

2009 H1N1 Vaccine and Immunization Strategy

2009 National Influenza Vaccine Summit
June 29, 2009

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Director, National Vaccine Program Office



Pandemic Vaccine Strategy

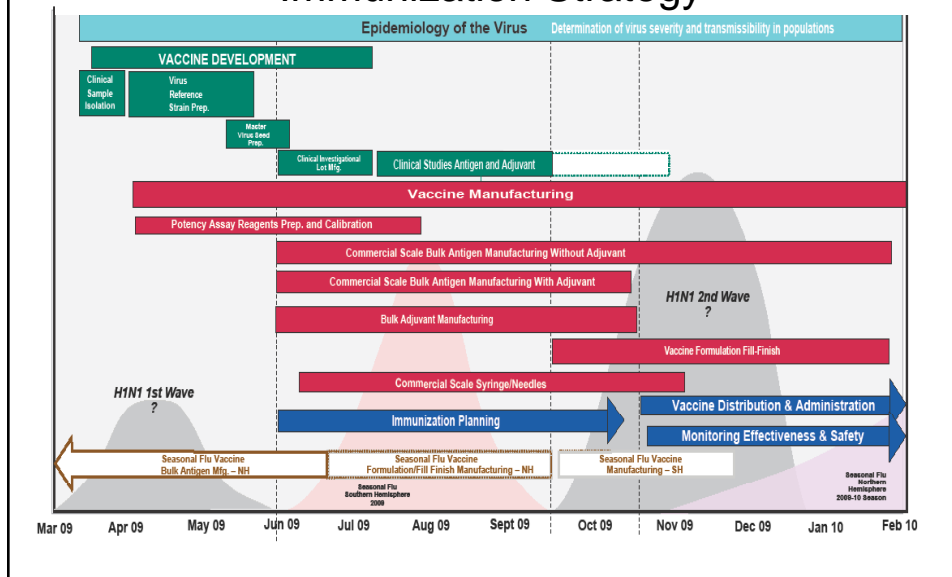
National Strategy for Pandemic Influenza (Nov. 2005):


- Goal: To produce sufficient vaccine for U.S. population within 6 months of pandemic onset

2009 H1N1 Vaccine Strategy:


- Clinical studies will inform vaccine formulation and safety profile
- Strain change: Anticipate licensure of formulations similar to seasonal influenza vaccine (antigen alone)
- Pre-EUA packages in preparation for vaccines with adjuvant
- Scenario-sensitive vaccine production & administration approach
- **Key vaccine decision issues:**
 - Vaccine type(s)
 - Preservative (thimerosal)
 - Adjuvant
- **Key immunization program issues:**
 - Prioritization of vaccine: Target groups
 - Implementation plans
 - Vaccine safety and effectiveness monitoring
 - Intersection with seasonal influenza vaccine program
 - Communications

US 2009 Pandemic H1N1 Vaccine and Immunization Strategy






GUIDANCE ON ALLOCATING AND TARGETING PANDEMIC INFLUENZA VACCINE




U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. DEPARTMENT OF HOMELAND SECURITY

