Community Immunization Providers

The organizations that go out into the community to actually provide large scale influenza vaccination programs to the general public.

We provide services in schools, churches, pharmacies, care facilities, senior centers, hospitals, medical clinics, fire stations, worksites, grocery stores and virtually anywhere people gather that want vaccinations. Sometimes, even in bars.
Community Immunization Providers

- Our organizations vary from small regional operations serving 1-2 states to large national organizations.
- Participants in working group include the Visiting Nurses Association, Maxim Health, Safeway pharmacies, Walgreen’s, and the American Pharmacists Association.
- In the 2009-2010 season, our membership provided ~18,000,000 flu vaccinations both seasonal & H1N1.

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What went well?
- Much higher Community Awareness of influenza, the importance of getting vaccinated and better hygiene/hand washing
- Constant Messaging in the Community
- Higher demand than ever before for influenza vaccinations
- CIPs provided increased vaccinations to pediatric populations, including school based vaccination clinics
- Many CIPs lowered the minimum age they would vaccinate, some to as young as 6 months of age
- Some CIPs significantly increased both their seasonal and total influenza vaccinations
- Improved awareness and collaboration with public health
Community Immunization Providers

Seasonal Vaccine Supply Challenges
- Seasonal vaccine was virtually not available for additional orders by mid summer
- Confirmed orders were cancelled or delayed until after Thanksgiving
- Some companies ‘lost’ confirmed orders of thousands of doses
- Scalpers were asking $300 or more per 10 dose vial, when they had it
- Thousands of scheduled clinics cancelled due to lack of vaccine
- Angry clients when their clinic was cancelled
- Early accusations of incompetence for not having seasonal flu vaccine caused by lack of publicity re the shortage
- Some CIPs were ‘fired’ for having to cancel clinics
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Seasonal Vaccine Supply Challenges continued

- Home Health Agencies were placed at risk in their publicly reported performance indicators because they had to report vaccination status on their patients.
  - Because they weren’t able to obtain vaccine, they had to report that the vaccine was not given (which has a negative effect on their performance indicator).
  - The reporting paperwork allows for “shortage” as a reason not to administer, but only if officially declared by the CDC.
    - CMS was asked to change their guidance and would not because CDC did not declare shortage
  - Total seasonal vaccinations administered were often decreased as a result of vaccine shortages, even though the demand was quite strong.

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H1N1 Distribution Challenges

- Availability varied widely by County
- Distribution by local health jurisdictions: often did not understand who CIPs were or they distrusted us
- Once H1N1 vaccine started coming through, there was often confusion as to which County a particular supply was for
- Community Immunization Providers were often the LAST providers to receive H1N1 vaccine, despite our ability to reach the public in convenient settings
- Restrictions varied by county
  - When vaccine was available in 1 county, but not the neighboring county, some multi-county locations would not allow vaccinations to proceed
  - Each County often required separate tracking of their vaccine requiring multiple reports being sent for each jurisdiction.
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H1N1 Distribution Challenges continued
– Some counties hoarded H1N1 vaccine in November when their supply exceeded their high risk needs

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Other Issues
• Anti-vaccine groups were louder than ever
• Reputable media was reporting that H1N1 vaccination had caused Gullian-Barre syndrome in several individuals
• Many seniors reported that their health care providers instructed them not to get the H1N1 vaccine, even once all restrictions had been removed
• Longest influenza vaccination season ever
• Many operations had reduced total revenue
Community Immunization Providers

Fact:
- The General Accounting Office (GAO) has pointed out that the largest percentage of influenza vaccinations are administered by the private sector (physician practices, clinics, pharmacies and Community Immunization Providers).

Observation by CIPs:
- In spite of the above, when there was a pandemic and the need was great to safely vaccinate as many people as possible, the job of organizing vaccinations and distributing vaccine went to public health, rather than those with experience in organizing and delivering community-based programs.
  - CIPs have the knowledge, experience & staff in providing vaccinations in multiple locations, simultaneously.
  - CIPs need to be included in early planning for ALL future influenza pandemic planning, not as an after-thought when a local health jurisdiction decides its OK to give some vaccine to us.