



**H1N1 Vaccine:  
Information and Pre-Registration for  
West Virginia Provider Offices, Hospitals, and Other Health Facilities**

**TO: West Virginia Healthcare Providers, Hospitals and other Healthcare Facilities**

**FROM: Catherine C. Slemp, MD, MPH, Acting State Health Officer  
WVDHHR, Bureau for Public Health**

**DATE: September 3, 2009**

As you are aware, the novel H1N1 flu virus continues to be seen, mostly at low levels, across West Virginia at present. H1N1 is the only influenza A virus currently circulating. Fortunately, Influenza-Like-Illness (ILI) levels still remain below baseline and we are seeing only “sporadic” influenza activity. With the fact that flu viruses typically increase in fall and winter, that H1N1 continues to circulate, and that schools and universities are back in session; however, it would not be surprising to see an increase in H1N1 virus in the weeks to come. In addition, co-circulation of novel H1N1 and seasonal flu viruses is likely in the months ahead.

Excitingly, we are now able to add flu vaccines to our available tools for reducing the impact of flu. Seasonal flu vaccine is now appearing in communities and expected to be in adequate supply. Seasonal vaccine is not expected to protect against the novel H1N1 flu virus, but can be very effective with seasonal viruses. **All providers are strongly encouraged to maximize use of seasonal flu vaccine as soon as possible this fall.**

**In addition, a new H1N1 vaccine is anticipated with flow starting by mid October and continuing through the fall and winter.** Key strategies in reaching targeted populations include vaccination through private sector provider offices, Local Health Department public clinics, school and university based clinics in conjunction with public health, and eventually, commercial pharmacy venues. Attached, you will find information on West Virginia’s anticipated H1N1 vaccine program.

**Private provider offices and health facilities are important venues for access to H1N1 vaccine. We invite your practice / facility to share your interest in receiving and providing H1N1 vaccine to your patients, by completing a Pre-Registration Survey on line. To do so, click on the following link [http://www.surveymonkey.com/s.aspx?sm=QvZbyAOIDmJltKn5FnZVVg\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=QvZbyAOIDmJltKn5FnZVVg_3d_3d). We ask that you complete the survey by September 15, 2009. “Pre-registration” neither guarantees receipt of vaccine nor does it require you to participate in the program. Rather, it lets us know of your interest so that the WV Division of Immunization Services or local health agencies can reach out to you to offer completion of program enrollment, to the extent supply**

**allows, in the weeks ahead.** Pre-registration is certainly allowed beyond September 15th, but may delay consideration and enrollment of your practice until later in the campaign. Content of the Pre-Registration survey is found in Attachment 2.

Initially, we are looking to involve practices that see H1N1 vaccine target populations (see information attached) and that are familiar with receiving, storing, and administering vaccines. Healthcare organizations with multiple sites should coordinate efforts to submit a single pre-registration survey.

We recognize that not all interested providers may be able to participate at the start. We certainly anticipate adapting (likely expanding) vaccination venues over time depending on such things as vaccine supply, formulations received, the number of interested practices, currently targeted populations, etc.

I look forward to learning of your interest in this effort and encourage you to stay in close communication with your Local Health Department as well. For questions on pre-registration, please call the WV Statewide Immunization Information System staff at 1-877-408-8930.

Together, we have a new opportunity to significantly reduce the impact of both seasonal and novel H1N1 (swine) flu on our communities this season and in future years. Thank you for your rapid response and your partnership with public health on this effort.

Attachments:

- Information on H1N1 Vaccination and Private Provider Participation
- Content of H1N1 Vaccine Private Provider Pre-Registration Survey (for online completion)

This message was directly distributed by the West Virginia Bureau for Public Health to Local Health Departments, Hospitals, Primary Care Centers, VFC providers, and Health Professional Associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

**Categories of Health Alert messages:**

**Health Alert:** Conveys the highest level of importance, warrants immediate action or attention.

**Health Advisory:** Provides important information for a specific incident or situation. May not require immediate action.

**Health Update:** Provides updated information regarding an incident or situation. Unlikely to require immediate action.

## **INFORMATION ON H1N1 VACCINATION and PRIVATE PROVIDER PARTICIPATION**

Given the magnitude of this effort nationally and in state, not all program implementation decisions are finalized. For example, we still await selected federal policy decisions as well as final manufacturer projections of how much vaccine will be available when. However, much can be assumed for planning purposes. The following is current as of early September and can assist in making decisions about offering H1N1 vaccine in your practice:

- All H1N1 vaccine (with associated supplies) will be federally purchased and made available to vaccine administration sites free of charge through public health. H1N1 vaccine cannot be purchased commercially.
- Initial shipments of H1N1 vaccine to states are anticipated to start at least by mid October, if not earlier. Vaccine flow should increase through October and early November and then continue through the fall / winter.
- H1N1 vaccine is made by the same process and will come in the same formulations as seasonal flu vaccine (e.g., multi-dose vials, preservative free pre-filled syringes for use with young children and pregnant women, and LAIV for intranasal delivery).
- Initial vaccine received by the state will likely include a greater proportion of LAIV than either of the other two formulations. Through October and early November, an increasing percentage of vaccine will come in multi-dose vials.
- Initial H1N1 Vaccine Target Groups are expected to be as follows, in no priority order (see ACIP recommendations at <http://www.cdc.gov/h1n1flu/vaccination/>):
  - Pregnant women
  - Household contacts and caregivers of children less than 6 months of age
  - Healthcare workers and Emergency Medical Services personnel
  - All persons age 6 months through 24 years of age
  - Persons age 25 through 64 who have medical conditions that put them at high risk for influenza-related complications.
- Over the fall and winter, H1N1 vaccine supply sufficient to vaccinate anyone interested in receiving H1N1 vaccine is expected. Vaccination will, of course, be voluntary.
- The reason persons age 65 and older are not included in the initial target groups for H1N1 vaccine is that epidemiology shows these individuals are at much lower risk of contracting

H1N1 flu than younger populations. This is very different than seasonal flu. Individuals over age 65 remain a very high priority for seasonal flu vaccination.

