



## H1N1 Vaccine Q & A – for Providers

### Vaccine availability and ordering

**1. Q.** *When will the H1N1 vaccine be available for providers to order?*

**A.** At this time the federal government anticipates that the H1N1 vaccine will be available by mid-October 2009.

**2. Q.** *How can I sign up to receive H1N1 vaccine from the State of Connecticut?*

**A.** If you are a licensed health care provider, you can pre-register with the state of Connecticut to receive H1N1 vaccine. The Department of Public Health (DPH) has plans to send out pre-registration materials through various networks (American Academy of Pediatrics, the Vaccines For Children Program, the Connecticut State Medical Society, the Health Alert Network, etc) to health care providers in the state. In addition, providers can complete the enrollment materials at the following web site: [www.ct.gov/ctfluwatch/cwp/view.asp?a=2533&q=444978](http://www.ct.gov/ctfluwatch/cwp/view.asp?a=2533&q=444978)

**3. Q.** *What happens after a provider pre-registers?*

**A.** Once the Immunization Program receives the completed Provider Profile and Provider Agreement, the program will arrange to have a program staff person visit offices that have not received vaccine from the program previously. The visit will be to assure that the practice has adequate storage facilities to receive vaccine and that practice staff can monitor the vaccine and maintain the proper temperatures. The Immunization Program will also share the names of pre-registered providers (practices) with local agencies responsible for coordinating vaccine administration in the geographic region that the provider (practice) is located.

**4. Q.** *Should every physician in a practice complete the pre-registration packet?*

**A.** A practice (group or individual) should complete a pre-registration packet for each physical location (site) that wants to receive vaccine. The provider profile asks for the names of the licensed practitioners at the site.

**5. Q.** *If I am already enrolled as a provider in the Vaccines for Children Program (VFC), should I complete a pre-registration packet?*

**A.** Yes, VFC is a different program. VFC providers should still complete the H1N1 vaccine pre-registration packet.

**6. Q.** *Who are the local agencies coordinating the H1N1 vaccination efforts?*

**A.** Since 2002, as part of Pandemic Preparedness Planning, DPH has identified and been working with local public health authorities throughout the state. The state is divided into 41 regions, each region with equal population size. The department calls these regions Mass Vaccination Areas (MVAs), or they are sometimes called Mass Dispensing Areas (MDA). The MVAs receive funding to be ready for efforts such as vaccination of large numbers of people quickly. Since vaccine supply may initially be limited, these MVAs have been asked to coordinate resources in their regions to assure that through a public / private partnership, priority and target populations can be vaccinated.

**7. Q.** *How will I know when I can order H1N1 vaccine?*

**A.** Once we have H1N1 vaccine available for ordering, we will notify enrolled providers (i.e. providers that have completed the pre-registration materials) that they may now order the vaccine via the

provided contact information on the registration forms. Vaccine will be distributed based on priority populations and vaccine availability.

**8. Q.** *How will I get my H1N1 vaccine, when it becomes available?*

**A.** The DPH Immunization Program will notify pre-registered providers (practices) on when to submit their orders. Enrolled providers will complete vaccine order forms (supplied by the Immunization Program) to order H1N1 vaccine. Vaccine will be shipped out from a central warehouse to providers, once the order has been processed.

**9. Q.** *How can mass vaccinators sign up with the state to receive vaccine?*

**A.** Mass vaccinators are groups that provide on-site immunization clinics and wellness screenings and include organizations such as the Visiting Nurses Association and Maxim, as well as retail-based groups, such as CVS, Target, Rite Aid, Costco and many other grocery / pharmacy chains. Mass vaccinators can pre-register with DPH to receive H1N1 vaccine. Contractual services with mass vaccinators will be coordinated with mass dispensing areas (MDAs) as the lead sites, in the same manner as for other health care providers (see answer to questions 2 & 3). To get more information on your local MDA, visit [www.ct.gov/dph/mda](http://www.ct.gov/dph/mda).

