

Local Health and H1N1 Vaccine

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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