

Vaccine Purchase

Q. How will novel H1N1 vaccine be purchased?

A. Planners should assume novel H1N1 vaccine will be procured and purchased by the federal government and made available for vaccinators at no cost. School/local communities may have to absorb administrative fees for nurses and other personnel.

Vaccine Administration

Q. Will two doses of vaccine be required?

A. This will not be known until the late summer- early fall, once clinical trials are completed. For planning purposes, planners should assume that two doses will be needed.

Q. What will be the recommended interval between the first and second dose?

A. This will not be known until clinical trials are complete. For planning purposes, planners should assume 21-28 days between the first and second vaccination.

Q. How much Thimerosal-free vaccine will be available?

A. It is anticipated that enough thimerosal-free vaccine in pre-loaded syringes will be available for young children and pregnant women.

Q. Can seasonal vaccine and novel H1N1 vaccine be administered at the same time?

A. Clinical trials are exploring this question. It is anticipated that seasonal vaccine and novel H1N1 vaccines may be administered together.

Q. For whom will novel H1N1 vaccine be recommended?

A. The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) met on July 29th to develop recommendations on who should receive the novel 2009-H1N1 vaccine when it becomes available, and to determine which groups of the population should be prioritized if the vaccine is initially available in extremely limited quantities. The committee recommended that vaccination efforts initially focus on 5 target groups: vaccination for pregnant women, people who live with or care for children younger than 6 months of age, healthcare and emergency medical services personnel, persons between the ages of 6 months through 24 years, and people ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems. We do not expect that there will be a shortage of novel H1N1 vaccine, but

flu vaccine availability and demand can be unpredictable and there is some possibility that initially, the vaccine will be available in limited quantities. So, the ACIP also made recommendations regarding which people within the groups listed above should be prioritized if the vaccine is initially available in extremely limited quantities. For more information see the CDC press release [CDC Advisors Make Recommendations for Use of Vaccine Against Novel H1N1](#). Once the demand for vaccine for the prioritized groups has been met at the local level, programs and providers should also begin vaccinating everyone from the ages of 25 through 64 years. Current studies indicate that the risk for H1N1 infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older. (see <http://www.cdc.gov/h1n1flu/vaccination/acip.htm>)

Q. Will there be flexibility in how states implement the recommendations?

A. The ACIP recommendations leave room for flexibility at the local level depending on the local vaccine supply situation.

Q. Given the potential for large amounts of vaccine available during the first month of vaccine shipments, are priority groups needed?

A. It is not expected that there will be a shortage of novel H1N1 vaccine, but availability and demand can be unpredictable, and there is some possibility that initially the vaccine will be available in limited quantities and priority groups may be needed.

Q. Will there be requirements regarding documentation of priority group membership?

A. There will be no federal requirements for vaccinators to require documentation of priority group status such as a doctor's note documenting pregnancy or risk status.

Pneumococcal vaccination:

Q. Are there any changes in recommendations for pneumococcal vaccines?

A. The ACIP recommends that persons recommended for pneumococcal vaccine receive it while being aware of the potential for increased risk of pneumococcal disease associated with influenza. There are at present no recommendations to give pneumococcal vaccine to groups for whom it is not currently recommended. ACIP will revisit this question as epidemiologic data from the Southern hemisphere influenza season and from the U.S. become available.



Vaccine Questions & Answers from the CDC

Vaccine Distribution

Q. When will the decision to administer vaccine be made?

A. For planning purposes, it should be assumed that vaccine will begin to be administered mid-October.

Q. When will vaccine shipping begin?

A. Planners should assume shipping of vaccine will begin mid-October, although there is a possibility that some vaccine will be available for shipping starting late September.

Q. How much vaccine can be expected to be available for shipping when shipping begins?

A. Planners should use the following scenarios: In the first scenario, approximately 120 million doses will be released beginning around mid-October over a 4 week period, followed by approximately 20 million doses per week (or 80 million doses per month) thereafter. In the second one, up to 20 million doses of vaccine will be released beginning late September, followed by approximately 20 million doses per week (or 80 million doses per month) thereafter.

Q. How will vaccine be shipped to projects areas (CDC Public Health Emergency Preparedness grantees)?

A. Vaccine will be shipped to clinics, offices, health departments, and other project area-designated sites which may include a mix of public health and private sector sites via centralized distribution. This is the same process that is used to ship vaccines for the childhood immunization program to immunization providers. CDC's centralized distribution mechanism will be substantially enhanced to provide capacity for this activity in addition to shipping of other vaccines.