<http://www.pandemicflu.gov/vaccine/allocationguidance.pdf>



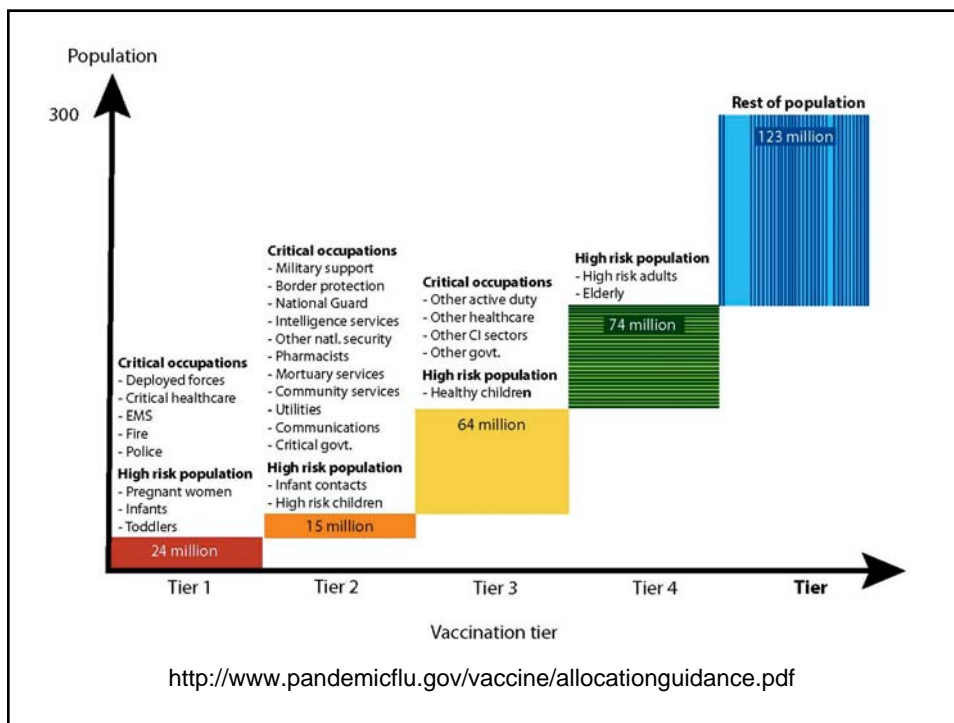
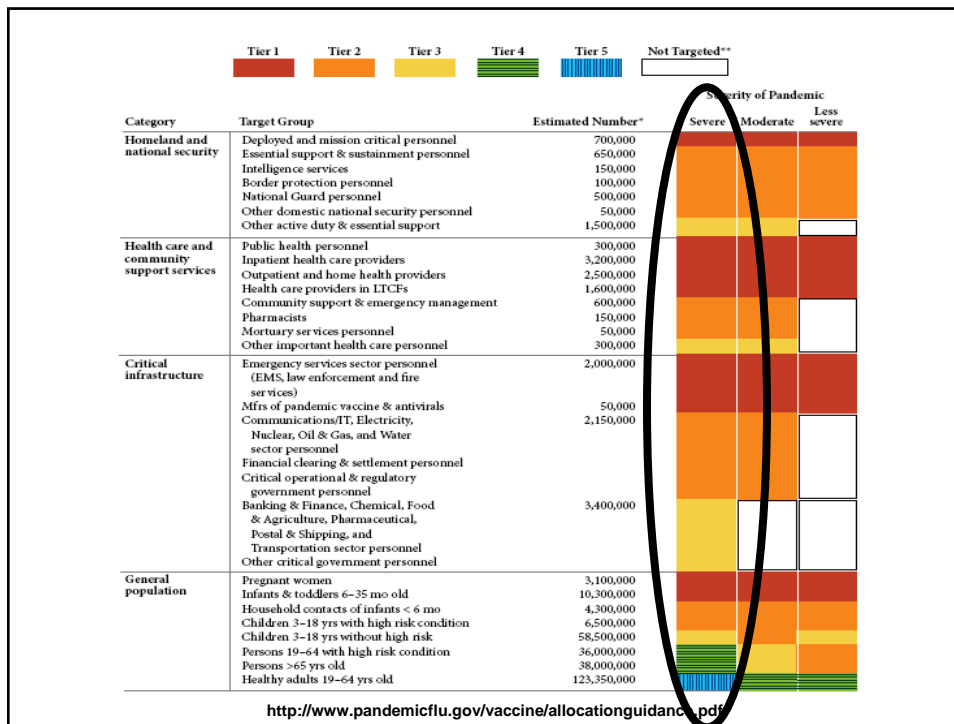
National Vaccine Program Office



