

Region 6 Mass Dispensing Area



H1N1 Novel Influenza Response & Vaccine Distribution Plan

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Region 6 Mass Dispensing Area (MDA) includes the towns of Bethel, Redding and Ridgefield. Region 6 MDA is part of Department of Emergency Management Homeland Security (DEMHS) Region 5.

The Connecticut Department of Public Health (DPH) Immunization Program is the lead for allocation of H1N1 vaccine to MDAs, private providers and public providers based on vaccine availability. Connecticut will be following the CDC MMWR, August 2009. This guidance specifies priority groups to be vaccinated during the initial phases of vaccine distribution, which will involve a limited supply of vaccine and may be viewed at the following website: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5810a1.htm>.

It is important to emphasize that vaccine decisions initially are based on the limited initial allocation of vaccine and we must prioritize those who are at the greatest risk for infection.

Subset of Target Groups During Limited Vaccine Availability

If the supply of the vaccine initially available is not adequate to meet demand for vaccination among the five target groups listed above, ACIP recommends that the following subset of the initial target groups receive priority for vaccination until vaccine availability increases (order of target groups does not indicate priority):

- pregnant women,
- persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers),
- health-care and emergency medical services personnel who have direct contact with patients or infectious material,
- children aged 6 months--4 years, and
- children and adolescents aged 5--18 years who have medical conditions that put them at higher risk for influenza-related complications.

This subset of the five target groups comprises approximately 42 million persons in the United States. Vaccination programs and providers should give priority to this subset of the five target groups only if vaccine availability is too limited to initiate vaccination for all persons in the five initial target groups.

Initial Target Groups

ACIP recommends that programs and providers administer vaccine to persons in the following five target groups (order of target groups does not indicate priority) as more vaccine becomes available:

- pregnant women,
- persons who live with or provide care for infants aged <6 months (e.g., parents, siblings, and daycare providers),
- health-care and emergency medical services personnel,§
- persons 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.¶

These five target groups comprise an estimated 159 million persons in the United States. This estimate does not accurately account for persons who might be included in more than one category (e.g., a health-care worker with a high-risk condition). Vaccination programs and providers should begin vaccination of persons in all these groups as soon as vaccine is available.

Patient Estimates for Region 6 MDA:

Group	Estimated # of Patients
6 mo – 18 yrs	8701
19 – 24 yrs	1264
25 – 64 yrs	17,129
>65 yrs	3156
Total	30,250

Region 6 MDA plan for receipt of vaccine from CT DPH includes:

- Vaccine storage site with appropriate environmental controls and security measures has been identified.
- Process for vaccine receipt, storage, and handling has been developed in accordance with CT DPH H1N1 Vaccine Distribution Response Plan.
- A process for pre-registration of potential vaccinators for the priority groups has been established.
- A process for the return of unused vaccine in accordance with DPH instructions has been established.

Region 6 MDA plan for vaccine distribution and administration includes:

- Specific locations have been identified for H1N1 vaccination.
- A clinic “by appointment only” for targeted groups has been considered.
- H1N1 vaccination teams have been identified.
- A strategy to assess staff training requirements with respect to H1N1 vaccination administration has been established.

Region 6 MDA recordkeeping and vaccine tracking plan includes:

- Documentation and recordkeeping requirements for H1N1 vaccine receipt, distribution and administration have been established in accordance with CT DPH H1N1 Vaccine Distribution Response Plan.
- A process for monitoring for adverse reactions to the H1N1 vaccine utilizing the Vaccine Adverse Event Reporting System (VAERS) reporting form has been developed.

Region 6 MDA H1N1 communication plan includes:

- Protocols for communicating to the public the rationale for vaccine distribution prioritization have been developed.

Region 6 MDA Community Partner Collaboration includes:

- Private Providers
- Schools
- VNAs

Reg. 6 MDA will keep the residents in the community informed as additional vaccine becomes available. In the meantime, we encourage residents to protect themselves from the spread of H1N1 as they do for all types of communicable disease by closely following Flu Prevention recommendations designed to provide maximum resident and community safety.

As required by the State of Connecticut, Region 6 MDA has this H1N1 distribution plan as a component of their Pandemic Flu plan. This plan is consistent with the state plan and outlines the use of the anticipated allocation of vaccine to the priority populations.

Region 6 MDA will:

- Coordinate, collaborate and communicate with their partner local health departments and community health care providers for their respective area to develop H1N1 Influenza Distribution Plan in accordance with the state's plan as it evolves.
- Store, allocate, secure and monitor the use of vaccine that it receives.
- Distribute the proportion of the state's allocations of the H1N1 Influenza Vaccine in a manner consistent with the state vaccine operations plan and its own plan.
- Follow the state's instructions on which dispensing strategy to employ as the event evolves.
- Communicate with staff and volunteers on the rationale for priority groups and sub-groups, and the process for defining priority groups for vaccination. We will use Incident Command Structure (ICS) and established communication channels to communicate with prioritized first responders and infrastructure personnel.

- Be consistent with local public health emergency plans, and consider use of hotlines and websites to inform the public when various groups are prioritized for vaccination, and where to go to get vaccinated.
- Vaccinate individuals consistent with the prioritized groups listed in the state vaccination plan (attachment B & C – pages 18-19).
- Use DPH specified data collection forms (when available) and return forms as required for processing.
- Monitor vaccine-related adverse events and report on these according to the state and federal agencies.
- In accordance with changes in DPH instructions, prepare and return unused vaccine immediately when requested