

H1N1 Vaccine Implementation Overview

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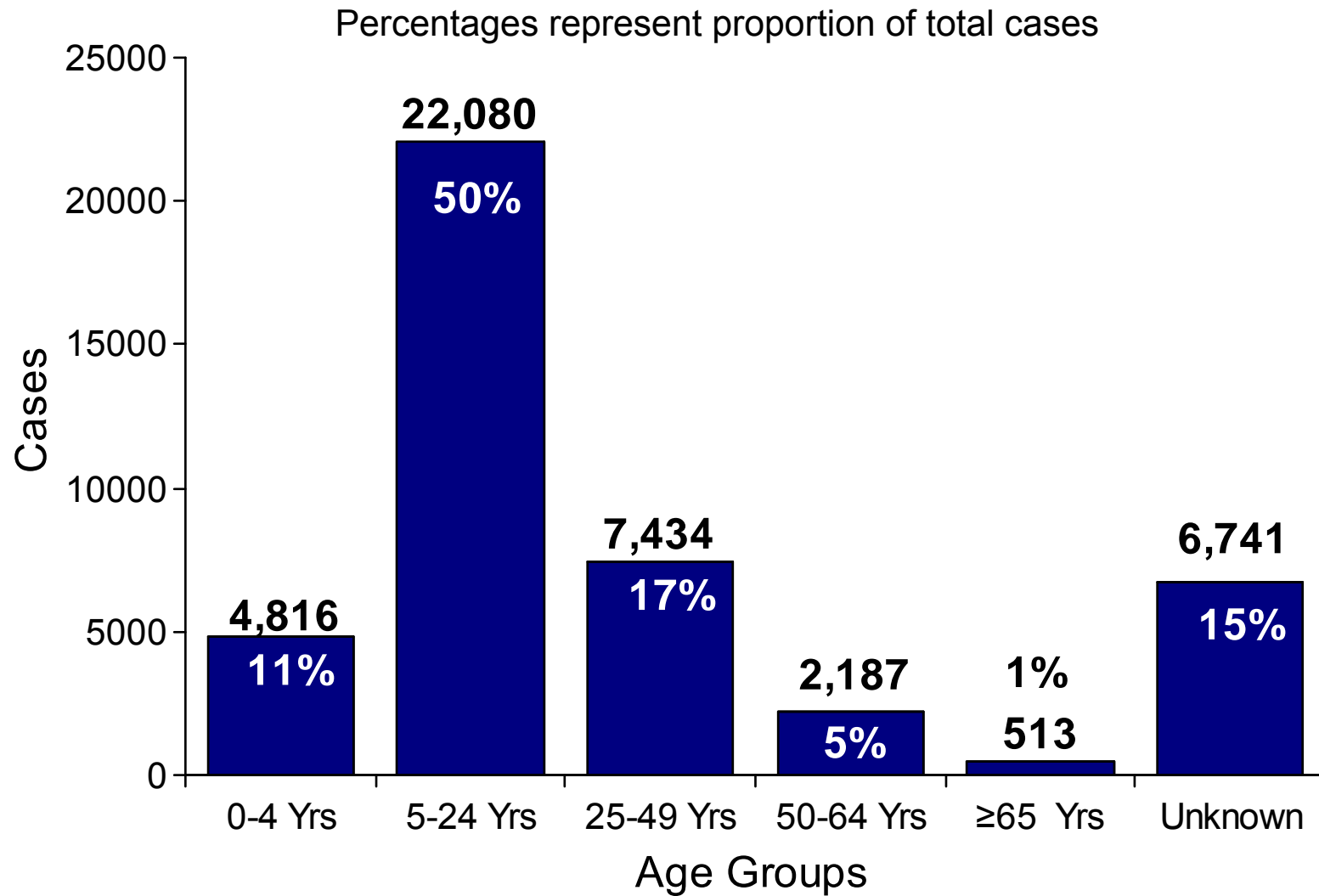


