

**New Hampshire
Department of Health & Human Services
Division of Public Health Services**

Novel H1N1 Vaccine Distribution Plan

September 9, 2009
Revised October 5, 2009

Background

On April 26, 2009, the Acting Secretary of Health and Human Services declared a public health emergency as a result of the detection of 20 known cases of individuals infected by a swine-origin influenza A virus in the United States, now known as pandemic (H1N1) 2009 virus. On June 11, 2009, the World Health Organization declared the first pandemic in more than 40 years in recognition of widespread, sustained human-to-human transmission of the virus in multiple regions around the globe. In light of the threat the pandemic poses to the nation's public health and security, Congress appropriated funding, through the 2009 Supplemental Appropriations Act, for the Public Health and Social Services Emergency Fund to prepare for and respond to an influenza pandemic. This funding provides the U.S. Department of Health and Human Services (HHS) and other federal and state agencies with resources to respond to ongoing and emerging outbreaks of pandemic (H1N1) 2009 virus in the United States, protect the public health, accelerate efforts in responding to the current global influenza pandemic, and prepare for additional waves of the current pandemic or outbreaks of other avian, swine, and human pandemic influenza viruses. On June 15, 2009, Secretary of Health and Human Services Kathleen Sebelius extended the Public Readiness and Emergency Preparedness Act (PREP Act)

NH DHHS Emergency Preparedness Activities

New Hampshire Departments of Homeland Security, Safety, and Health and Human Services have convened a number of planning groups throughout the summer to organize and communicate with community, educational and medical partners in order to develop a response to the continuing threat posed by the Novel A H1N1 influenza virus. This document outlines the plan for distributing vaccine doses throughout New Hampshire as they become available to the Department of Health and Human Services Immunization Program.

Federal Planning Assumptions

The following planning assumptions are intended to guide states in the development of mass vaccination plans. Planning assumptions are subject to change.

1. Up to 45 million doses of influenza A (H1N1) 2009 monovalent vaccine are expected to be available by mid-October 2009. As of September 29, three million doses of influenza A H1N1 2009 monovalent vaccine were finished and ready for shipment to the national distribution sites. New Hampshire's portion (.4263%) was allocated to the State on September 30. At the time of this writing, we expect approximately 12,000.
2. Thereafter, each week approximately 20 million doses of vaccine are expected to be produced and delivered. The allocated amount will vary throughout October, November and December based on the product that is available from each of the vaccine manufacturers.
3. Vaccine will be distributed to states proportionally and free of charge. Vaccine administration supplies, syringes, needles, sharps containers, and alcohol wipes, will also be provided free of charge
4. The distribution process for the influenza A (H1N1) 2009 monovalent vaccine will build on the existing centralized distribution mechanism for shipping vaccine to Vaccines for Children (VFC) providers. States will determine the appropriate allocation of vaccine to public and private sites.
5. Some portion of the vaccine will be administered through the private sector, thereby reducing the demand and the cost burden on public health

State Planning Assumptions

The following planning assumptions are intended to guide private providers and All Hazard Health Regions (AHHR) in the State of New Hampshire in the development of mass vaccination plans and private provider plans for immunizing residents against influenza A (H1N1):