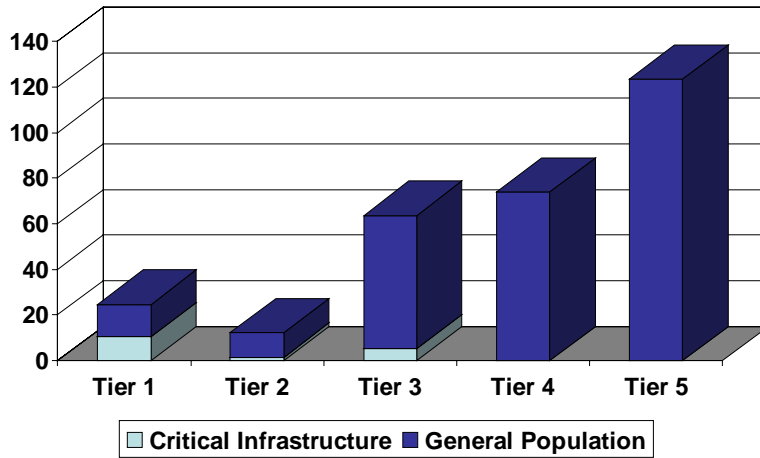
Category	Target Group	Estimated Number*	Severity of Pandemic		
			Severe	Moderate	Less severe
Homeland and national security	Deployed and mission critical personnel	700,000			
	Essential support & sustainment personnel	650,000			
	Intelligence services	150,000			
	Border protection personnel	100,000			
	National Guard personnel	500,000			
	Other domestic national security personnel	50,000			
Health care and community support services	Other active duty & essential support	1,500,000			
	Public health personnel	300,000			
	Inpatient health care providers	3,200,000			
	Outpatient and home health providers	2,500,000			
	Health care providers in LTCFs	1,600,000			
	Community support & emergency management	600,000			
	Pharmacists	150,000			
	Mortuary services personnel	50,000			
Other important health care personnel	300,000				
Critical infrastructure	Emergency services sector personnel (EMS, law enforcement and fire services)	2,000,000			
	Mfrs of pandemic vaccine & antivirals	50,000			
	Communications/IT, Electricity, Nuclear, Oil & Gas, and Water sector personnel	2,150,000			
	Financial clearing & settlement personnel				
	Critical operational & regulatory government personnel				
	Banking & Finance, Chemical, Food & Agriculture, Pharmaceutical, Postal & Shipping, and Transportation sector personnel	3,400,000			
General population	Other critical government personnel				
	Pregnant women	3,100,000			
	Infants & toddlers 6-35 mo old	10,300,000			
	Household contacts of infants < 6 mo	4,300,000			
	Children 3-18 yrs with high risk condition	6,500,000			
	Children 3-18 yrs without high risk	58,500,000			
	Persons 19-64 with high risk condition	36,000,000			
	Persons >65 yrs old	38,000,000			
Healthy adults 19-64 yrs old	123,350,000				

