



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

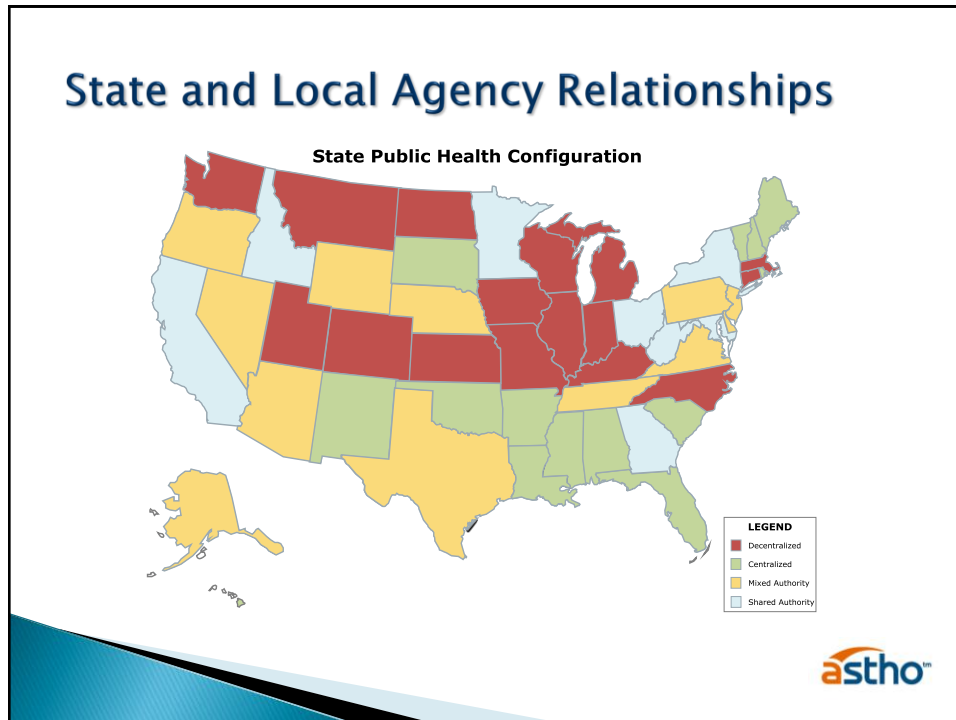
Priority Group	Provider Offices	School Clinics	Healthcare Facilities	Workplaces	Retail Pharmacies	Safety Net: Public Health
Pregnant women (4M)	X		X	X	X	X
Household & caregiver contacts of children < 6 mos (~5M)	X		X		X	X
Children and young adults 6 mos – 24y (102M)	X	X			X	X
Persons 25-64y with high-risk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

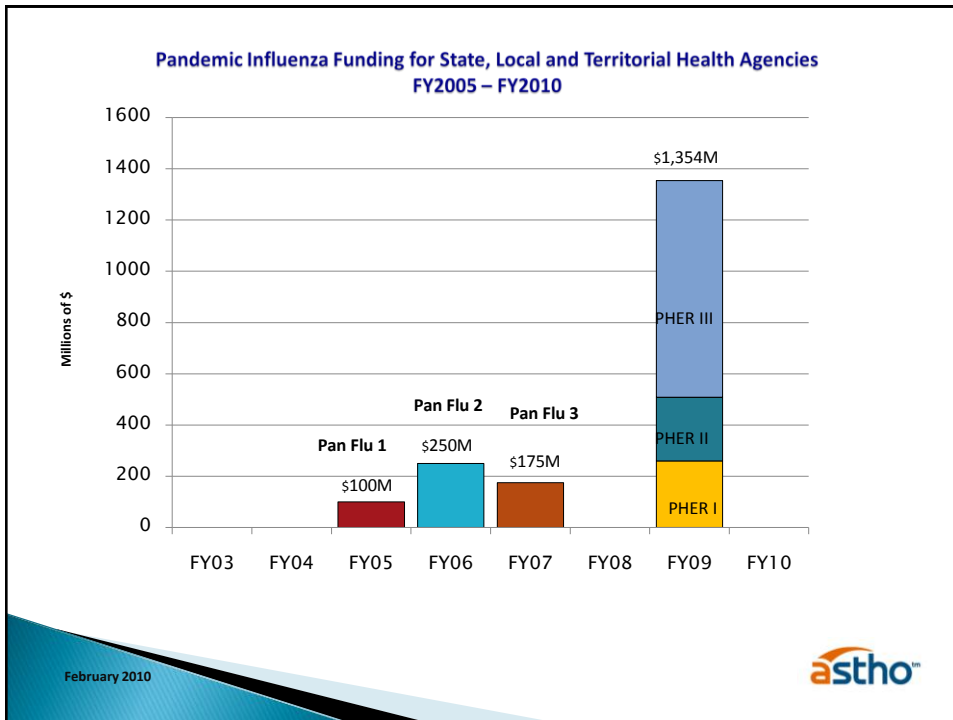




LESSONS NOT LEARNED

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

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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

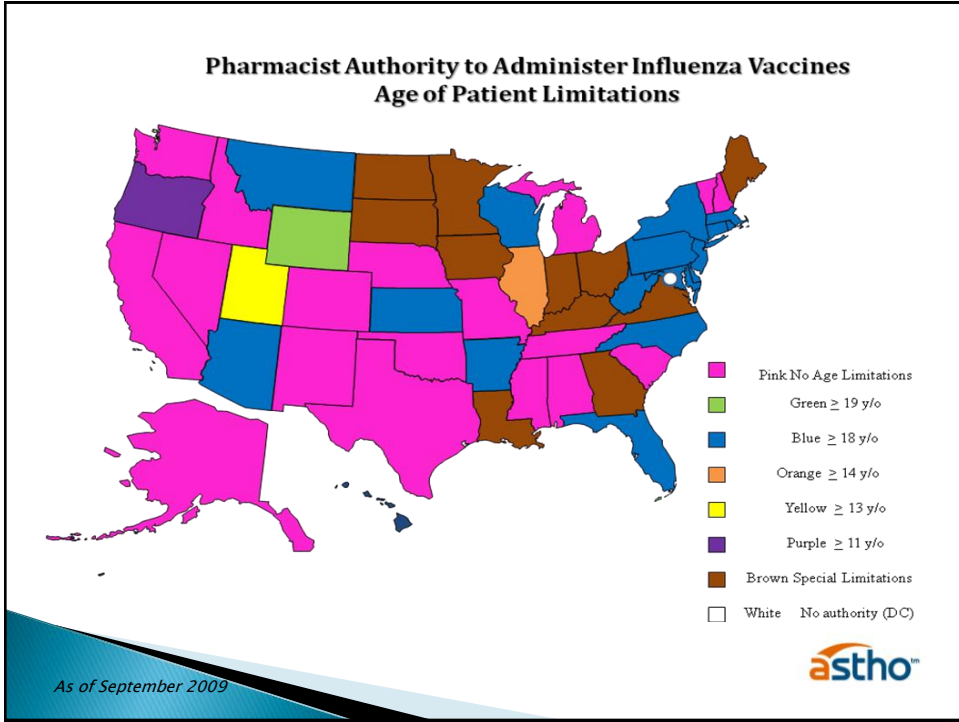
- ▶ Need better data
- ▶ Need to plan for the unexpected
- ▶ Benefit of partners



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.





**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/](http://www.astho.org/programs/infectious-disease/h1n1/)



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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