

**H1N1 Mass Vaccination Campaign Priority Groups
 Concept of Operations, Florida
 December 4, 2009 Version 2**

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I. Vaccination Program Goal

The goal of the Florida H1N1 Influenza Mass Vaccination is to immunize all Floridians and visitors who choose to be vaccinated. Florida will vaccinate beginning with the CDC recommended priority groups and expand beyond those groups as vaccine becomes available. Priority group information is available at <http://www.cdc.gov/h1n1flu/vaccination/>.

Achieving this goal will require partnerships between the Department of Health and healthcare providers and community vaccinators. County Health Departments Directors/Administrators are responsible for coordinating vaccination efforts within their jurisdiction. The Department of Health central office is responsible for supporting county health department implementation of the statewide mass vaccination campaign.

II. Vaccine Program Phases

Florida has organized the H1N1 Influenza Vaccination Campaign into four phases consistent with the *Advisory for Immunization Practice Committee* recommendations for H1N1 Influenza vaccination. These priorities are based on those most at risk for a negative health outcome from the disease. In general, with the exception of healthcare workers, the priorities are not based on occupation. Implementation of the four phases is designed to reach all Floridians and visitors who choose to be vaccinated. The following phases have been identified for the Florida H1N1 Vaccination Program:

Phase 1

- Pregnant Women
- Persons who live with or provide care for infants aged <6 months
- Health-care and emergency medical services personnel who have direct contact with patients or infectious material
- Children aged 6 months–4 years
- Children and adolescents aged 5–18 years who have medical conditions that put them at higher risk for influenza-related complications

Phase 2

- Health-care and emergency medical services personnel
- Persons aged 5–24 years
- Persons aged 25–64 years who have medical conditions that put them at higher risk for influenza-related complications

Phase 3

- Persons aged 25-64
- Persons 65 and older with chronic health problems

Phase 4

- Persons aged 65 and older

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III. Vaccine Demand

The demand for H1N1 Influenza vaccine is predicated on public concern for protection against the H1N1 disease and public acceptance of the vaccination as a viable choice for protection. Demand can be calculated by applying an acceptance rate to the estimated number of people a given priority group. The actual acceptance rate for the H1N1 vaccine is unknown; however there are several national and state initiatives underway to provide data for planning. The acceptance rate is expected to vary by population sub group.

Florida has 19 million residents over the age of 6 months, who would be eligible to receive the H1N1 Influenza immunization should they choose to be vaccinated. This number does not include visitors or temporary residents who may seek vaccination in Florida. Of this total, approximately 8.8 million of these residents are within the Advisory Committee on Immunization Practices (ACIP) recommended priority groups to receive the vaccine first. The table below estimates the number of people who may seek immunizations for three levels of acceptance.

Campaign Phase	Population Groups	Florida Estimates	33% Acceptance Rate	50% Acceptance Rate	75% Acceptance Rate
Phase 1	Pregnant Women	203,974	67,311	101,987	152,981
	Persons who live with or provide care for infants aged <6 months	536,688	177,107	268,344	402,516
	Health-care and emergency medical services personnel who have direct contact with patients or infectious material	828,070	273,263	414,035	621,053
	Children aged 6 months–4 years	1,017,774	335,865	508,887	763,331
	Children and adolescents aged 5–17 years who have medical conditions that put them at higher risk for influenza-related complications	356,097	117,512	178,048	267,073
	Phase 1 Total	2,942,603	971,058	1,471,301	2,206,954
Phase 2	Health-care and emergency medical services personnel	146,130	48,223	73,065	109,598
	Persons aged 5–24 years	3,699,451	1,220,819	1,849,726	2,774,588
	Persons aged 25–64 years who have medical conditions that put them at higher risk for influenza-related complications	2,010,074	663,324	1,005,037	1,507,556
	Phase 2 Total	5,855,655	1,932,366	2,927,828	4,391,742
Phase 3	Persons aged 25-64	6,884,056	2,271,738	3,442,028	5,163,042
	Persons aged 65 and over with chronic health problems	2,161,235	713,208	1,080,617	1,620,926
	Phase 3 Total	9,045,291	2,984,946	4,522,645	6,783,968
Phase 4	Persons aged 65 and older	1,1,158,634	382,349	579,317	868,975
Total		19,002,183	6,270,719	9,501,092	14,251,639
	Second Dose (under 10)	2,159,845	570,199	863,938	1,295,907
	Total Doses Needed	21,162,028	6,840,918	10,365,030	15,547,546

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IV. Vaccine Availability

H1N1 Vaccine became available in October 2009 and as of 11/27/09, Florida has been allocated 3.5 million doses. Vaccine availability is contingent on many factors in the manufacturing and distribution processes and is difficult to predict with precision when it will be available to order. The national program allocates available vaccine to states based on a pro rata share of population. Florida's share is 5.938% of the total available nationally. Based on current national planning estimates, Florida expects to receive approximately 10.1 million doses by February 2010.

**Estimated Supply of H1N1 Vaccine, Florida
 As of 11/27/09**

Estimated Doses, Fl	Week Available to Vaccinate	Cumulative Doses Available
3,575,200	12/4/2009	3,575,200
510,700	12/11/2009	4,085,900
803,900	12/18/2009	4,889,800
818,600	12/25/2009	5,708,400
1,410,600	1/1/2010	7,119,000
1,123,500	1/8/2010	8,242,500
932,300	1/15/2010	9,174,800
488,300	1/22/2010	9,663,100
185,300	1/29/2010	9,848,400
185,300	2/5/2010	10,033,700
106,900	2/13/2010	10,140,600

V. Vaccine Utilization

Vaccine utilization is dependent on numerous factors that vary by county demographics and program implementation. The best measure of utilization is doses administered reporting. All Florida providers are required to report doses administered either by individual through the Florida SHOTS application or in aggregate through a manual reporting process managed by the County Health Departments. As of 11/30/09, public and private providers have reported a total of 592,816 doses administered through Florida SHOTS.