Tier 1
 Tier 2
 Tier 3
 Tier 4
 Tier 5
 Not Targeted**

<http://www.pandemicflu.gov/vaccine/allocationguidance.pdf>

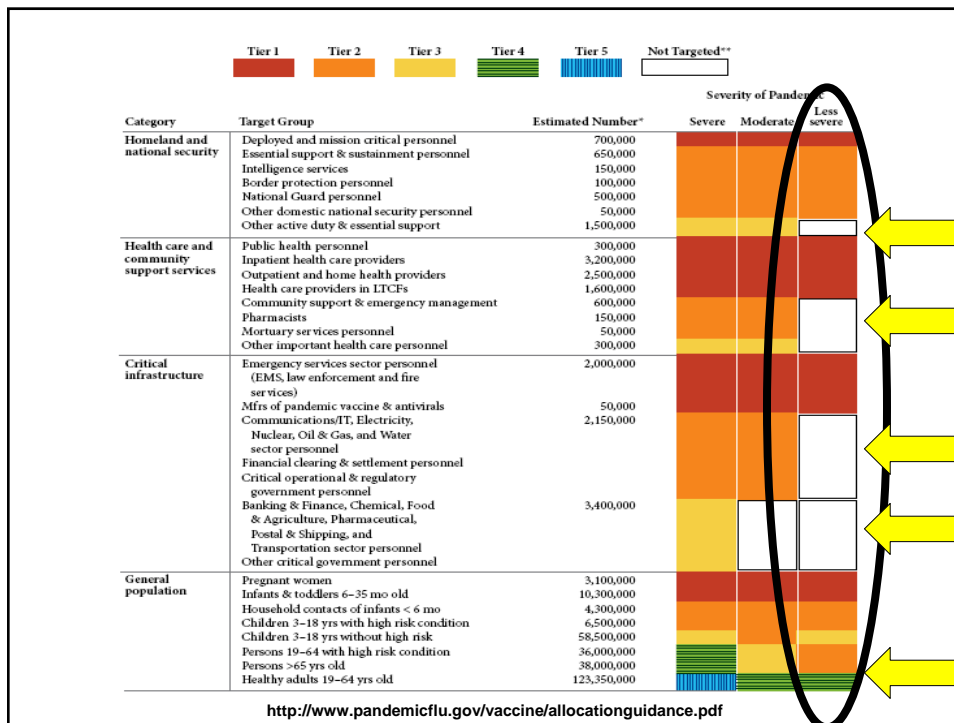
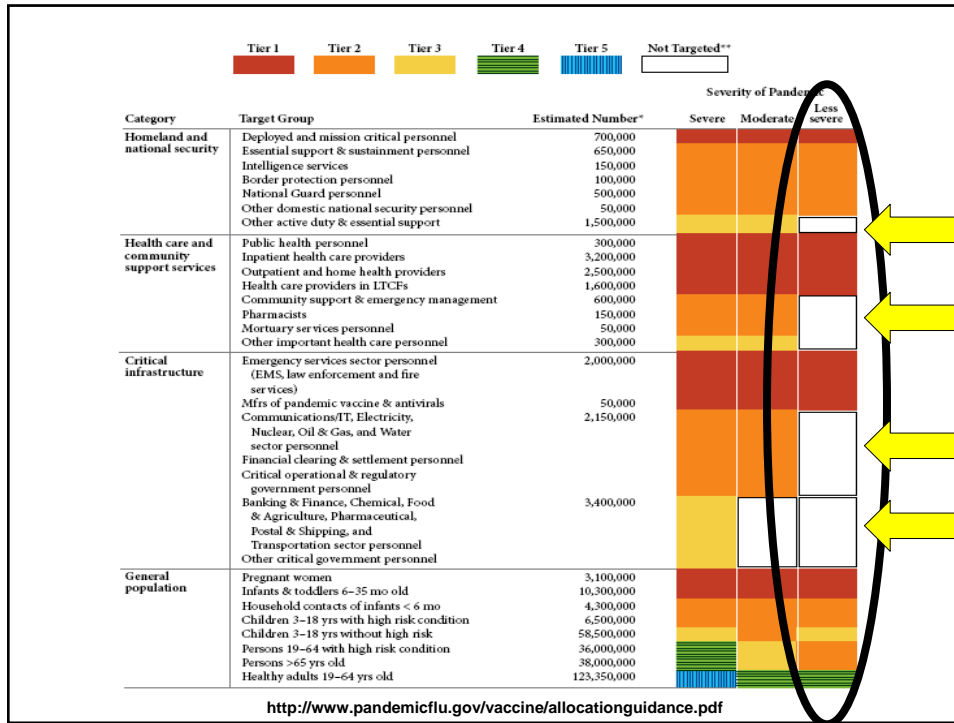