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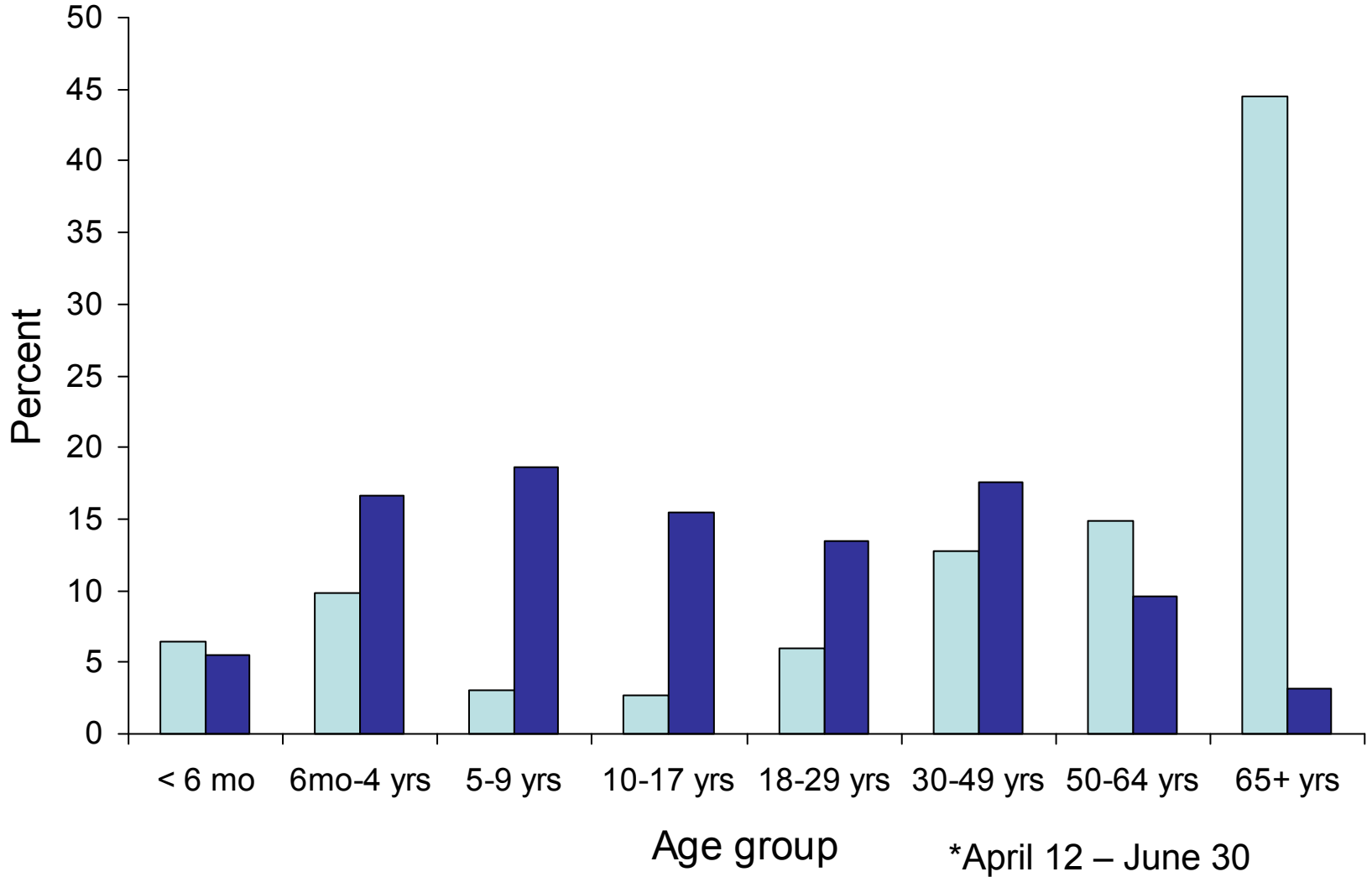


Laboratory-confirmed cases by age group novel influenza A(H1N1) – 24 JUL 2009 (n=43,771)



