

PROVIDER ISSUES

INFLUENZA VACCINE SHORTAGE

Oct. 6, 2004

1. Where can I get vaccine for my patients?
 - 30 million of the 54 million doses that will be available in the US from Aventis have already been distributed. The distribution of the remaining 24 million is on hold while CDC, FDA and other federal agencies discuss how to best utilize this supply.
 - We are asking large employers who usually vaccinate their entire workforce to limit vaccine to the CDC's priority groups and share the rest with the public health sector.

2. Is there somewhere else I can refer my patients for vaccine?

They can try www.findaflushot.com which can be searched by zip code. They then should call the provider to find out if the clinic is still being held.

3. What about vaccine for high risk children?
 - If they are eligible for the Vaccines for Children Program (Medicaid, KidCare Plans A-D, uninsured, American Indians, Alaskan Natives, and underinsured), they may be able to obtain vaccine at a Federally Qualified Health Center. Contact the Vaccine Preventable Disease Program for eligibility requirements (609-588-7500).
 - Certain children under age 9 may require 2 doses of vaccine if they have not previously been vaccinated. If vaccine is available, they should be given a first dose. Do not hold doses in reserve to ensure a second dose. Instead, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-serve basis.

4. Is FluMist available?
 - There are 1.1 million doses available in the US.
 - We encourage FluMist for those healthy adults under 50 years of age who are health-care workers involved in direct patient care provided they:
 - are not pregnant
 - do not care for severely immunocompromised patients in special care units
 - do not care for children under 6 months of age.
 - Health-care workers and hospital visitors who receive FluMist should refrain from contact with severely immunosuppressed patients for 7 days after vaccine receipt.

5. What about the use of antivirals?
 - It is too early in the flu season to know exactly which strains of flu will be occurring this year and whether antivirals will be effective.
 - Stay tuned for updates as the season progresses.

6. Meanwhile, what can I do to protect my patients and my staff?
 - Practice Universal Respiratory Precautions (URP):
 - Cover your mouth and nose with a tissue when coughing or sneezing; promptly dispose of the tissue and wash hands thoroughly with soap and warm water (20 seconds)
 - If no tissue is available, cover your mouth and nose with hands; promptly wash hands thoroughly with soap and warm water
 - When soap and water are not available, use alcohol-based disposable hand wipes or gel sanitizers
 - Keep hands away from eyes, nose, and mouth
 - Stay away from people who are sick; wear a surgical mask when caring for sick people
 - Stay home when you are sick so as not to expose others

7. What are the priority groups?
 - All children aged 6-23 months
 - Adults aged 65 years and older
 - Persons aged 2-64 years with underlying chronic medical conditions
 - All women who will be pregnant during the influenza season
 - Residents of nursing homes and long-term care facilities
 - Children aged 6 months-18 years on chronic aspirin therapy
 - Health-care workers involved in direct patient care
 - Out-of-home caregivers and household contacts of children aged <6 months.

8. What about vaccination of persons not in the priority groups?

They should be informed about the urgent vaccine supply situation, asked to forego or defer vaccination, and encouraged to practice URP.

9. What if I have vaccine leftover from last flu season?

Leftover influenza vaccine is required to be returned to the supplier by June 30 of each year. There are two reasons for this policy:

 - The vaccine has expired.
 - The formulation of the vaccine changes each year depending on the strains that are anticipated to be prevalent in the upcoming flu season.

10. Where can I get updated information, as the situation changes?

www.cdc.gov/flu