**10. Q.** *How can businesses with their own health care providers sign up with the state to receive vaccine?*

**A.** Business entities interested in providing H1N1 vaccine to their employees on site can also pre-register with DPH to receive H1N1 vaccine at the aforementioned web site (see question 2).

### **Vaccine Reimbursement**

**11. Q.** *Will insurance plans reimburse private providers for administration of the vaccine?*

**A.** Early indications suggest health insurance plans will reimburse claims for the administration of H1N1 vaccine to their members. Public and private providers will not be able to charge for the vaccine, since it is being supplied free of charge.

**12. Q.** *Will private providers be able to charge patients for vaccine administration if they are uninsured?*

**A.** Providers may charge a fee for administration of the vaccine and bill patient health insurance plans or other third party payer. The administration fee cannot exceed the regional Medicare vaccine administration fee. For those individuals who cannot afford the administration fee, providers may either administer the H1N1 vaccine for free or refer these individuals to a public health department clinic or affiliated public health provider for vaccination. **Billing of third party payers or charging of patients will not be allowed in large-scale public health-organized vaccination clinics.**

### **Vaccine Target & Priority Groups**

**13. Q.** *Who should receive the H1N1 vaccine first?*

**A.** For a full discussion on this subject, consult the *Use of Influenza A (H1N1) 2009 Monovalent Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009* statement available at:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm?s\\_cid=rr58e0821a1\\_e](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr58e0821a1.htm?s_cid=rr58e0821a1_e)

Highlights of the ACIP recommendations include 1) the identification of five initial target groups for vaccination efforts (pregnant women, persons who live with or provide care for infants aged <6 months, health-care and emergency medical services personnel, children and young adults aged 6

months–24 years, and persons aged 25–64 years who have medical conditions that put them at higher risk for influenza-related complications), 2) establishment of priority for a subset of persons within the initial target groups in the event that initial vaccine availability is unable to meet demand, and 3) guidance on use of vaccine in other adult population groups as vaccine availability increases. Vaccination and health-care providers should be alert to announcements and additional information from state and local health departments and the Centers for Disease Control and Prevention (CDC) concerning vaccination against novel influenza A (H1N1) virus infection. Additional information is available from the CT Flu Watch website [www.ct.gov/ctfluwatch](http://www.ct.gov/ctfluwatch) and from CDC's influenza website [www.cdc.gov/flu](http://www.cdc.gov/flu).

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

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

**15. 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.

**16. Q.** *When will vaccination efforts extend beyond the initial priority groups, and following that, beyond the target groups?*

**A.** Once vaccination programs and providers are meeting the demand for vaccine among the persons in the initial priority groups, vaccination should be expanded to all persons in the target group. Once vaccination programs and providers are meeting the demand for vaccine among the persons in the initial target groups, vaccination should be expanded to all persons aged 25–64 years. Decisions about expanding vaccination to include everyone identified in the target groups will be made at the state level because vaccine availability and demand might vary considerably by area.

**17. Q.** *How will vaccinators know when we can begin to vaccinate beyond the initial priority groups, and following that, beyond the target groups?*

**A.** We will notify vaccinators about expansion of vaccine availability beyond the initial priority groups to include everyone in the target group as well as expansion beyond the target groups to the remaining public through a coordinated notification to providers and the general public, including press releases, media campaigns, email and / or fax notification of providers enrolled to receive the H1N1 vaccine, and correspondence through the professional medical societies in the state.

**18. Q.** *Can seasonal flu vaccine be given at the same time as H1N1 vaccine?*

**A.** Simultaneous administration of inactivated vaccines against seasonal and novel influenza A (H1N1) viruses is permissible if different anatomic sites are used. However, simultaneous administration of live, attenuated vaccines against seasonal and novel influenza A (H1N1) virus is not recommended.