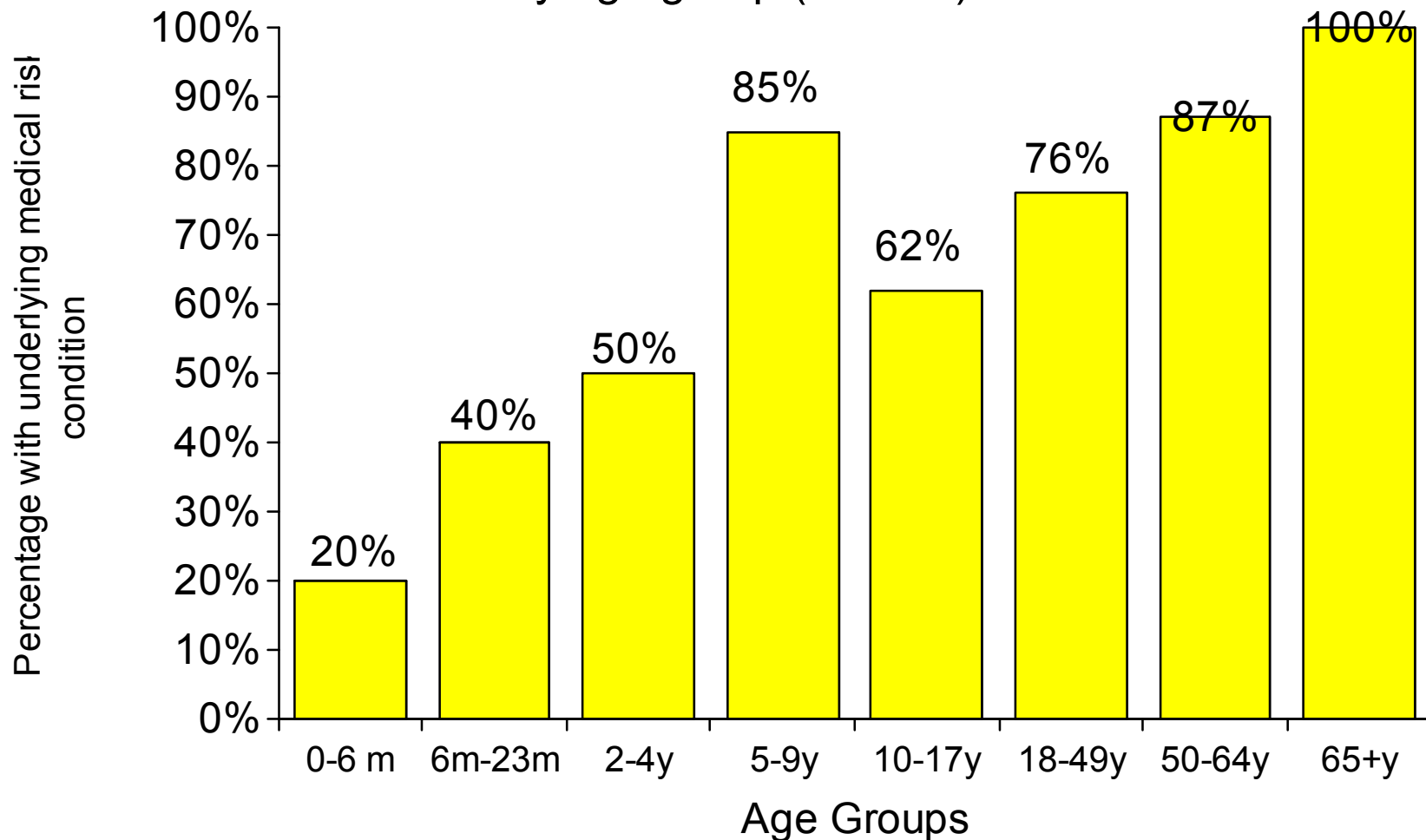
Distribution by Age Group of Persons Hospitalized with Laboratory-Confirmed Seasonal Influenza or novel Influenza A(H1N1), Emerging Infections Program

Seasonal 2007-08 Pandemic 2009*





Frequency of underlying medical condition among persons hospitalized with laboratory confirmed novel influenza A (H1N1), by age group (n=268*)