1. The NH Immunization Program (NHIP) will manage distribution of vaccine.

2. Vaccines will only be distributed to medical providers and AHHR clinics/community vaccinators that have registered with the NHIP and signed the Federal H1N1 Vaccine Agreement.
3. Vaccine providers will not charge for the vaccine. Private practices/clinics will be allowed to charge an administration fee based on the New Hampshire Medicare rate for vaccine administration. Medicaid administration fees will be allowed. The federal guidelines are available at http://www.cdc.gov/H1N1flu/vaccination/statelocal/vaccine_financing.htm
4. The federal government will supply funds to administer vaccines through the State supported All Hazard Health Regions (AHHRs) PODs. Plans for the operation of these clinics may be found at: <http://www.dhhs.state.nh.us/DHHS/CDCS/LIBRARY/Policy-Guideline/dphs-health-emergency-plan.htm>
5. Local public health departments and any other publicly funded clinics may also assist in offering clinics outside of their regular programs as outlined in the federal financial guidance document.
6. Vaccines will be allocated and distributed based on:
 - a. Clinical guidance from the Centers for Disease Control and Prevention (CDC) and the Division of Public Health Services (DPHS), Director and Ethics Committee.
 - b. Population occurrence throughout the State of NH.
 - c. Number and type of vaccines allotted to New Hampshire on a weekly basis.
 - d. Determination by DPHS of the most effective and efficient provider system; private, public, retail, mass vaccination clinics (PODs) to limit the spread of the disease.
7. Based on the epidemiology of the influenza A H1N1 virus, the following populations have been targeted by the CDC to receive vaccine before it is released to the general population. (See Figure 1.)
 - a. Pregnant Women
 - b. Children and young adults 6 months through age 24
 - c. Household contacts of children less than 6 months of age
 - d. Health care workers and first responders with patient contact
 - e. Adults 25 – 64 with medical conditions that are complicated by the influenza virus
8. Based upon the factors as outlined in assumption 5 above, the following populations will be vaccinated by their private physicians with the first shipments of vaccine into the state of New Hampshire:
 - a. Pregnant Women
 - b. Children 6 months to five years with chronic medical conditions for which available vaccine is appropriate
 - c. Health care workers and first responders with direct patient contact
 Followed as soon as possible by:
 - d. Children 5 through 18 years of age with medical conditions
 - e. Household contacts of children less than 6 months of age, especially siblings
 - f. Young adults 19 through 24 years of age with medical conditions (Ethics Committee Minutes, 8/24/08)
 - g. All healthy children and young adults age 6 months to 24 years of age.
 - h. Adults 25 – 64 with medical conditions that are complicated by the influenza virus
 - i. All health care workers and first responders
9. Medical records maintained in the medical home are the most effective method of identifying the individuals with medical conditions that make up the prioritized target population listed in #7 above. Vaccines will be distributed to the medical providers including private practices, Community Health Centers, FQHC/FHC and Public Health Departments for dispensing to their patients.

Figure 1. Novel H1N1 Vaccine Estimates for New Hampshire, October 2009

ACIP recommended groups for H1N1 vaccine	Population	ACIP Targeted subgroups for H1N1 vaccine	Population	NH Ethics Committee recs for H1N1 vaccine when supplies not fully available	Population	Historic vaccine uptake	Vaccine expected to be allocated by 10/02/09	Vaccine expected to be allocated by 10/09/09	Vaccine expected to be allocated by 10/16/09	Vaccine expected to be allocated by 10/23/09	Vaccine expected to be allocated by 10/30/09	% covered in risk group if 100% uptake
Pregnant Women	16,000	Pregnant women	16,000	Pregnant women	16,000	20%		500	6,000	4500	3,000	87.5
Persons who live with or provide care for infants aged < 6 months	98,000	Persons who live with or provide care for infants aged < 6 months	98,000			Adults overall: 41%			20,000	17,000	24,000	62.2
Health care and emergency medical services personnel	101,000											
		Health care and emergency medical services personnel with DIRECT CONTACT with patients or infectious material	70,000	Health care and emergency medical services personnel with DIRECT CONTACT with patients or infectious material	70,000	62%	10,000	12,000	15,000	30,000		98.6
Children and young adults aged 6 months - 24 years (16,000 per cohort)	413,209					<5: 55%, 5 to 24: 25%						
		Children aged 6 months - 4 years	72,000	Children aged 6 months - 4 years who have medical conditions that put them, at higher risk for influenza related complications (Under 3 y.o.: 40,000);	40,000					1,713	11,933	34.1
				Children aged 6 months - 4 years who have medical conditions that put them, at higher risk for influenza related complications (3 yo, or older: 32,000	32,000		2909	3,175	10,048	10,000	8,000	100.4
		Children and adolescents aged 5-18 years who have medical conditions that put them, at higher risk for influenza related complications	44,862	Children and adolescents aged 5-18 years who have medical conditions that put them, at higher risk for influenza related complications	44,862	44%			15,000	10500	10,000	79.1
Persons aged 24 -64 years who have medical conditions that put them at risk for flu related complications	72,000					Asthma: 53%; diabetes: 70%						
Total population to vaccinate	700,209		300,862		202,862							
# of doses required. 2 for children under 10, 1 dose for population older than 10)	865,493		390,807		256,321							
Total Population vaccinated with at least one dose								12,909	15,675	66,048	73,713	56,933
If 100% uptake: population waiting for vaccine as rec by NH ethics committee								243,412	227,737	161,689	87,976	31,043
If 100% uptake: population waiting for vaccine as rec by ACIP targeted groups								377,898	362,223	296,175	222,462	165,529