**19. Q.** *How many doses of the H1N1 vaccine will be required for protection from the virus?*

**A.** The number of doses of vaccine required for immunization against novel influenza A (H1N1) has not been established. The lack of preexisting antibody cross-reactive with the novel influenza A (H1N1) virus among children and younger adults raises the possibility that 2 doses of vaccine (typically separated by  $\geq 21$  days) will be needed to provide protection for persons in these age groups. Ongoing studies will provide additional information about the immune response to the vaccine,

including which groups might need 2 doses. Updated information will be published by CDC in the *MMWR* or will be available at <http://www.cdc.gov/flu>.

**20. Q.** *If two doses of vaccine are required, should the second dose be held on reserve until it is given to the patient in the target or priority group?*

**A.** Because vaccine availability is expected to increase over time, vaccine **should not** be held in reserve for patients who already have received 1 dose but might require a second dose.

**21. Q.** *Will it be necessary for the first and second dose to be the same product?*

**A.** Ideally, first and second doses would be from the same product. However, practical considerations make this difficult to implement. Vaccinators should assume they will be interchangeable.

**22. Q.** *How will a patient know when he / she is due for the second dose of H1N1 vaccine?*

**A.** With the H1N1 vaccine, manufacturers are planning to include vaccine cards for patients. These vaccination cards will include space for information such as vaccine manufacturer and lot number. There will also be space on the card to capture the dose number and a reminder of when the next dose is due. In addition, the provider can set up a reminder-recall system or schedule the patient for the booster dose at the time the first dose of vaccine is given.

**23. Q.** *What types of H1N1 vaccines will be available to vaccinators?*

**A.** Both live, attenuated and inactivated influenza A (H1N1) 2009 monovalent vaccine formulations will be available initially.

**24. Q.** *Will the H1N1 vaccine be adjuvanted?*

**A.** As with seasonal influenza vaccines, neither live, attenuated nor inactivated H1N1 vaccines will contain adjuvants. However, several vaccines containing an adjuvant also are being studied but probably will not be available initially. Additional guidance will be provided if adjuvanted vaccines are made available.

**25. Q.** *Will the H1N1 vaccine contain thimerosal?*

**A.** The government has procured some doses of thimerosal free vaccine, for those people who are interested in that sort of preparation. In general, the ACIP and CDC does not express a preference for thimerosal-free vaccines. The majority of the available doses of H1N1 vaccine will contain thimerosal. For more information on thimerosal in vaccines, visit <http://www.fda.gov/BiologicsBloodVaccines/SafetyAvailability/VaccineSafety/UCM096228>

**26. Q.** *Will the H1N1 vaccine come in multiple formulations with different age indications, as does seasonal influenza vaccine?*

**A.** Yes. It is likely that the available formulations and age indications for H1N1 vaccine will match those of the seasonal influenza vaccine. To view a table of the approved seasonal influenza vaccines with age indications, visit [www.cdc.gov/mmwr/preview/mmwrhtml/mm5832a4.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5832a4.htm)

**27. Q.** *Can we vaccinate health care personnel (HCP) employed at our offices with the H1N1 vaccine?*

**A.** HCP are a target group for vaccination with the H1N1 vaccine. However, initially we anticipate vaccine supply will be inadequate to vaccinate all HCP employed in all settings. Initial H1N1 vaccination should be prioritized and limited to HCP employed in acute care settings. As supply improves, vaccination can be expanded to include all HCP in the target group.

**28. Q.** *What information will providers need to collect on vaccinated individuals?*

**A.** DPH will provide those administering vaccine a universal standardized data collection form to use to collect the required data fields for each person receiving H1N1 vaccine. Completed forms should be sent to DPH weekly.

**29. Q.** *Can providers vaccinate patients that live outside of Connecticut?*

**A.** Yes, there are no residency requirements for individuals receiving H1N1 vaccines.

**30. Q.** *Where can I go to get more information on planning for large-scale H1N1 immunization clinics?*

**A.** Several planning and guidance documents are available on the CDC web site at:

<http://www.cdc.gov/h1n1flu/vaccination/statelocal/settingupclinics.htm>