



2004-05 Influenza Vaccine Shortage: Immunization Program Lessons Learned

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- Background
- Lessons learned
 - Prioritization
 - Role of public health; state variability
 - Assessment of need/inventory
 - Centralized ordering
 - Communication

2004-05 Flu Vaccine Shortage

- Oct. 5: Nation's vaccine supply cut in half
- Over half of remaining supply (33 million doses) already distributed
- Federal, state and local public health work with private sector to address challenge of targeting limited vaccine supply to those most in need

Comparison: Flu vaccine shortage and antiviral distribution in pandemic

- Production of both vaccine and antivirals controlled by private sector
- Distribution largely in private sector in normal circumstances; but substantial public health role during shortage or pandemic event
- Supply uncertain and likely to be limited

Comparison: Flu vaccine shortage and antiviral distribution in pandemic

- Prioritization; targeted distribution necessary
- Ability to track and divert supply in both public and private sector needed
- Clear communication needed; messages likely to change throughout event or season
- Variability in infrastructure/capacity of states

Strategy: Prioritization

- Immediate recommendation by CDC/ACIP to target vaccine to priority groups (Oct 5)
- Clear message to public and providers
- Some states tightened; some states loosened or lifted early
- Broadening of recommendation over time (Jan 3, aged 50+ ; Jan 27, all persons)

Lessons Learned: Prioritization

- Prioritization was effective: coverage rates in priority groups nearly as high as previous year
- Difficult to change priority groups over time
- State differences cause confusion and frustration in public

Strategy: Enhanced Public Health Role

- Federal, state, local agreement to direct distribution of vaccine
- Allocation of remaining doses through formula approach
- Strong direction to providers and public to follow CDC/ACIP recommendations
- Facilitation of vaccine redistribution

Lessons Learned: Enhanced Public Health Role

- Balance: control of vaccine vs. use of existing delivery infrastructure
- State approaches varied
- FDA ruling allowing transfer of vaccine very helpful

Strategy: Assessment of Need and Inventory

- Initial assessment of orders by manufacturer
- Shipping and ordering information by zip code
- Surveys to assess vaccine location and need

Lessons Learned: Assessment of Need and Inventory

- Usefulness of info by zip code varied
- National surveys not as effective as state and local
- State capacity varied
- Specific information extremely valuable

Strategy: Centralized Ordering

- CDC system for states to coordinate vaccine ordering
- Orders through secure data network
- Delivery/payment through private distributors

Lessons Learned: Centralized Ordering

- Effective but not timely
- Staff access to SDN limited
- Ordering process labor intensive
- Efficiency of distributors varied
- Managing uncertainty of vaccine arrival major challenge

Lessons Learned: Centralized Ordering

- Some states bypassed
 - Purchased entire allocation of vaccine themselves
 - Submitted multiple orders in spreadsheets

Strategy: Communication

- Daily CDC “partners” calls
- States/locals: regular calls, stakeholder participation
- Hotlines, websites, media outreach to reach public
- Websites, blast faxes, HAN to reach providers

Lessons Learned: Communication

- Centralized, consistent messages needed
- Redundancy, multiple venues
- HAN valuable tool
- Incident command model efficient
 - Rapid decision-making
 - Rapid clearance of messages
- Previous planning helpful

Conclusion

- Strategies employed during 04-05 flu vaccine shortage helped to successfully prioritize vaccine
- Lessons learned can be applied to distribution of antivirals in event of pandemic



Thank You

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