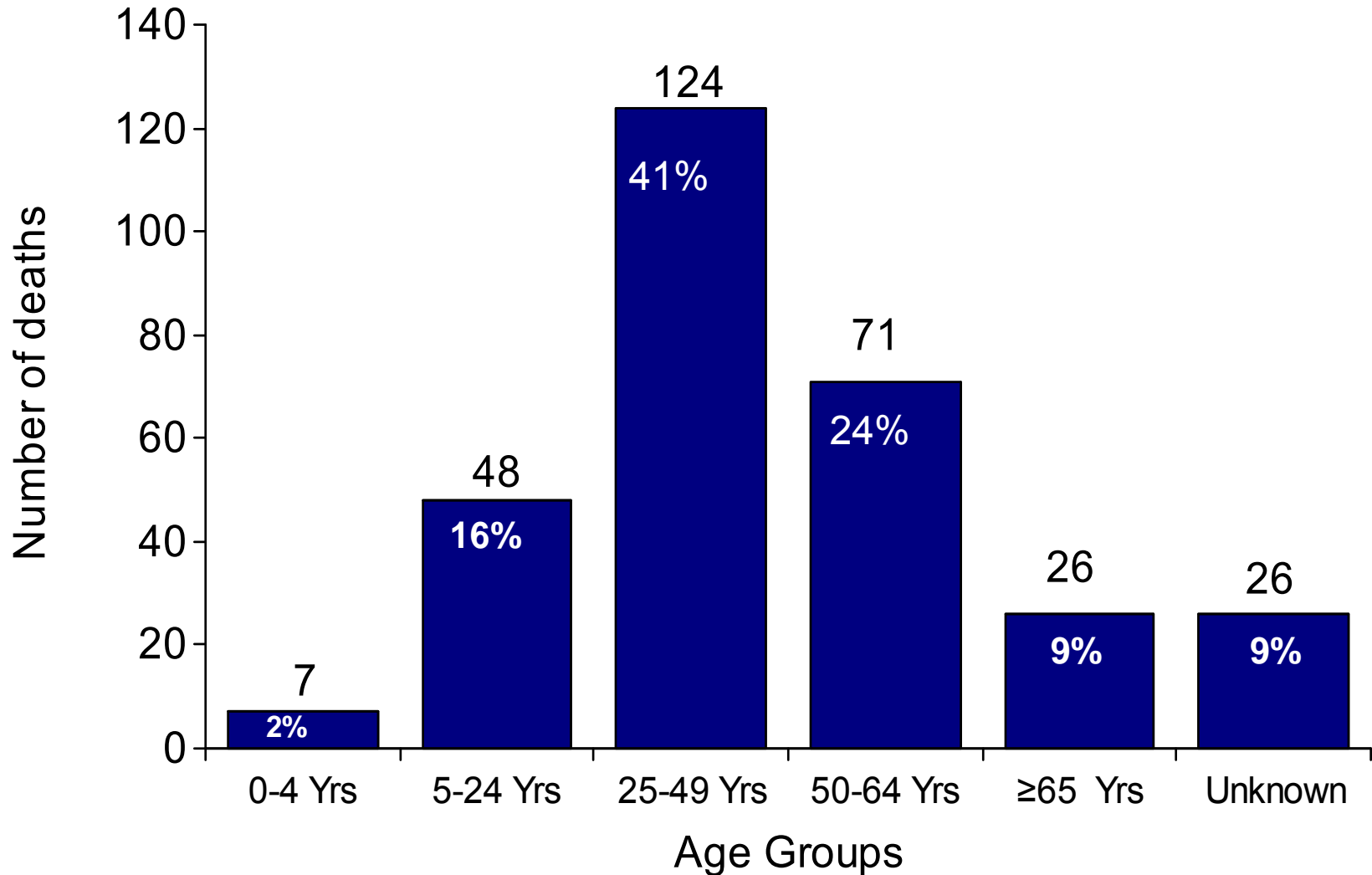


Similar to seasonal influenza, many have underlying medical conditions (~70% among cases hospitalized during April-May)

*Note: S Jain et al, CDC unpublished data. Case series of patients with confirmed novel H1N1 infection who were hospitalized during April-May 2009