- H1N1 vaccine and associated supplies (syringes, needles, sharps containers, and alcohol wipes) will all be made available to providers free of charge through public health (either via direct shipment to your office or through your LHD depending on order volume).
- All providers accepting H1N1 vaccine and associated supplies will need to sign a basic “H1N1 Vaccine Provider Agreement” (now in final development).
- Private providers will be allowed to charge a vaccine administration fee [up to the Regional Medicare rate (~\$18.55) to the patient, their health insurance plan, or other third party payer; up to the state Medicaid rate (\$12.00) for Medicaid patients]. Third party payers are expressing willingness to cover H1N1 vaccine administration.
- For uninsured individuals who cannot pay an administration fee, providers may either vaccinate the individual free of charge or refer them to public health.
- Although pending clinical trial results, it is anticipated that two doses of H1N1 vaccine administered 21-28 days apart will be required. Providers should not hold second doses for patients they have vaccinated, but continue to use supply as it becomes available.
- Reporting of individual vaccine administration through direct data entry into the WV Statewide Immunization Information System (WVSIIS) will be an important component of participation. This supports tracking of vaccine use (avoiding the need for your practice to submit separate doses administered reports), enables your practice to track inventory and reorder vaccine, supports coordination of second dose administration within the community, enables better safety monitoring, and assists schools and public health manage outbreaks when they occur. Providers who routinely use this system report that data entry takes between 1 and 3 minutes per individual entered.
- The Pandemic Vaccine “PREP Act” enacted by HHS under the Secretary’s Public Health Emergency Declaration for H1N1 provides immunity from tort liability for all licensed individuals authorized to prescribe, administer, or dispense vaccine under state law. This is specific to the H1N1 flu vaccine (or other pandemic vaccines) provided by the federal government. In addition, a compensation fund, similar to that made available for routine childhood vaccines, has been created.

## H1N1 Vaccine: Private Provider Pre-Registration

Note: Pre-Registration should be completed on line by clicking on the following link:

[http://www.surveymonkey.com/s.aspx?sm=QvZbyAOIDmJltKn5FnZVVg\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=QvZbyAOIDmJltKn5FnZVVg_3d_3d)

*This paper version is for data gathering purposes, as needed. (If practice does not have internet access, the form can be completed and faxed to 1-877-408-8927; however, on line pre-registration will enable earlier consideration of your practice in program participation.)*

### A. Demographics and Contact Information:

1. Business Name of Practice / Organization:

2. Respondent Name:

3. Primary Contact Name:

Address:

Address 2:

City, State, Zip:

Email address:

Phone Number

4. Fax Number for Primary Contact:

5. Preferred Method of Communication for Primary Contact: Email      Phone      Fax

6. Secondary Contact (optional)

Name:

Email address:

Phone number:

7. Fax number of Secondary Contact (optional)

8. Preferred Method of Communication for Secondary Contact: Email      Phone      Fax

9. Practice Specialty (mark all that apply):

a). Family Practice

b). Pediatrics

c). Internal Medicine

d). Ob-Gyn

e). General Practice

f). Other: Please specify

10. Practice setting: (choose one)

a). Private Practice

b). Primary Care Center

c). Free Clinic

d). Hospital

e). College / University Student Health Services

f). Prison / Jail Medical Service Provider

g). Other: Please Specify

11. Name of Medical Director:

12. Medical Director License Number:

13. Number of sites associated with practice, if more than one:

14. Practice's Primary County:

15. Counties of Satellite Locations, if Applicable:

**B. Vaccine Handling**

- 1. Do you currently receive, store and administer vaccines in your practice? Yes No
- 2. Is your practice currently a Vaccine for Children (VFC) Program Provider? Yes No
- 3. Are you currently enrolled in the WV Statewide Immunization Information System (WVSIS)? Yes No
- 4. Are you willing to enroll in and use WVSIS to report immunizations as part of this effort? \_\_\_Yes \_\_\_No \_\_\_Currently enrolled in and report through WVSIS

**C. Practice Patient Population:**

**1. H1N1 Vaccine Target Groups in your Practice**

Estimate the number of patients in your practice for each of the following categories: (For hospitals, estimate inpatients you would anticipate vaccinating. Pre-register for hospital associated outpatient practices via separate survey.)

Target Group	Estimated number
Pregnant Women	
Household contacts and caregivers for children younger than 6 months of age	
Healthcare and emergency medical services personnel (not including your own staff)	
Persons from 6 months through 24 years of age	
Persons age 25 through 64 years who have health conditions associated with higher risk of influenza related complications	

**2. Total Practice Population**

Total Number of Patients in Practice (all inclusive)	
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**3. Healthcare workers associated with your practice / facility**

Healthcare Worker (HCW) Category	Number associated with facility
HCWs with direct, close patient contact	
Other HCWs in your facility	

**D. Interest in Broader Community Participation:**

- 1. Besides offering H1N1 vaccine to your patients, are you interested in working with community partners otherwise to increase vaccination (e.g., supporting school based clinics, providing staff to augment LHD clinics, etc.)?  
 \_\_\_YES, would be interested and willing to partner on community efforts  
 \_\_\_NO, not interested or able to do so

**Thank you for your interest in the H1N1 vaccination effort!**