State Perspective on H1N1

Influenza Vaccine Summit
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From Micronesia to Alaska and Across the U.S. to the Virgin Islands

Looking Back…

- State and territorial health agencies responded successfully.
- They were agile, strategic, and flexible under very difficult circumstances.
- Despite staff shortages, furloughs, and unpredictable funding, they worked tirelessly to meet the demands of the pandemic.

The H1N1 Vaccine Campaign An Unprecedented Undertaking

- Anticipating up to 600 million doses of vaccine
- Distribution of ancillary supplies
- 159 million initially prioritized persons
- Increased number of providers
- Increased number of distribution sites

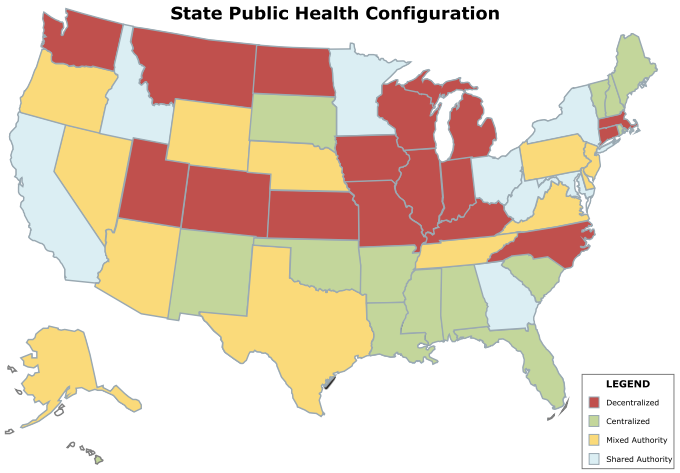
Priority Groups for Vaccination

Priority Group	Provider Offices	School Clinics	Healthcare Facilities	Workplaces	Retail Pharmacies	*Safety Net: Public Health*
Pregnant women (4M)	X		X	X	X	*X*
Household & caregiver contacts of children < 6 mos (~5M)	X		X		X	*X*
Children and young adults 6 mos – 24y (102M)	X	X			X	*X*
Persons 25-64y with high-risk conditions (34M)	X		X	X	X	*X*
HCW & emergency services personnel (14M)			X	X		*X*
General Population	X			X	X	*X*

Why a government-organized system?

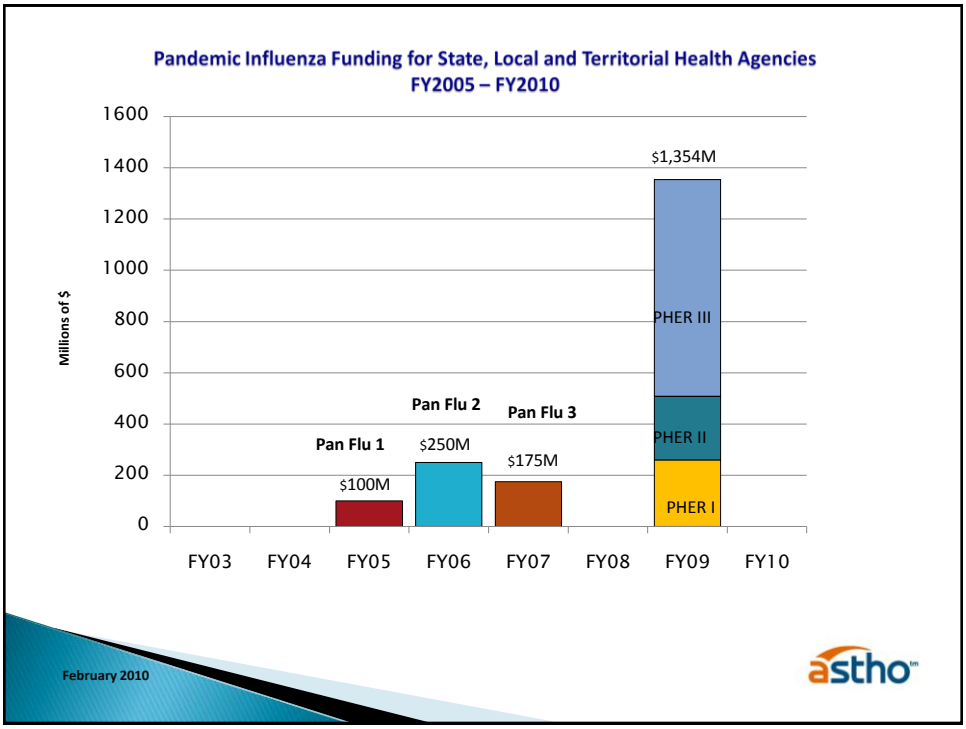
- Controlled release of vaccine
- Distribution and administration could be prioritized
- Equity
- Transparency
- Data