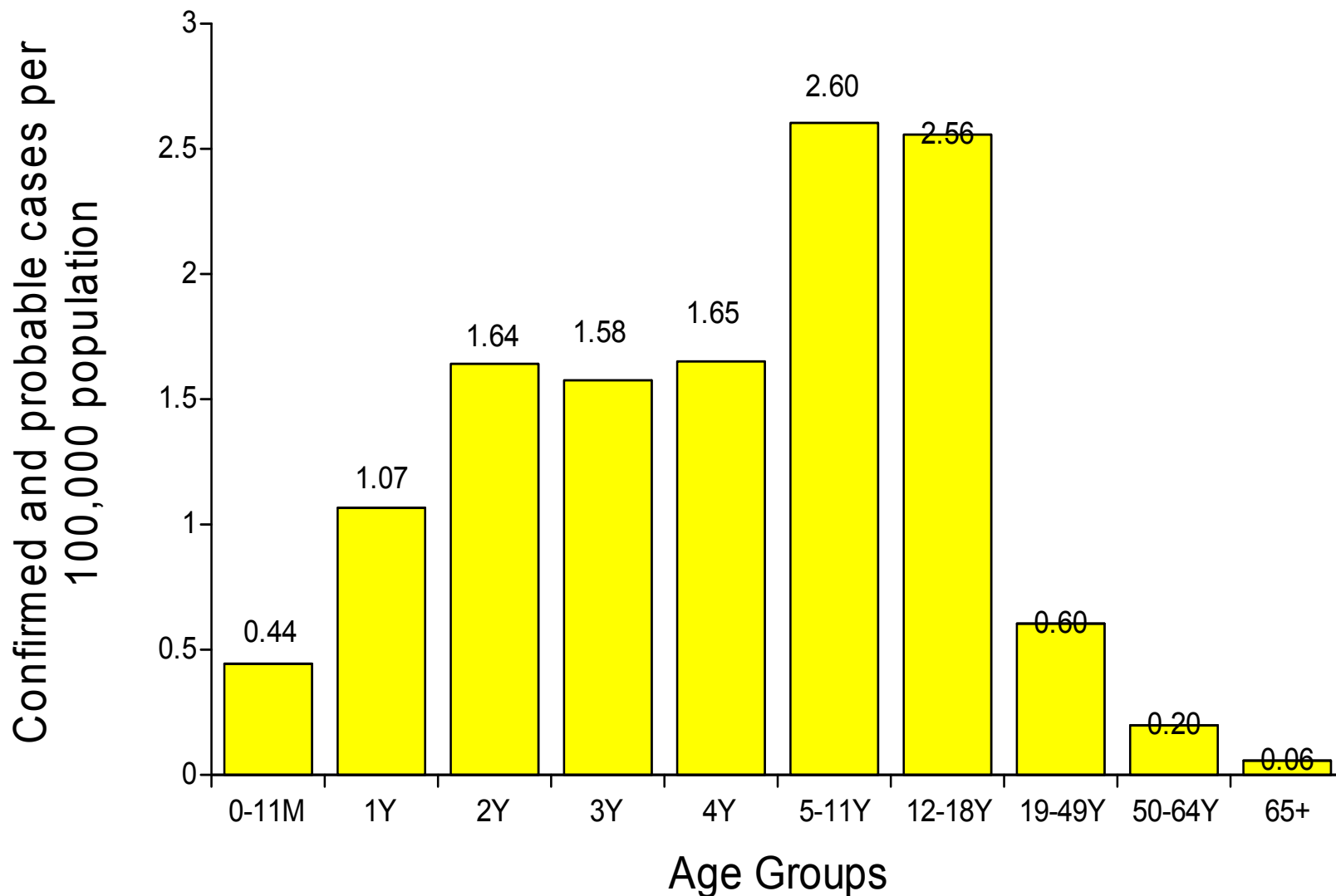


Deaths by age group of laboratory-confirmed novel influenza A(H1N1), 24 JUL 2009 (n=302)





Incidence of confirmed or probable influenza A(H1N1) by age group, United States, March 15-May 16, 2009 (n=2672)*

