As many of you will recall, the 2009-2010 flu season was one to remember. It all began in April 2009 when a novel Influenza A virus (the 2009 Influenza A “H1N1”), previously identified in swine, emerged as a cause of respiratory illnesses across North America.

When all was said and done, the 2009 “H1N1” flu proved to be the cause of the first pandemic since 1968 accounting for more than 99% of flu viruses identified between September 2009 and January 2010.

Influenza caused by the 2009 pandemic Influenza A (H1N1) is expected to return this coming flu season along with its seasonal partners, seasonal H1N1, seasonal H3N2 and Influenza B. This year the CDC will be incorporating the 2009 pandemic H1N1 strain into the seasonal flu shot, thereby eliminating the need for an additional “H1N1” vaccine.

Also new this year, the recommendations for who should receive the vaccine have been expanded. These recommendations now include immunizing all persons 6 months of age and older. For children 6 months through 8 years who have not received the influenza vaccine, or who received only a single dose of 2009 monovalent H1N1 vaccine, a series of two influenza vaccines given 4 weeks apart is recommended.

The vaccine is particularly important for preventing infection in those with high-risk conditions or in those who are particularly susceptible to complications from infection. This includes (but is not limited to) those who are age 6 months through 4 years, over 50, those with chronic heart, lung, kidney or liver disease, those with neurologic, hematologic, or metabolic disorders (including diabetes mellitus), and those who are immunosuppressed, pregnant, or will become pregnant during the upcoming flu season. Lastly, the vaccine is recommended for caretakers of high-risk individuals, and for parents or close contacts of children under 6 months, as these children are too young to receive vaccination.

As in previous years, there will be two vaccines available; a live attenuated (LAIV, Live Attenuated Intranasal Vaccine) and an inactivated (or killed) vaccine (TIV, Trivalent Inactivated Vaccine). The live attenuated vaccine can be used for healthy men and nonpregnant women aged 2-49 years. The inactivated influenza vaccine can be used in any person 6 months and older, and is recommended for use in those with high-risk conditions.

On average, the United States goes through about 100 million doses of influenza vaccine each year. Even with this year’s addition of the 2009 Pandemic (H1N1) Influenza virus, the flu vaccine is made in the same way as those in past years. Research indicates that the flu vaccines have an excellent safety record. In fact, data from several sources, including the CDC’s Vaccine Safety Datalink (VSD), Post-Licensure Rapid Immunization Safety Monitoring (PRISM) project, Vaccine Adverse Event Reporting System (VAERS), and Emerging Infections Program Guillain-Barré Syndrome (GBS) surveillance project all showed that the H1N1 has comparable safety records to seasonal vaccines.

Influenza viruses cause disease among persons in all age groups. Rates of infection are highest among children, but the risk for complications, hospitalization, and death is higher among adults 65 and older, those under 5 years old, and in those with chronic medical conditions. You can do your part to prevent the spread of influenza by becoming vaccinated and encouraging those around you to do the same. For a full list of influenza recommendations please visit the CDC website at www.cdc.gov/flu/.

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