Development of the Vaccination Strategy

The use of vaccines is an essential public health tool for the control of influenza. The broad aim of the Novel H1N1 Vaccine Distribution Plan is to distribute and vaccinate all persons in NH who want the vaccine. In order to mount a successful vaccination campaign the approach outlined in this plan must be used in conjunction with essential infection prevention strategies including handwashing, respiratory/cough etiquette and early isolation of ill persons in accordance with the most current guidance. The assumptions and process described previously are based upon the current understanding of epidemiology of the novel H1N1 influenza virus and issues and is subject to change as we have more information. The NH strategy takes into account those populations that are most likely to be hospitalized, suffer severe complications of influenza and those that are at a higher risk of death due to influenza or the complications of influenza.

As of September 2009, it is not expected that there will be a shortage of H1N1 vaccine but there will be limited release early in the flu season. As vaccine is released, NH will continue to target those at highest risk first. The NH vaccine planners have recognized the need to assess supply and demand issues on an ongoing basis. The planners acknowledge that once the demand for vaccine for these initial target groups has been met then activities will shift to begin vaccinating everyone from ages 25 through 64 years. Current data indicate the risk for infection among persons age 65 or older is less than the risk for younger age groups (as compared to seasonal influenza). Therefore, as vaccine supply and demand for vaccine among younger age groups is being met throughout the implementation of this plan, providers will offer vaccination to people over the age of 65.

Allocation

2009 H1N1 influenza vaccine will be allocated based on availability of vaccines, guidance from the Centers for Disease Control and Prevention (CDC), the New Hampshire Ethics Committee, surveillance data gathered by the CDC and the New Hampshire Bureau of Disease Control, and the State Epidemiologist.

Figure 2 shows the population in each Public Health Region (first column), the number of vaccine doses, by product, available, as of September 1, to New Hampshire (first row) and the targeted populations to receive the vaccine (second row). The H1N1 vaccine will be distributed to private physicians/medical homes of children with medical conditions and pregnant patients, and hospital systems and independent medical offices/institutions as soon as the first vaccine products are released to New Hampshire.

Figure 2. Estimated October 1 - 30 Allocation to New Hampshire as of September 30

All Health Hazard Regions	Estimated 2009 Population	% State Pop	Pregnant women	HHC <6 mos	HCW & EMS w/ contact	6 mos to 35 mos w/ med cond	3 & 4 yrs w/ med cond	5-18 yrs w/ med cond
			14,000	61,000	67,000	13,646	34,132	35,500
Greater Plymouth	19,878	0.0145	203	885	972	198	495	515
Greater Bristol/Franklin	36,208	0.0264	370	1610	1769	360	901	937
Greater Portsmouth	37,817	0.0276	386	1684	1849	377	942	980
Carroll County	43,666	0.0319	447	1946	2137	435	1089	1132.45
Upper Valley Region	43,904	0.0361	505	2202	2419	493	1232	1281.55
Greater Sullivan County	49,493	0.0361	505	2202	2419	493	1232	1281.55
Great North Woods	54,920	0.0401	561	2446	2687	547	1369	1423.55
Greater Laconia/Meredith	57,684	0.0421	589	2568	2821	574	1437	1494.55
Monadnock	104,938	0.0766	1072	4673	5132	1045	2615	2719.3
Greater Exeter	107,024	0.0781	1093	4764	5233	1066	2666	2772.55
Strafford County	125,162	0.0913	1278	5569	6117	1246	3116	3241.15
Greater Concord	138,032	0.101	1414	6161	6767	1378	3447	3585.5
Greater Derry	146,494	0.107	1498	6527	7169	1460	3652	3798.5
Greater Manchester	187,421	0.137	1918	8357	9179	1870	4676	4863.5
Greater Nashua	217,793	0.159	2226	9699	10653	2170	5427	5644.5
Total	1,370,434							

