

Part C. VACCINE PREPAREDNESS AND RESPONSE

NC Department of Health and Human Services, Division of Public Health

A. Introduction

Vaccination is the primary control measure to prevent influenza. It is assumed that vaccine against a pandemic strain of influenza will not be available for four to six months after the start of a pandemic. When vaccine does become available, the demand will exceed the supply for some time. The purpose of this chapter is to outline the key steps in the process of vaccine acquisition and delivery during an influenza pandemic.

The Advisory Committee on Immunization Practices (ACIP) and the National Vaccine Advisory Committee (NVAC) have drafted vaccine priority group recommendations which are outlined in the US HHS Pandemic Influenza Plan, released in November 2005. Priority groups recommended in the US HHS plan include personnel essential to the pandemic response (e.g., healthcare workers, first responders, public safety officers, etc) as well as those individuals at high-risk for influenza complications as defined by the ACIP. The rank order of these priority groups is subject to change. It is assumed that priority groups will be vaccinated sequentially. Project areas will have some flexibility in defining priority groups and sub-prioritizing within them.

Personnel in the Immunization Branch (IB) of the North Carolina Division of Public Health (NC DPH) will act as subject matter experts and provide technical assistance, as needed, on acquisition and distribution of vaccine in the event of a pandemic. IB activities for the interpandemic, pandemic alert, pandemic, and post-pandemic periods are as follows:

B. Interpandemic Phases 1 and 2

1. Provide technical assistance, as needed, to local health departments for vaccine-related program planning and policy development including:
 - Assess vaccine storage capacity within county
 - Review vaccine storage and handling procedures
 - Estimate number people in each priority group
 - Discuss security provisions for vaccine supply
 - Provide information and tools for mass vaccination
 - Review adverse event reporting procedure
 - Clarify responsibilities of community partners in vaccination (e.g. hospitals, nursing homes)
 - Use of North Carolina Immunization Registry (NCIR) to record all doses of flu vaccine given regardless of source (public or private) and for reminder/recall for second doses of vaccine.
 - Provide information and/or vaccination to high-risk or vulnerable populations
2. Monitor pandemic influenza vaccine information provided by CDC.
3. Communicate CDC pandemic vaccine updates to local health departments.
4. Encourage seasonal influenza vaccination, particularly of health care workers and high-risk populations through support of campaigns such as Senior Vaccination Sunday and North Carolina Nurses Association Regional Flu Vaccination contest.
5. Encourage pneumococcal vaccination of high-risk populations.
6. Work with DPH management to identify potential funding sources to support vaccine related activities during pandemic.

C. Pandemic Alert Phases 3 – 5

1. Continue activities of Interpandemic Phases 1 & 2
2. Provide technical assistance, as needed, to local health departments and other agencies for continued program planning and policy development as well as exercising pandemic response plans, with particular emphasis on mass vaccination clinics.
3. Work with other stakeholders to develop pandemic-related educational programs for local health departments, such as the on-line pandemic influenza course available through the NC DPH and the NC Center for Public Health Preparedness.
4. Continue to research and communicate new pandemic developments. Modify existing plans as needed to reflect new recommendations.
5. Assist local health departments in identifying sources of additional vaccinators if needed for surge (e.g. retired nurses and doctors, EMS personnel, nursing students, etc).
6. Continue to assist local health departments with Pandemic Influenza Vaccine Estimations for Priority Groups (Appendices C-1 and C-2) to assess vaccine quantities needed based on priority levels. Assist LHDs with estimating number of individuals who may need to receive pre-pandemic vaccine based on national guidance.

D. Pandemic Phase 6 Prior to Vaccine Availability

1. Continue to research and communicate new pandemic developments. Modify existing internal plans as needed to reflect new recommendations.
2. Work with CDC and other federal partners, vaccine manufacturers and public health organizations (e.g. AIM, NACCHO, ASTHO) to establish plan for acquisition and distribution of initial vaccine supplies. It is likely that strategies utilized for acquisition and distribution will change as vaccine supplies increase in availability during the pandemic period. Per the CDC document “Pandemic Influenza Vaccination: A Guide for State, Local, Territorial and Tribal Planners (December 11, 2006) the following planning assumptions can be made regarding vaccine acquisition and distribution of vaccine in a pandemic situation:
 - If pre-pandemic vaccine is available it will be purchased by the federal government.
 - Pandemic vaccine will be purchased by the federal government through the first year.
 - Most pre-pandemic vaccine will be allocated in proportion to population, though exceptions will be made for critical infrastructure personnel who are not evenly distributed across the nation.
 - Pandemic vaccine will be allocated to project areas in proportion to their total population.
3. Determine expected timeline for vaccine distribution.
4. Keep healthcare providers and other stakeholders apprised of timeline for vaccine distribution through use of conference calls, established listserves (e.g. Public Health Leaders and Local Health Directors), blast faxing, NCIR announcement page, websites of state government and professional healthcare organizations (e.g. North Carolina Pediatric Society, North Carolina Academy of Family Physicians) and the North Carolina Medicaid Bulletin.
5. Work with Public Affairs Office to keep citizens informed about vaccine development and begin to craft messages about where, when and who will be vaccinated
6. Provide technical assistance for training of additional vaccinators, as needed, utilizing existing CDC resources.
7. Increase data storage capacity and number of support staff for NCIR.
8. If private providers are utilized for vaccine administration, those not registered on NCIR will report vaccine doses administered/wasted by submitting monthly Vaccine Administration Logs (VALs) to the Immunization Branch. They will utilize copies of these forms for reminder/recall. See Appendices C-3 and C-4 for template forms and instructions.
9. Update Public Affairs Office frequently on vaccine availability status and dosing schedule (probable need for two doses of vaccine administered one month apart).

Vaccine Available for Distribution

1. Assist in vaccine distribution according to established federal plan.
2. Assist in the redistribution of vaccine as needed to provide an equitable geographic distribution of supplies.
3. Maintain existing VAERS reporting procedures during pandemic. Immunization Branch will conduct follow-up on adverse events with medical support from General Communicable Disease Branch.
4. Work with Public Affairs Office to continue providing accurate public messages regarding vaccine availability and location of vaccine administration sites

E. Postpandemic Period

1. Determine total amounts of vaccine distributed, administered and wasted from data contained in VACMAN, NCIR and VALs.
2. Evaluate internal agency plan
3. Solicit feedback from local partners and stakeholders regarding evaluation of plan.
4. Revise plan based on evaluation findings.