

RECOMMENDATIONS IN THE SITUATION OF A VACCINE SHORTAGE

If there is a shortage, we will use as guidance the 2010-2011 Influenza Vaccine Recommendations published by the U.S. CDC July 29, 2010, which can be found at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr59e0729a1.htm?s_cid=rr59e0729a1_w.

These recommendations in the situation of a vaccine shortage are included below.

BOX. Summary of influenza vaccination recommendations, 2010

- All persons aged 6 months should be vaccinated annually.
- Protection of persons at higher risk for influenza-related complications should continue to be a focus of vaccination efforts as providers and programs transition to routine vaccination of all persons aged 6 months.
- When vaccine supply is limited, vaccination efforts should focus on delivering vaccination to persons who:
 - are aged 6 months--4 years (59 months);
 - are aged 50 years;
 - have chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
 - are immunosuppressed (including immunosuppression caused by medications or by human immunodeficiency virus);
 - are or will be pregnant during the influenza season;
 - are aged 6 months--18 years and receiving long-term aspirin therapy and who therefore might be at risk for experiencing Reye syndrome after influenza virus infection;
 - are residents of nursing homes and other chronic-care facilities;
 - are American Indians/Alaska Natives;
 - are morbidly obese (body-mass index ≥ 40);
 - are health-care personnel;
 - are household contacts and caregivers of children aged <5 years and adults aged 50 years, with particular emphasis on vaccinating contacts of children aged <6 months; and
 - are household contacts and caregivers of persons with medical conditions that put them at higher risk for severe complications from influenza.

Most influenza vaccine in Maine is distributed through private sector channels, such as health care providers purchasing it from vaccine distributors. Maine CDC uses a combination of federal and tobacco settlement (Fund for a Healthy Maine) to purchase some influenza vaccine. In March of this year, Maine CDC announced our plans for influenza vaccine distribution of state-purchased vaccine. The full document can be found at: <http://www.maine.gov/tools/whatsnew/attach.php?id=94446&an=1>. The summary is below.

Maine CDC for the 2010/2011 influenza season plans on providing seasonal influenza vaccine for:

- all Maine children ages 6 months to 18 years-old;
- employees of schools that provide onsite vaccine clinics on school days;

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- pregnant women and their partners (through health care providers who routinely care for pregnant women);
- nursing home employees and residents;
- high risk adults in limited public health settings, the scope and number of such settings determined by our vaccine supply.

If there is an influenza vaccine shortage in Maine, the two top priority groups for distribution will be:

- Pregnant women and partners through obstetrical providers and primary care providers who have ordered for pregnant women
- All persons ages 6 months – 59 months

If Influenza A H3N2 appears to predominate based on surveillance data in the U.S. as well as in the Southern Hemisphere, then nursing home patients and their employees as well as high-risk adults in public health settings such as city and tribal health departments will be the next priority after pregnant women and young children (6-59 mos).

If Influenza A H1N1 pandemic 2009 strain appears to predominate based on surveillance data in the U.S. as well as the Southern Hemisphere, then all aged children with high-risk conditions will be considered as a high priority after pregnant women and younger children (6-59 mos).

Type of influenza vaccine available will also determine distribution. For instance, if a shortage is primarily among injectable vaccine, and nasal spray is available (as was the case in the fall of 2009), then all aged children will be a focus.

In the context of no circulating disease, then we plan on providing vaccine to health care providers for their high-risk pediatric patients, then for schools that are ready to conduct clinics, assuming nasal spray is available for non-high risk school children.

Other high-risk populations as published by the U.S. CDC above will be a priority as the supplies allow.

**Please provide any feedback on these draft plans to: flu.questions@maine.gov
by August 31, 2010**