EMS = Emergency Medical Services
 HCW = Health Care Workers with patient contact
 HHC = Household contact

Distribution Process:

The 2009 H1N1 vaccine distribution process will be managed by the DHHS New Hampshire Immunization Program in a process similar to the Vaccines for Children (VFC) Program. Vaccine Providers will submit orders to the NHIP who will then evaluate the New Hampshire allocation and enter orders into the CDC system for processing. The 2009 H1N1 vaccine will be shipped by the McKesson Distribution Center, CDC's contractor for centralized distribution, in lots of 100 doses, to as many as 511 receiving sites throughout the state. In order to meet the needs of New Hampshire's smaller vaccine providers, shipments of less than 100 doses will be distributed directly from an NHIP designated site. Ancillary supplies for administration will be included in the shipments from McKesson (needles, syringes, alcohol wipes, sharps containers). Band-aids will not be supplied with the orders.

All providers participating in the H1N1 vaccine campaign will be expected to:

1. Register with the NH Immunization Program as an H1N1 vaccine provider.
2. Maintain cold-chain capacity where needed.
3. Assure vaccine safety monitoring and reporting, including doses expired, compromised doses.
4. Track vaccine and vaccine ancillary supplies according to use.
5. Monitor and report vaccine doses administered to the NH DHHS on the forms provided.
6. Order vaccines for population target groups and sub priority groups in accordance with the clinical guidance put forth by the DPHS on an ongoing basis throughout the 2009-2010 flu season. This information will be available on the DHHS H1N1 (Swine Flu) website and on the NH DPHS clinical guidance, released on a regular basis.
7. Providers who receive the H1N1 influenza vaccine to care for their patients, and families of patients with medical conditions are encouraged to:
 - a. Vaccinate to reduce the spread of disease and reduce the incidence of severe illness.
 - i. This may include protecting a child less than 6 months of age by vaccinating the entire family, regardless of billing capacity.
 - ii. If vaccine is not available to immunize a child with a medical condition, but the vaccine is appropriate for the siblings, vaccinate the siblings.
 - iii. If a child, who is medically at-risk, comes to the office, vaccinate him/her even if the child is outside of the first priority age range.
 - b. Establish easily accessible, affordable nurse clinics.
 - i. Communicate with your patients and let them know that you will call them when vaccine is available
 - ii. Set up nurse clinics to facilitate a substantial number of patients without overwhelming the flow of the office.
 - iii. Publicize clinics **ONLY** when you have the vaccine in the office.
 - iv. If you are unable or unwilling to immunize a private patient, refer to a provider or public clinic that will vaccinate.
 - c. Hospital/outpatient systems, consider operating clinic settings where all patients can access any number of sites or urgent care centers to receive the vaccine.
8. Alternative state sponsored vaccination sites (PODs) may be established at any time based on the ability of the medical homes (private physicians, community health clinics, etc.) to meet the needs of the priority target populations. The State may call upon the regional VNAs, FQHC/FHC, Community Health Centers, Public Health Departments or PODs to increase the access to the H1N1 influenza vaccine. These alternative sites may opt to use federal implementation funds for reimbursement of administration costs, or they may choose to bill insurance companies and Medicaid. They will not be reimbursed by both systems.

9. School based clinics will be a strong option to vaccinate children of school age through the State sponsored PODs. The AHHR Points of Contact have been an integral part of the planning process. They have contacted school superintendents and school nurses to ready their parents, teachers and staff for the possible use of the school day to vaccinate those children who choose to be immunized.
10. As soon as vaccine allocations allow, vaccines will be released for the additional targeted groups as identified by the CDC. The distribution process may involve all or any systems of dispensing; private, public, pharmacies, retail establishments and public Points of Dispensing (POD) at the regional level (All Health Hazard Region-AHHR) to fully vaccinate individuals in an ongoing and systematic manner.
11. Factors that will determine the expansion of the vaccine distribution system will include:
 - a. State supply of the H1N1 vaccine
 - b. The demand and reported administration (uptake) of the vaccine
 - c. The reported ability of individuals to receive the vaccine.
 - d. Decision to expand the distribution system will be determined on a region-by-region basis.

