

H1N1 Vaccine Campaign

What worked?



Hurdles and Barriers

- Frayed pre-pandemic infrastructure for immunization
- Brief period to construct complex vaccine delivery systems based on readjusted assumptions
- Vaccine supply lagging pandemic curve
- Overestimated supply projections Oct-Dec 2009
- Delays in policies, funding, vaccine...
- Fragile vaccine ordering system (VACMAN)
- Limited data to make complex allocation decisions
- Recalls, field adjustments, mismatch in child dosing between seasonal and H1N1...



Accomplishments

- Rapid creation of systems that permitted
 - Registration of >14,000 providers in state
 - 16 million vaccine doses shipped
 - 80% private - 20% public
 - ~11 million doses given to date...
 - Immediate forwarding of orders once additional vaccine allocated to California
 - Supplemental distribution apparatus beyond limits of federal contract
 - Supplemental vaccine safety monitoring
 - Rapid communication with providers and partners



Successful strategies

- Strengthening old partnerships, forging new ones
 - Existing
 - Local health departments, CDC
 - Professional organizations
 - Newer
 - Chain Pharmacies
 - Obstetricians
- Communication, communication, communication



Successful strategies

- Multifunctional Website:
 - Registration of >14,000 vaccinators
 - Electronic signature of federal provider agreement
 - Information on storage, handling, administration, disease control
 - Placing one or multiple orders
 - Reporting doses administered
 - Listserv of vaccinators for updates, reminders, updates, etc.



Successful strategies

- Diverse network - private sector >80% of doses
- Accommodating smaller vaccinators
 - ~20% of providers requested <100 doses/formulation
- Smaller, briefer allocation phases
 - Permitted course corrections



Diverse delivery locales and models

- Building on established successes for seasonal vaccine
 - Schools
 - Community centers
 - Hospitals
 - Clinics
 - Drive-through
 - Retail
- Novel delivery sites included
 - Swap meets
 - Trailer parks
 - Mass transit stations
 - Farmworker and day laborer sites



Lessons Learned

- Pandemic immunization required
 - Majority of private sector delivery(>80%) AND Key increases in public sector delivery
 - Strong existing infrastructure AND Surge capacity
 - Shorter allocation windows to hedge risk and allow for adjustments



Lessons Learned

- Prior planning assumptions too narrow
 - Expect the unexpected
- Nimbleness, flexibility are key and require timely
 - Funding
 - IT capability
 - Expansion of staff
 - Contracting
 - Procurement
 - Communications



Recommendations

- Strengthen the existing infrastructure for delivering annual seasonal influenza vaccine
 - Private sector
 - Reimbursement
 - Public sector
 - Immunizers
 - Training
 - Mass clinic capacity, especially school-located delivery
 - Large and small providers
 - Support for IT systems, including immunization information systems benefits both sectors



Thank you for a job well done!



Extras



Recommendations

- Broaden planning assumptions for next pandemic
- Nimble pandemic response requires
 - Timely procedures for
 - policy decisions
 - vaccine delivery
 - funding, hiring, contracting, procurement
 - IT capability
 - Accurate estimates (confidence interval) of timing of supplies
- Expect the unexpected



Recommendations

- Update VACMAN vaccine ordering system
- DHHS should request or compel manufacturers to provide influenza vaccine customer data to assist with future allocations of seasonal and pandemic influenza vaccine during scarcity.
- To promote simpler vaccination policies, clinical trials of pandemic vaccines should
 - include all ages, pregnant women, chronically ill, even if beyond FDA-licensed age indication
 - be harmonized with seasonal influenza age groups
 - Include briefer intervals between multiple doses or seasonal influenza vaccine
 - Include co-administration of seasonal influenza vaccine
- Augment R&D funding of universal influenza vaccine and accelerated production technology