State and Local Agency Relationships



LESSONS NOT LEARNED

- Funding
- Health Care Worker Vaccination
- Assuring Access to Care and Treatment



Healthcare Workers

- We have not yet learned how to get healthcare workers vaccinated.
- We have not convinced all providers about the importance of vaccination.

Assuring Access to Care

- Lacked a clear statement that immigration status would not be considered when presenting for care.
- Early on, assuring access to antivirals for uninsured and undocumented populations was highly problematic.
- Assuring access for uninsured and underinsured continues to be problematic and a priority for state health officials.

FluMist

- What are the reasons for resistance from providers and the public?
- How can we collaborate to correct the misinformation?

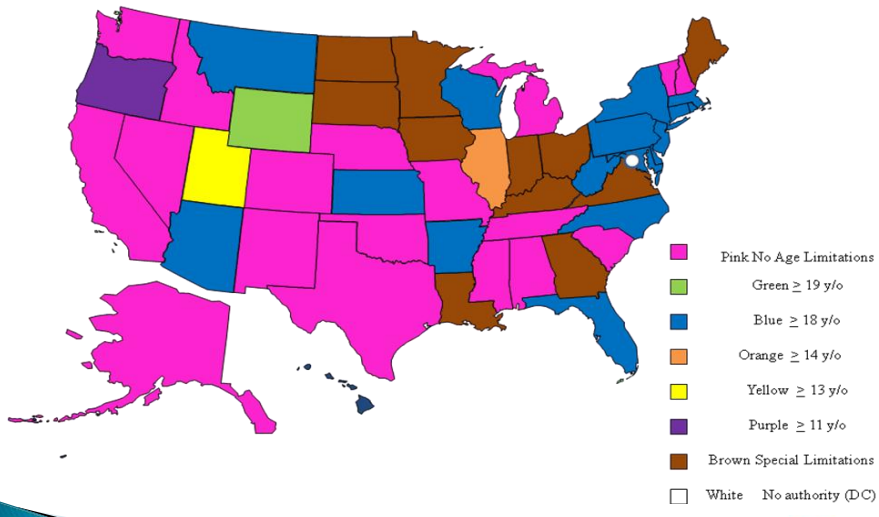
Lessons Learned

- Need better data
- Need to plan for the unexpected
- Benefit of partners

Benefits of Public and Private Sector Partners

- The success of this effort was multifaceted.
- The response worked well due to the teamwork and cooperation between the federal, state, local, clinical and private sectors.
- The challenge is to maintain these partnerships so we are ready to work together again the next time.

Pharmacist Authority to Administer Influenza Vaccines
Age of Patient Limitations



As of September 2009

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Operational Framework for Partnering with Pharmacies for Administration of 2009 H1N1 Vaccine

Updated September 28, 2009

Available at:
http://www.astho.org/programs/infectious-disease/h1n1/

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The Challenge

- How can public health help maintain and increase the number of providers that support vaccination and provide vaccines?
- How do we work together to ensure consistent and adequate funding for public health?
- How do we maintain the valuable partnerships that have worked so well?

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