



North Carolina Department of Health and Human Services
Division of Public Health – Women’s & Children’s Health Section

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Beverly Eaves Perdue, Governor

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November 13, 2009

TO: H1N1 Vaccine Providers
SUBJECT: H1N1 Updates
FROM: Beth Rowe-West, RN, BSN, Head
North Carolina Immunization Program

The purpose of this memo is to provide updates regarding the North Carolina H1N1 vaccine distribution and administration situation.

Thomas R. Frieden, M.D., M.P.H., Director,

Centers for Disease Control and Prevention, and Administrator, Agency for Toxic Substances and Disease Registry

Please review the enclosed letter from the Centers for Disease Control and Prevention (CDC) explaining the current national situation of H1N1 vaccine distribution and administration. This memo provides reminders of priority groups as identified by the Advisory Committee on Immunization Practices (ACIP) and the importance of protecting the population.

Acceptance of H1N1 Nasal Spray Vaccine

The North Carolina Immunization Program (NCIP) has heard from providers such as hospitals, universities/colleges and local health departments that vaccine recipients are hesitant or adverse to receiving H1N1 nasal spray vaccine. In an effort to protect all high risk individuals from H1N1 influenza virus, it is important for vaccine administrators to remind people seeking H1N1 vaccinations that H1N1 nasal spray is a safe and effective option for those healthy non-pregnant people 2-49 years of age, included in the target groups identified by ACIP:

- household contacts of infants under 6 months;
- healthcare and emergency medical services workers; and
- persons 6 months to 24 years of age.

The benefits of H1N1 nasal spray far out weigh the minimal side effects that may occur after administration. For answers to frequently asked questions regarding H1N1 nasal spray vaccine, please visit CDC’s website at

http://www.cdc.gov/h1n1flu/vaccination/nasalspray_qa.htm

H1N1 providers administering H1N1 nasal spray vaccine who would like to receive additional quantities should contact the H1N1helpdesk@lists.ncmail.net to request vaccine.

Providing H1N1 Vaccine to Non-Residents

H1N1 vaccine and administration support is provided through federal funding. Therefore, people in priority groups seen in your practice or agency should be vaccinated, regardless of county or state of residency.

Providers Requesting Specific H1N1 Formulations Not Be Provided

NCIP will honor provider requests that specific formulations of vaccine not be distributed to their facility. However, allocations of other formulations of H1N1 vaccine cannot be increased to replace refused allocations of nasal spray formulation.

Thank you for your continued efforts to assure high risk individuals are vaccinated against the H1N1 influenza virus. If you have questions, please direct them to phpr.sns@dhhs.nc.gov.

Enclosure

Cc: SMT NCIP FSU NCIP CO Local Health Directors
Amanda Fuller Lou Turner Megan Davies Steve Shore
Gregg Griggs Jessica Gerdes Joy Reed Vaccine Manufacturers



Dear State/Local Health Officer:

Today we have 35.6 million doses of 2009 H1N1 vaccine allocated for ordering, with more coming every day. As you know all too well, at present, demand for the vaccine in your communities still exceeds the supply we have received from manufacturers. That means it is more important than ever to focus on ensuring equitable access to the vaccine for the priority groups identified by the Advisory Committee on Immunization Practices: pregnant women, caretakers of infants less than 6 months of age, health care workers, children and adults with health conditions such as asthma or diabetes, and people under the age of 25. These are the people who are most vulnerable to 2009 H1N1 influenza, and it's our job to do everything we can to keep them safe this flu season.

I know you have been working hard to distribute vaccine to the people who need it most. You are on the front lines of the fight, and no one knows better than you how to reach people in your communities. I especially appreciate the many innovative ways you've found to reach them, including school-located vaccine clinics, special clinics for pregnant women, outreach to children with special needs, and making vaccine available to community- and faith-based organizations serving these high-risk populations.

The goal of the H1N1 vaccination program is to protect our population – focusing first on these high-risk groups and ensuring equitable access to the vaccine. While vaccine supplies are still limited, any vaccine distribution decisions that appear to direct vaccine to people outside the identified priority groups have the potential to undermine the credibility of the program.

It is important to make it clear to the public that we are all committed to the science-based vaccination recommendations established by the Advisory Committee on Immunization Practices. This may include making clear to the public as well as health care providers how the vaccine available to you is being targeted, and the basis for targeting. CDC expects all grantees to ensure that all vaccinators chosen by state and local health departments adhere to those recommendations. Toward that end, and in light of changing projections of vaccine availability, I ask each of you to review your plans immediately and work to ensure that the maximum number of doses is delivered to those at greatest risk as rapidly as possible.

I know how difficult your jobs are; we are ready and willing to help you any way we can.

Sincerely,

Thomas R. Frieden, M.D., M.P.H.
Director, Centers for Disease Control and
Prevention, and
Administrator, Agency for Toxic Substances
and Disease Registry