Pandemic Vaccine Prioritization: Severe Pandemic

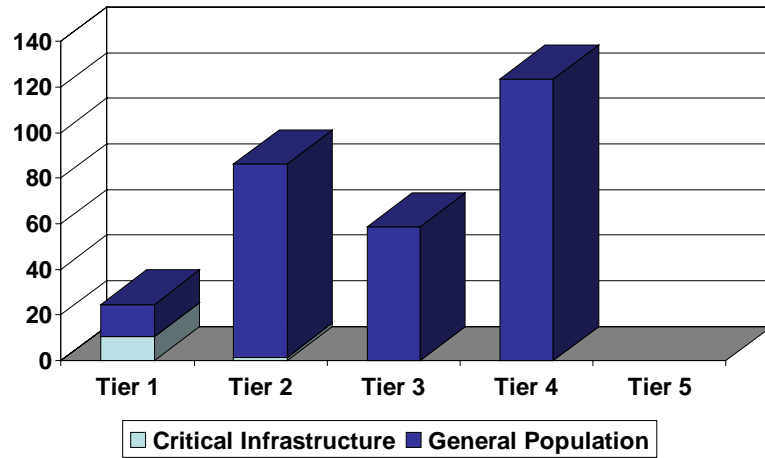


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	Public health personnel	300,000	Severe	Moderate	Less severe
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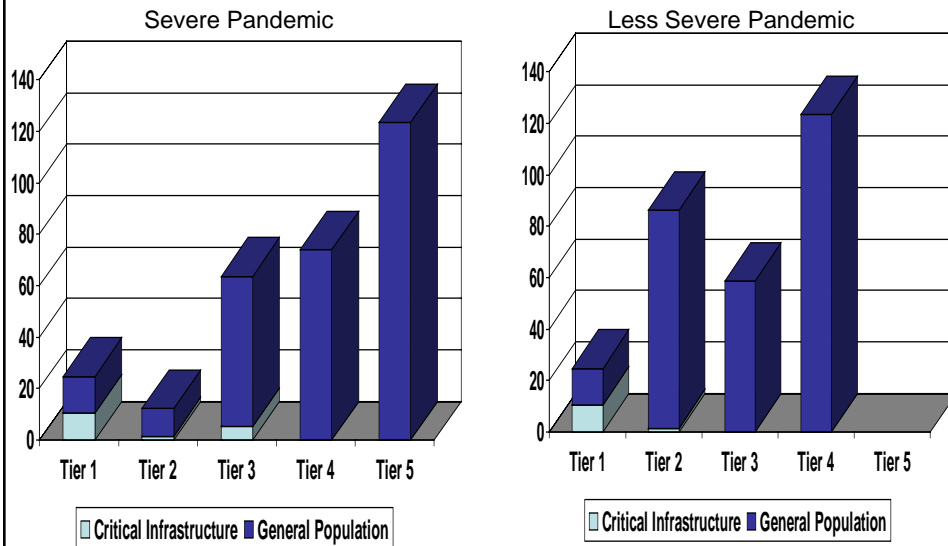
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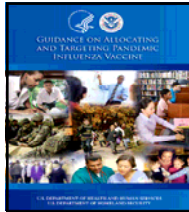


Pandemic Vaccine Prioritization: Less Severe Pandemic

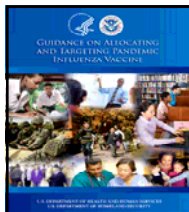


Pandemic Vaccine Prioritization



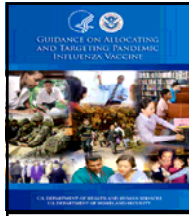


“...it is important that plans are flexible as the guidance may be modified based on the status of vaccine technology, the characteristic of pandemic illness, and risk groups for severe disease – factors that will remain unknown until a pandemic actually occurs.”



“At the time of a pandemic, national leaders will obtain advice from scientific and public health experts to determine whether the guidance should be modified based on the characteristics of the emerging pandemic.”





