 
unfold if the number of H1N1 viral in-
fec tions surges in the fall.

The document describes likely tar-
get populations and presents ideas for 
where and how the H1N1 vaccines could be administered.

Students and staff associated with schools, children aged 6 months and 
older, child care center staff, and health care workers would be among those on the high-priority list in the likely event that the vac-
cine’s availability is limited. In a best-
case scenario, students would be vac-
cinated at schools and child care 
centers, and health care workers would be vaccinated in their work 
environments.

The goal in any emergency is to “keep our children safe and keep 
them learning,” Arne Duncan, secre-
tary of the Department of Education, 
said at the summit’s morning session.

School closings are a last resort, and 
more guidance is needed at the local 
level to help schools make informed decisions about what level of illness 
merits a closing. However, “most school districts have developed good emergency plans,” he added.

Dr. and Health and Human Services Secre-
tary Kathleen Sebelius encouraged everyone—clinicians and the public—to 
visit www.flu.gov for the latest in-
formation on flu preparedness.

The presenters had no financial 
conflicts to disclose.

The guidance document is available 
at www.cdc.gov/h1n1flu/vaccination/ 
state/local/planning.htm.

School Survey: Oseltamivir Side Effects Affect Over 50%

BY JONATHAN GARDNER

More than half of children prescribed oseltamivir in three London schools with outbreaks of the novel virus influ-
enza A(H1N1) experienced side effects, according to a survey.

Researchers from the British Health Pro-
tection Agency (HPA) and the European Centre for Disease Prevention and Control (ECDC) said 45 of 85 (53%) respondents prescribed prophylactic oseltamivir (Tam-
flu) reported side effects from the anti-
ival medication (Euro. Surferv. 2009; 
14:19287). The most common side effect was nausea, reported in 29% of cases (25 
of 85), according to the researchers.

Frequent side effects reduce compliance and 
raise the risk of promoting antiviral resistance if lower drug concentrations 
only partly block virus replication, sug-
gesting that governments in a disease con-
tainment mode not rely too much on antiviral drugs.

“The study findings formed part of 
the body of growing evidence that con-
tributed to policy change in the U.K.,” 
rote the researchers, led by Aileen 
Kitching of the HPA London epidemi-
ology unit and ECDC’s European Pro-
grame for Intervention Epidemiology 
Training. “Current U.K. advice is to lim-
it antiviral prophylaxis in schools to the 
small number of contacts considered 
most at risk.”

With a stockpile of 30 million doses of antiviral medication, the United Kingdom continued its containment strategy until July 2, 3 weeks after the World Health Or-
ganization declared a global pandemic. 

Until July 2, British physicians were offering oseltamivir to both patients and all 
exposed contacts.

Researchers asked the children at one 
primary school and two secondary 
schools, or their parents, to fill out an 
oline survey form on side effects from os-
eltamivir. They sought responses from 
256 children, of whom 103 responded. Of the respondents, 95 were estimated to have been offered oseltamivir, and 85 took any of 
the medication.

Of those 85, 56 respondents (66%) said they did or would complete the full course. A gastrointestinal side effect was reported by 40% of those on the medica-
tion. Nearly 18% reported at least one 
other side effect (poor concentration/unable to think clearly, problems sleeping, feeling dazed/confused, bad dreams/nightmares, strange behavior).

Neuropsychiatric side effects were 
more frequently reported by sec-
ondary (20%) than primary (13%) school-
children, the report noted.

The researchers said their findings 
are limited by a low response rate, which ock-
curred because they asked for a response by the end of the day via a Web link that 
was sent to the families.