AIM BACKGROUND

- Nonprofit membership association whose members are the program managers in each of the 64 federally-funded immunization program (awardees)
  - The 50 states, the District of Columbia, American Samoa, Guam, the Republic of Marshall Islands, Micronesia, the Northern Mariana Islands, Palau, Puerto Rico, the Virgin Islands, Chicago, New York City, Houston, San Antonio and Philadelphia.
CHALLENGE: TIMING OF VFC INFLUENZA VACCINE DELIVERY VARIES

- The timing of VFC influenza vaccine delivery does not necessarily coincide with the timing of private sector vaccine delivery.

- According to AAP, some providers report receiving VFC vaccine 2 weeks to a month later than private sector vaccine.

- Delays in receipt of VFC seasonal influenza vaccine can cause missed opportunities to vaccinate children and can also cause a disparity in care due to one group of children not receiving vaccine.

RESPONSE METHOD/PROCESS

- Gathered information to understand the problem
  - Provider perspective from AAP and AAP survey data; AAP discussion with AIM members
  - Awardee perspective: discussion during AIM Influenza Committee and AIM General Membership Webinar, polls, and AIM Annual Survey data
  - Representatives from CDC were able to join all discussions
- Using AAP survey data, identified awardees distributing influenza vaccine in timely manner
- Collected best practices from awardees
- Drafted Recommendations
- Disseminated recommendations to AIM members and partners (AIM website, AIM Weekly Update, Twitter, AIM partners)
INFORMATION GATHERED

- Provider experience
- VFC Influenza Vaccine Ordering Process
- Factors Influencing the Timing of VFC Vaccine Delivery
- Awardee Policies and Practices

VFC SEASONAL INFLUENZA VACCINE ORDERING PROCESS

- Awardees submit pre-book to CDC (brand specific) (February)
- CDC contracts with manufacturers
- Vaccine shipped from manufacturers to McKesson (distributor)
- Vaccine doses allocated by CDC to awardees
- Awardees allocate/offer/distribute doses to providers
- Shipments from manufacturers, allocations from CDC, and distribution from awardees to providers continue throughout the season
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FACTORS INFLUENCING TIMING OF VFC VACCINE DELIVERY

- Ordering Process
  - Pre-book (February), brand specific
  - Second order (Fall)
- Awardee Brand Choice/Provider Choice Policy
- Manufacturer production
- CDC Allocation
- Awardee Allocation/Distribution Policy
FACTORS INFLUENCING TIMING OF VFC VACCINE DELIVERY

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- Awardee Allocation/Distribution Policy

PROVIDER EXPERIENCE: AAP SURVEY ON DELIVERY OF PUBLIC VS PRIVATE STOCK OF INFLUENZA VACCINE

- Provider practices in a few states receive VFC before private stock
- Many receive VFC vaccine within 1-2 weeks of private stock
- Some vary between 3 and 10 week delays
- Some receive complete orders; most receive partial orders throughout the season
- Most can re-order, a few were not able to order more doses if they run out
- Comments:
  - Providers concerned about their ability to serve ALL patients when VFC vaccine is not available
  - Providers concerned about when and how much they will receive – they don’t receive estimates or timetables
AWARDEE POLICIES AND PRACTICES

AIM encourages consideration of the following practices to help distribute VFC seasonal influenza vaccine to VFC providers early in the season and provide information to providers as the influenza season progresses:

- Send providers smaller/partial shipments of influenza vaccine throughout the flu season.
- Simplify the brands and presentations of seasonal influenza vaccine available to providers to order. Careful consideration should be given when limiting brand and presentation choice as there is a risk of supply shortages which can be exacerbated if dependent on only one brand of vaccine.
- Regularly communicate with providers regarding the status of influenza vaccine distribution throughout the influenza season.
- Partner with state and local chapters of professional medical organizations.

Q44 Does your program have a policy to distribute influenza vaccine to VFC providers as soon as it is available?

- Yes: 88.89% (56)
- No: 11.11% (7)

AWARDEE DISTRIBUTION PRACTICES
RESPONSE: AIM RECOMMENDATIONS ON VFC SEASONAL INFLUENZA VACCINE DISTRIBUTION

- Created to provide awardees with recommendations on ways to decrease the amount of time it takes to get VFC seasonal influenza vaccine to provider offices

- Based on current practices of awardees that have low variance in distribution time for VFC vs. private stock influenza vaccine

RECOMMENDATIONS

- Create and/or maintain program policies that allow for vaccine distribution to providers as soon as vaccine is available.

- Maintain regular communication with provider offices throughout the influenza season on the status and what to expect regarding the timing of vaccine delivery to provider offices.

- Reach out to state and local chapters of provider organizations, such as the American Academy of Pediatrics, to facilitate communication about seasonal influenza vaccine ordering and delivery with providers.
EXAMPLES FROM IMMUNIZATION PROGRAMS

Sending smaller shipments/partial shipments of vaccine to each provider to help get vaccine to the provider office quickly

- Oregon: Smaller quantities of each provider’s prebook vaccines to allow for wider distribution of influenza vaccine to providers
- Tennessee: Frequent small shipments as vaccine becomes available in depot

EXAMPLES FROM IMMUNIZATION PROGRAMS

Simplifying the types of VFC seasonal influenza vaccine available for providers to order.

- New York City: Providers are asked to indicate how many doses of vaccine they needed for three groups: 6-35 month-olds injectable, 3-18 years injectable, and 2-18 years LAIV. Whatever brand and presentation became available that could fill the provider’s request is what the provider received from the immunization program.
- Maryland: Provides three options for vaccine for providers: FluMist, Sanofi multidose vials and Sanofi pediatric syringes.

Careful consideration should be given when limiting brand and presentation choice as there is a risk of supply shortages which can be exacerbated if dependent on only one brand of vaccine.
EXAMPLES FROM Awardees

Regularly communicating with provider offices throughout the influenza season on the status and what to expect regarding when vaccine would be available and arrive at the provider office.

- Tennessee: Sends updates out every 2-3 weeks
- Nebraska: Created and posted a table called “Flu vaccine allocations” on their website which shows each provider (by PIN) what they pre-booked, what they have ordered to date, and thus what is available – all by brand/presentation. Providers could reference this table for updates whenever they needed.
- New York City: sends out monthly letters to VFC providers with updates and information about influenza vaccine distribution and vaccine availability

FLU SEASON 2015-16 (ANECDOtal)

- Awardees working to enhance communication with providers
- AAP survey shows some areas with improved delivery times, others will long waits for VFC vaccine
- Production delays can have big impact - especially in programs with limited product choice (put all their eggs in wrong basket)
CONCLUSION/NEXT STEPS

- Complex issue
- Every flu season is different
- Communication is key
- Strong relationships between providers and immunization programs are critical
- Awardees seem to have policies in place to send vaccine out immediately; more data and analysis is needed to understand the problem

ADULT IMMUNIZATION RESOURCE GUIDE
Insight and Resources for program managers
Coming July 2016
www.immunizationmanagers.org/adults
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