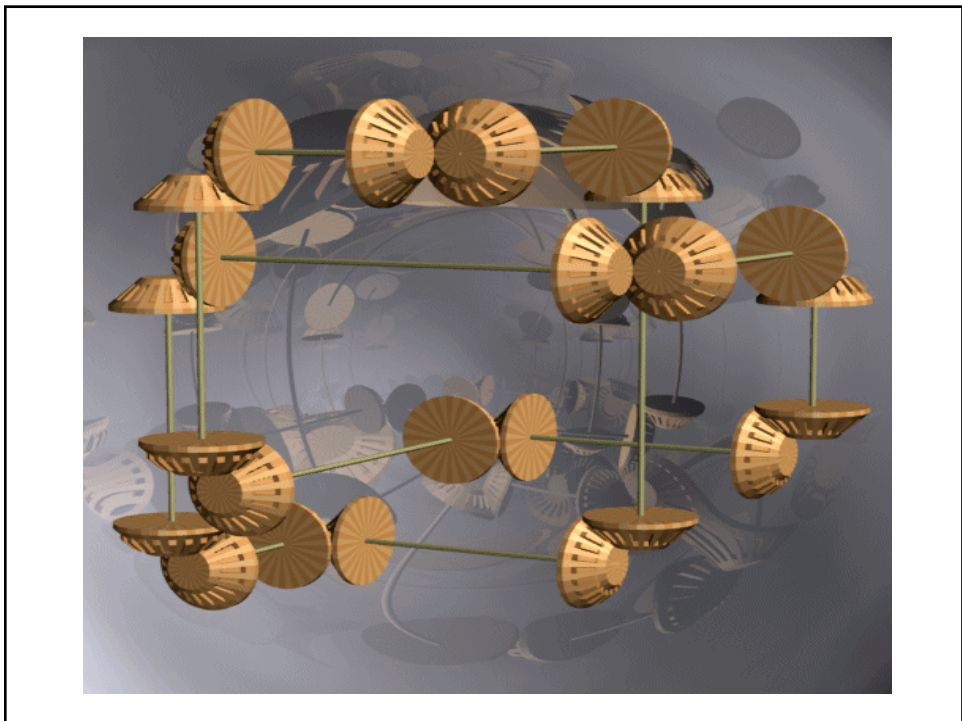
“Guidance on pandemic vaccine allocation and targeting will be reassessed periodically before a pandemic occurs to consider the new scientific advances, changes in vaccine production capacity, and advances in other medical and public health response measures.”



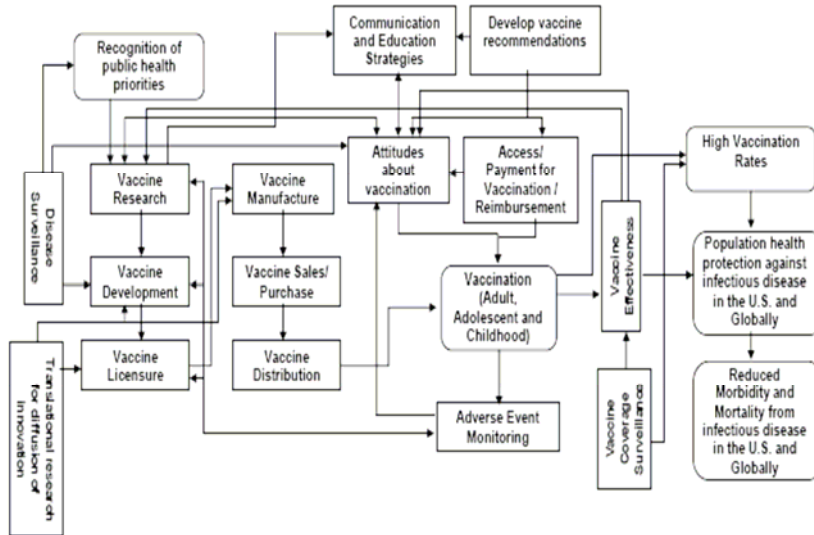
Input from Stakeholders and the Public

- Protecting those who are essential to the pandemic response and providing care for those who are ill
- Protecting workers who are at greater risk of infection due to their job
- Protecting those who maintain essential community services
- Protecting children





Overview of the Vaccine and Immunization Enterprise



http://www.hhs.gov/nvpo/vacc_plan/