Vaccine Ordering, Accountability and Tracking:

H1N1 vaccine providers will be asked to complete all forms distributed by the NH Immunization Program including:

1. Dose ordering form – to include:
 - a. Number of doses requested for use within one week period of time
 - b. Targeted and/or prioritized group(s) to be immunized
2. Doses administered form – to include:
 - a. Aggregate information on doses administered by target group/priority group, dose number (first or second), date, age group
3. Number of VAERS reported through the <http://www.vaers.hhs.gov/>
4. Doses administered will be aggregated and reported through the CDC Countermeasure Response Administration system on a weekly basis from all public clinic sites.
5. Data on doses administered by private providers will be aggregated and reported weekly from the doses administered form as noted above

Communication:

H1N1 Vaccine Providers:

1. Regular communication with H1N1 vaccine providers takes place via email, Health Alert Network (HAN) messages and Fax blasts and postings on the DHHS website. After dissemination, all materials are placed on the DHHS website under H1N1 Influenza (Swine Flu)/ H1N1 Guidance for Health Care Providers. Information as to the priority target groups to be vaccinated will be released through the HAN system, on the DHHS website and via email.

General Public:

1. The Department of Health and Human Services/Division of Public Health will communicate with the general public, to let them know when they may receive their vaccinations, through press releases to radio, television, newspapers, the DHHS website, and the Information and Referral Line (211 or www.211nh.org)

Plan Maintenance:

The NH Novel H1N1 Vaccination Plan will be reviewed on a weekly basis by the H1N1 vaccine lead or designee. Based upon that review, allocation amounts and process to distribute may change. The factors influencing that change include, but are not limited to the following: changes in the severity of novel H1N1 influenza illness nationally or in NH, changes in the amount, type or frequency of shipment of vaccines. All changes to the plan will be documented in a tracking log (see Appendix A).

Ongoing Sources of Guidance and NH DHHS Policy:

The following will be posted on or available through the NH DHHS web site at:

http://www.dhhs.state.nh.us/DHHS/DHHS_SITE/swineflu.htm

These sources should be used to guide practice and policies related to immunization with H1N1 influenza vaccine, and the safe, appropriate and effective administration of influenza vaccine. These resources will be updated as necessary and will be supplemented with additional guidance and policy documents:

- Guidelines for Compliance with Federal Vaccine Administration Requirements
- Vaccine Guidelines for Storage and Handling
- Vaccine Management Checklist
- Vaccine Information Statements (in English and foreign languages as needed)
- Vaccine Information Statements: An Important Tool in Vaccine Risk/ Benefit Communication
- Sample Standing Orders for Children and Adolescents Influenza Vaccine
- Sample Standing Orders for Adult Influenza Vaccine
- Screening Questionnaire for Contraindications to Injectable Influenza Vaccination (IAC 9/08)
- Screening Questionnaire for Contraindications to Live, Attenuated Intranasal Influenza Vaccination (IAC 9/08)
- Prevention and Control of Seasonal Influenza with Vaccines, Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009 (CDC)
- Use of Influenza A (H1N1) 2009 Monovalent Vaccine, Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009 (CDC)

**Appendix A
Plan Maintenance**

Vaccination Plan Track Changes

Date of Review	Description of Changes	Staff name/Signature	Reason for Change
October 5, 2009	Fig. 1 and Fig. 2	Marcella Bobinsky	Updated vax allocation rec'd 9/29/09
October 5, 2009	Guidance to Providers	Marcella Bobinsky	Need for clarification of expectations
October 5, 2009	Addition of Federal Financial Guidance site	Marcella Bobinsky	Available for use
October 5, 2009	Addition of Communication vehicles	Marcella Bobinsky	Need for clarification