Age Group	Doses	% of Total
0-1 yr	24,951	4.21%
2-4 yrs	53,276	8.99%
5-18 yrs	274,832	46.36%
19-24 yrs	24,048	4.06%
25-49 yrs	111,625	18.83%
50-64 yrs	68,642	11.58%
>65 yrs	35,441	5.98%
Total	592,816	

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With incomplete doses administered reporting and no reporting by priority group, Florida lacks sufficient data to quantify vaccination acceptance rates by group. Florida is conducting a H1N1 Vaccine Target Group Surveillance Project. The goal of the project is to estimate vaccine uptake by the ACIP priority groups. The surveillance project is based on a random sample stratified by provider and region. Data from this project is expected to be available by mid-December.

Florida is conducted a qualitative survey of county health departments to determine their estimates of target populations reached. Based on final survey data, 60 counties, representing 98% of the total Florida population indicated when they expect to be ready to expand their vaccination campaign beyond the ACIP priority groups:

Week Beginning	Phase 3 (25 – 64 year olds)	Phase 4 (over 65 year olds)
	# of Counties	# of Counties
12/9/09	35 (58%)	24 (40%)
12/16/09	7 (20%)	12 (20%)
12/23/09	7 (20%)	5 (8%)
12/30/09	10 (17%)	19 (32%)

VI. Factors to Consider for Expansion of the H1N1 Vaccination Program

Disease Uncertainty: The prevalence of H1N1 disease in a community may impact acceptance rates of their population. From an historical perspective, we anticipate that there will be an increase in influenza-like illness in the winter months. This year it is likely that there will be an increase in H1N1 disease.

Sufficient quantity of vaccine: The demand for vaccine is expected to vary by jurisdiction; each county should consider whether there is sufficient quantities of vaccine to accommodate the ACIP priority groups, based on the actual acceptance rate that is being experienced.

- At the state level, Florida would need 3,473,623 doses to cover 33% of the ACIP priority groups statewide. This total includes 2,903,424 doses of vaccine to provide the first dose and an additional 570,199 doses for the second dose for those under 9 years of age. The second dose estimate assumes that 80% of those receiving the initial dose of vaccine return for the second dose. Based on this level of demand, Florida currently has sufficient vaccine within the state.
- At the state level, Florida would need a total of 5,745,361 to cover 33% of the population groups in Phases 1-3. This total includes 5,175,162 doses of vaccine to provide the first dose and an additional 570,199 doses for the second dose for those under 9 years of age. Based on this demand, Florida expects to have sufficient doses in the state to cover 33% of the Phase 1-3 population groups by the week ending 12/25/09.

Private Provider Vaccine Utilization: Assess that private providers have administered vaccine that has been allocated to them, and ensure that plans are in place to redistribute unneeded vaccine among providers.

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Reasonable effort to reach priority group: Documentation or demonstration that all reasonable efforts have been made to reach the ACIP priority groups within the county.

Seasonal and non-resident visitors: Some counties have a significant influx of seasonal visitors who may not have had access to the H1N1 vaccination in their home state or country.

Neighboring counties and border states: County decisions to expand may impact neighboring counties and/or border states. It is recommended that counties verify that other counties in their region are not short vaccine for priority groups. Counties, who choose to expand, must accept all who present for vaccination regardless of county or state of residence.

Phase 3 Sub Groups: The percentage of population each county for persons ages 25 – 64 varies. Statewide, these persons ages 25-64 with no underlying health conditions are estimated to be 6.9 million or 37% of Florida's total. In some counties, expanding to the entire subgroup may create a temporary demand for vaccine which exceeds amounts currently available. Counties may consider targeting initial efforts to certain subgroups that might be reached through closed points of dispensing, such as college and university students, teachers, first responders or others who are at high risk for exposure.

Messaging the County Plan:


- Expanded access includes providing vaccine to all who request it, regardless of age or county/state/country of residence.
- As a county makes a decision to move to expanded access, consideration needs to be given to the impact on neighboring counties, since counties will move to open access at different rates. Media messaging needs to be clear in order to minimize confusion in the general public. Talking points are being prepared by the Office of Communications and will be disseminated to all counties.
- Law enforcement and other agencies that have close contact with individuals in large group settings need to be advised of the county moving to expanded access to ensure they are aware of vaccination clinics and ways to access vaccination through the health department.
- Communicate with retail vaccination providers (ie pharmacies), who previously may or may not have received vaccine allocation that the county is moving to expanded access and ensure there is a process for meeting the needs of individuals, without ability to pay an administration fee, who may seek vaccination at these outlets. Additionally, these providers need to be aware that movement to open access is being done at the individual county level would not necessarily apply to their stores in other counties.

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VII. Transitioning to Program Phase 3 and 4

The uncertainty of population acceptance of the H1N1 Influenza vaccine and the exact timing of vaccine availability make the decision to move to the next phase of the program challenging. The final decision to expand to the next phase of program implementation will be made by the County Health Department Director/Administrator for their jurisdiction. Expanded access does not mean that vaccination of priority group has ended or decreased in importance. Expanded access should continue to include Phase 1 and 2 Groups and include persons in Phase 3 and 4 Groups as supplies of vaccine permit.

By my signature, I authorize implementation of this H1N1 Mass Vaccination Campaign Priority Groups Concept of Operations effective on December 4, 2009.



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