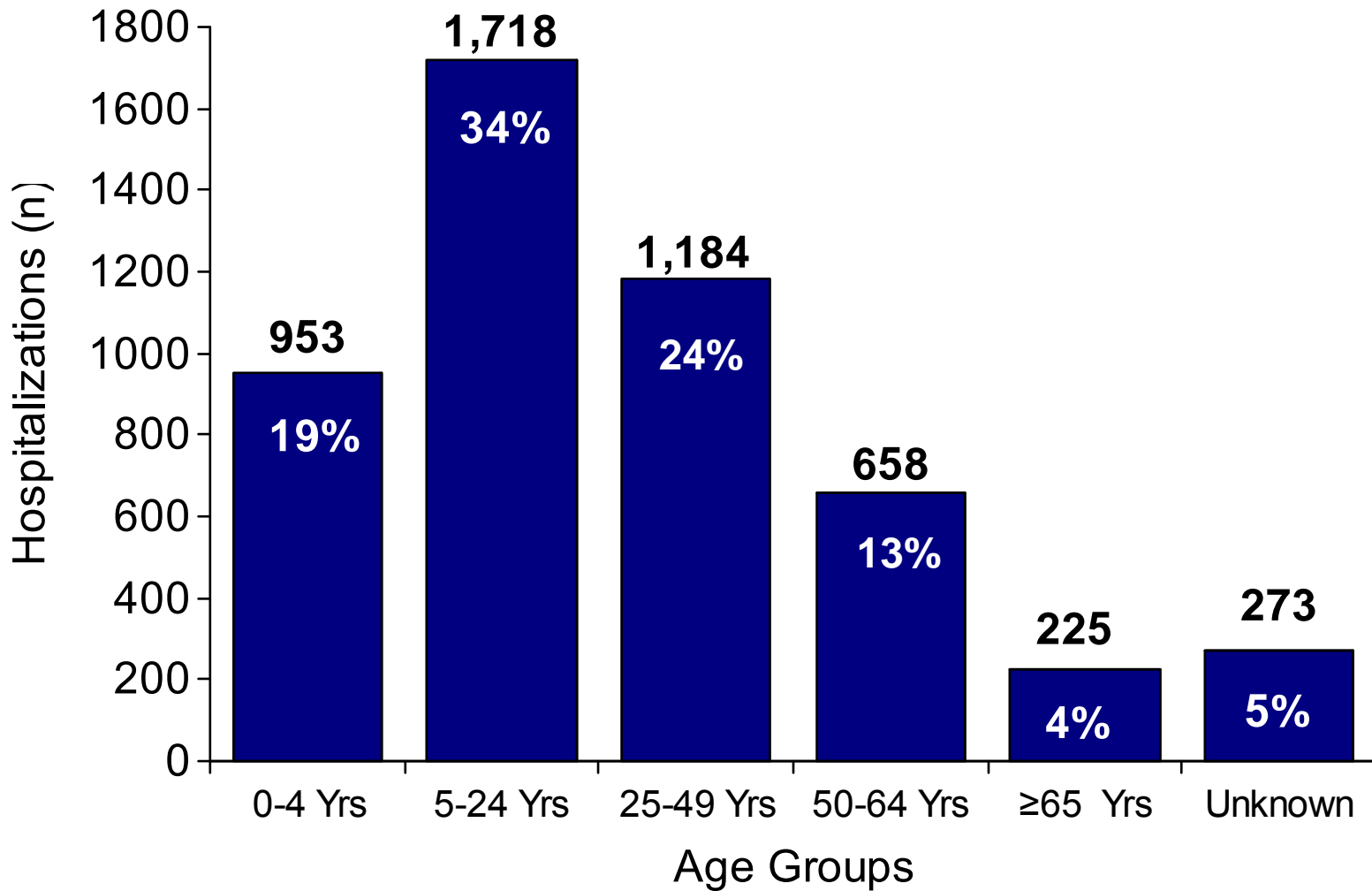


*C Reed et al. CDC, provisional unpublished data



Hospitalizations by age group of laboratory-confirmed novel influenza A(H1N1), by age group, 24 JUL 2009 (n=5,011)

Percentages Represent Proportion of Total Hospitalizations



Summary of key epidemiologic findings

- Distribution of cases/hospitalizations/deaths
 - Highest incidence of lab confirmed infections in school age children
 - Highest hospitalization rates among 0-4 year olds
 - Hospitalization rates for Apr-Jul 2009 similar to annual cumulative hospital rates for seasonal influenza among school age children and 18-49 year old adults
 - Fewest cases but highest case-fatality ratio in older adults
- Distribution of cases by age group is markedly different compared to seasonal influenza
 - Higher proportion of hospitalized cases in children and young adults
 - Few cases in older adults
 - No reports of outbreaks among residents in long term care facilities
- 70% of hospitalized cases have an underlying medical condition that confers higher risk for complications

