

Local Health and H1N1 Vaccine

Anne Bailowitz, MD, MPH

Chief, Child Health and Immunizations

City of Baltimore, MD

National Association of County and City Health Officials (NACCHO)



Local Health and H1N1 Vaccine: Staffing Issues

- Despite H1N1 issues, daily priorities continue: clean water; safe food; TB/STD treatment; coincident emergencies
- Where are the clinical staff to immunize?
- Stimulus funds favor vaccine purchase over operational costs – (75%/25% in MD)
- LHDs have seen major cuts in staffing and budgets (Seattle immunization infrastructure is 25% of 2006)
- Conduct concurrent mass vaccination efforts with existing resources?
- Who do the public and clinicians call for questions? The LHDs. Who will be there to respond?

Local Health and H1N1 Vaccine: Vaccine Availability

- H1N1 vaccine may not be available until later in the autumn, after the arrival of seasonal vaccine
- Shipments may be numerous
- Questions: vaccine allocation
 - distribution
 - priority groups
 - expected role of LHDs
 - LHDs lacking infrastructure for a mass vaccination campaign

Local Health and H1N1 Vaccine: Logistical and Administrative Demands

- Concurrent mass vax programs, with variable vaccine delivery dates, requires complex plans for staffing, timing, locations, vax management
- Adverse events reporting
- Drop-shipping vaccine, unlike SNS handling of anti-virals, imperils the cold chain key to vaccine potency
- Number of doses: up to four possible, reminder recalls, etc.
- Baltimore (and others) want to try school-based clinics, but that new strategy will require additional administrative time to plan and create
- Will we be mass distributing anti-virals at the same time?

Local Health and H1N1 Vaccine: Messaging and Communication

- Who needs both vaccines (seasonal and H1N1) and who only needs one of the vaccines?
- Who needs two doses of one or both vaccines, and who needs only one dose of one or both vaccines?
- Need to emphasize minimal / no cross protection between vaccines
- Will require greater screening at clinics, slowing the process considerably, increase duration of clinics, affecting staffing of clinics, time handling phone calls, etc.
- Surge capacity needed for media, public and clinician calls
- Confirmed vs. suspect vs. probable cases can be difficult to explain
- Expecting more than usual media coverage of clinics – more demands on time
- Media coordination with States and CDC will be of utmost importance