



May 18, 2010

Dear Colleague,

The 2009 H1N1 influenza vaccination campaign reached an estimated 72-81 million individuals in the United States. The efforts of every provider who received vaccine were essential to making the program a success. As disease continues to decrease in the U.S., demand for this vaccine has steadily decreased as well. Many health care providers who received the 2009 H1N1 influenza vaccine have unused doses. The purpose of this letter is to inform you that the U.S. Government has organized a Central Vaccine Recovery Program to recover unused doses of the 2009 H1N1 influenza vaccine.

The Central Vaccine Recovery Program is a voluntary program intended to recover unused doses of 2009 H1N1 influenza vaccine (i.e. unopened vials/pre-filled syringes/nasal sprayers). The program has been developed with input from the necessary authorities to ensure compliance with state regulations. Only 2009 H1N1 influenza vaccine products are included in this program; ancillary supplies (i.e. needles, syringes, and sharps containers) supplied by the federal government should not be returned through this recovery program.

Health care providers who received 2009 H1N1 vaccine and have signed a Provider Agreement should expect to receive more detailed information from the State Immunization Program. This will include state-specific information on how to initiate return of vaccine. States vary in their regulatory requirements for return of expired vaccines; therefore, the program is tailored to the regulatory requirements of particular states. We ask that you pay particular attention to information you will receive from your own State Immunization Program.

At this time, providers should return vaccine doses that will expire by the end of June 2010 (Novartis, CSL, and MedImmune), and should continue to store and use vaccine expiring in 2011 (sanofi pasteur vaccine in multi-dose vials). The Centers for Disease Control and Prevention (CDC) recommends that health care providers continue to vaccinate people who wish to be protected. In addition, providers should retain the vaccine that will expire in 2011 as a reserve, should H1N1 disease incidence result in increased demand for vaccination before seasonal vaccine becomes available in sufficient quantity. In Fall 2010 providers will have another opportunity to return the late-dated 2009 H1N1 vaccine.

Your support during this 2009-10 has been instrumental to the success of this unprecedented national vaccination program. Thank you, and please contact your Immunization Program if you have any questions.

Sincerely,

Stephen C. Redd, MD
Rear Admiral, United States Public Health Service
Director, Influenza Coordination Unit