Workgroup Conclusion: Five target population groups should be initial focus of immunization efforts

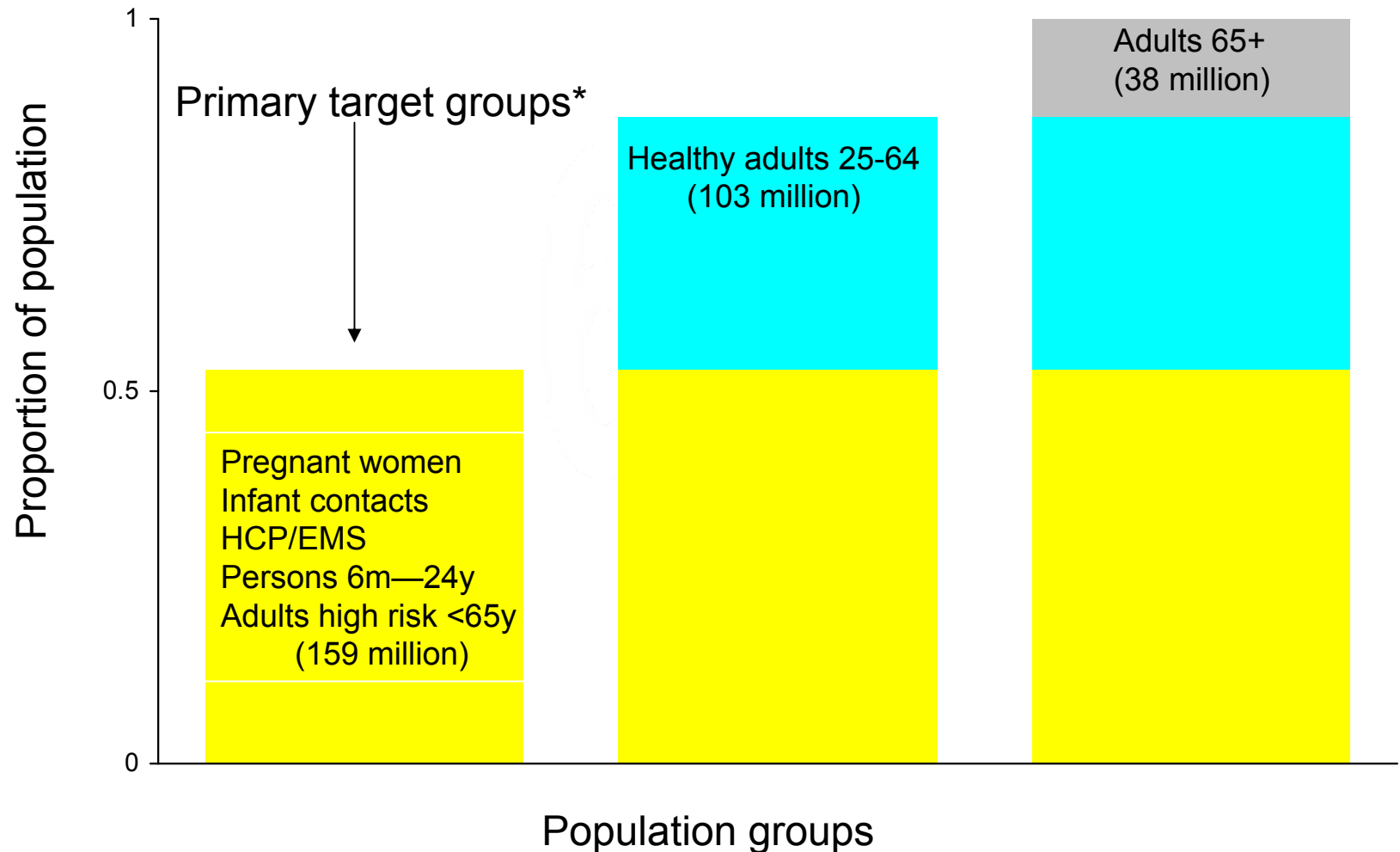
- Primary target groups for vaccination programs are
 - Pregnant women (4M)
 - Household contacts and caregivers for children younger than 6 months of age (5M)
 - Health-care and emergency medical services personnel (14M)
 - Persons 6 months through 24 years of age (102M)
 - Persons aged 25 through 64 years who have medical conditions associated with a higher risk of influenza complications (34M)
- Total: Initial target group = ~159 million
- Seasonal influenza vaccine coverage in these groups is only 20-50%



Summary vaccination of population groups over time

Increasing vaccine availability and demand met by immunization programs

Consult local public health authorities



*Note prioritization of ~42 million persons within primary target groups if vaccine demand exceeds availability:
1) pregnant women; 2) contacts and care providers for infants <6 months old; 3) HCP/EMS with direct contact with patients or infectious material; 4) children aged 6m through 4 y; and, 5) children aged 5y through 18 y with chronic medical conditions

ACIP Recommendations: Novel Influenza A(H1N1) Vaccine Use

- Vaccinate as many as possible in initial target groups
 - Pregnant women
 - Household and caregiver contacts of children younger than 6 months of age
 - Health-care and emergency medical services personnel
 - Persons from 6 months through 24 years of age
 - Persons aged 25 through 64 years who have medical conditions associated with a higher risk of influenza complications

ACIP Recommendations: Novel Influenza A(H1N1) Vaccine Use

- Prioritization within these target groups might be necessary if initial vaccine availability is insufficient to meet demand
 - Pregnant women
 - Household and caregiver contacts of children younger than 6 months of age
 - Health-care and emergency medical services personnel with direct patient contact
 - Children from 6 months through 4 years of age
 - Children and adolescents aged 6 months through 18 years who have medical conditions associated with a higher risk of influenza complications

ACIP Recommendations: Novel Influenza A(H1N1) Vaccine Use (2)

- Once immunization programs are meeting demand from initial target groups, begin providing vaccine to all adults aged 25 through 64, after consultation with local public health
- Vaccination can be offered to persons 65 years old and older once demand is being met among younger age groups
- Decisions about when to begin offering vaccination to persons outside of initial target groups should be made in consultation with local public health authorities

Public Health planning efforts

- Planning large scale clinics and school-located clinics
- Reaching out to other vaccinators (defined broadly) to assess interest and capacity to provide H1N1 vaccine in a variety of settings

Vaccine planning assumptions:

- Vaccine available starting mid-October
- Initial amount: At least 45 million doses will be available by Oct 15, followed by 20 million doses per week (up to the 195 million doses already purchased)
- Likely 2 doses required, 3-4 wks apart

Vaccine products

- **Five manufacturers**
 - Majority of vaccine will be inactivated (TIV) and some live, intranasal (LAIV)
- **Storage identical to seasonal vaccine**
- **Ancillary supplies will be provided**
 - syringes, needles, sharps containers, alcohol swabs

Vaccine purchase, allocation, and distribution

Vaccine and Ancillary supplies:

- procured and purchased by US government and made available at no cost for vaccinators
- will be allocated across states proportional to population
- will be sent to state-designated receiving/vaccination sites: mix of local health departments and private settings (e.g. provider offices, workplaces, retail settings)

Worksite H1N1 vaccination

Given that State/Local Public Health Departments will designate where vaccine will be shipped and who can serve as H1N1 vaccinator:

- Vaccine can be shipped directly to worksite if employer is designated as a vaccinator

OR

- Employers can hire a commercial community vaccinator (must be designated by public state/local) who would bring vaccine with them

Vaccination Fee and Billing

- Employees can be charged an administration fee
- For insured employees, administration fee will likely be covered by Medicare and Medicaid and most members of AHIP

Useful Information to Assist With Planning for 2009-2010 Flu Season

- <http://www.flu.gov>
- http://www.cdc.gov/h1n1flu/general_info.htm
- <http://www.cdc.gov/h1n1flu/vaccination/>

H1N1 Business Resources

- <http://www.cdc.gov/h1n1flu/business>
- **Communication Guide for Influenza**
 - How-to guide for preparing and protecting your business and employees from H1N1 flu
- **General Business and Workplace Guidance for Prevention of H1N1**
 - Help employers with employees who have minimal occupational contact with general public and other coworkers (e.g., office workers)
- **Health Information for Employees/Employers with Children**
- **H1N1Flu PowerPoint Presentation**
 - Provide information about H1N1 flu to employees, constituents and other partners

Questions/Comments

Please forward questions and comments to
Tess Benham at NSC.