

**Oregon Influenza Vaccine Education and Prioritization Plan 2004-05**  
**Issued by the Oregon Department of Human Services**  
**October 8, 2004**

The Oregon State Health Officer has determined that, due to an influenza vaccine shortage, adverse and avoidable health consequences to identifiable categories of high-risk individuals could occur. Therefore, assistance with administration of vaccine is warranted to protect these individuals. Under Oregon Revised Statute 433.040, the State Health Officer and the Oregon Department of Human Services (DHS) implement this Oregon Vaccine Education and Prioritization Plan to protect the public during a vaccine shortage. The plan consists of: 1) guidelines for healthcare providers; 2) rules for imposing civil penalties for violation of the guidelines; 3) mobilizing public and private health resources; and 4) notifying health professional boards of violations. This Plan is effective immediately, October 8, 2004, and will stay in effect through March 31, 2005, unless otherwise amended or rescinded.

This Plan is directed to all healthcare personnel involved in vaccine administration or distribution and to any facility that may be a site for or directly provide influenza vaccination services in Oregon, including, but not limited to:

Providers' Offices (physicians, nurses)	Home-care agencies
Medical Clinics	Occupational Health Programs
Hospitals	Retail stores (grocery, pharmacy)
Local Health Departments (LHD)	Worksites
Health Systems	Community-based mass immunizers
Long-term-care (LTC) facilities	

## **Background**

This year's flu season promises to be memorable, but for the wrong reason: we are short 50 million doses of the 100 million that were expected to be available. On October 5, 2004, the Centers for Disease Control and Prevention (CDC) was notified by Chiron Corporation that none of its influenza vaccine (Fluvirin®) would be available for distribution in the United States for the 2004–05 influenza season. The company indicated that the regulatory agency in the United Kingdom, where Chiron's Fluvirin® is produced, had suspended the company's license to manufacture Fluvirin® in its Liverpool facility for 3 months, preventing any release of the vaccine for this influenza season. This action will reduce by approximately one half the expected supply of trivalent inactivated vaccine available in the US; therefore, there will not be adequate supplies to vaccinate all persons who want to be vaccinated this season.

The remaining supply of inactivated influenza vaccine that will be available in the US consists of approximately 54 million doses of FluZone®, manufactured by Aventis Pasteur, Inc. Of these, approximately 30 million doses already have been distributed by the

manufacturer. In addition, approximately 1.1 million doses of live, attenuated influenza vaccine (LAIV/FluMist®) manufactured by MedImmune will be available.

Because of this severe shortfall, Oregon is adopting the interim recommendations issued by the CDC, in coordination with its Advisory Committee on Immunization Practices (ACIP), for influenza vaccination **during the 2004-05 season**. These recommendations have been endorsed by the American Medical Association and take precedence over earlier recommendations. These recommendations are hereby adopted as the Oregon Vaccine Education and Prioritization Plan under ORS 433.040.

## **Guidelines for Health Care Providers**

With few exceptions (see below), healthcare providers are not authorized to vaccinate healthy persons 2 - 64 years old with influenza vaccine this season. Providers and facilities must inform persons who are not included in one of the priority groups about the vaccine shortage and may not knowingly vaccinate such persons.

The following groups have been identified as persons at high risk. Providers are therefore authorized to vaccinate individuals in the following priority groups with inactivated influenza vaccine this season:

- All children aged 6–23 months,
- Adults aged  $\geq$  65 years,
- Persons aged 2–64 years with underlying chronic medical conditions,<sup>1</sup>
- All women who will be pregnant during influenza season,
- Residents of nursing homes and long-term care facilities,
- Children 6 months through 18 years of age on chronic aspirin therapy,
- Healthcare workers with direct patient care, and
- Out-of-home caregivers and household contacts of children aged <6 months.

Collaboration among community providers is essential to ensure that vaccine is shared with those providers who have inadequate supplies to cover all persons at high risk.

## **Other Vaccination Recommendations (not Guidelines)**

- Healthy persons who are 5-49 years of age, not pregnant, and in a priority group (healthcare workers, except those who care for severely immunocompromised patients in special care units, and persons caring for children aged <6 months) are encouraged to be vaccinated with intranasally administered LAIV (FluMist®).
- Persons in priority groups identified above should be encouraged to search locally for vaccine if their usual healthcare provider has no vaccine.

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<sup>1</sup> Persons with chronic medical conditions include adults and children who have chronic disorders of the pulmonary or cardiovascular systems, including asthma; required regular medical follow-up or hospitalization during the preceding year because of chronic metabolic diseases (including diabetes mellitus), renal dysfunction, hemoglobinopathies, or immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus [HIV]).

- Many children aged <9 years require two doses of vaccine if they have not previously been vaccinated. All children at high risk of complications from influenza, including those aged 6–23 months, who present for vaccination should be vaccinated with a first or second dose, depending on vaccination status. However, **doses should not be held in reserve** to ensure that two doses will be available. Rather, available vaccine should be used to vaccinate persons in priority groups on a first-come, first-served basis.
- Pneumococcal vaccine should be administered to eligible high-risk persons along with influenza vaccine.
- High-risk persons in the following groups should not get flu vaccine before talking with their doctor:
  - Persons who have a severe allergy (i.e. anaphylactic allergic reaction) to chickens' eggs, and
  - Persons who previously developed Guillain-Barré syndrome (GBS) within 6 weeks after getting a flu shot.

## **Rules for Imposing Civil Penalties**

A civil penalty of \$500 may be levied against any person who knowingly violates the guidelines for each repeat violation of the guidelines, as provided in OAR 333-048-0030.

A person who receives a fine for a violation is entitled to a contested case hearing as provided in ORS Chapter 183.

## **Mobilizing Public and Private Health Resources**

Collaboration among community providers is essential to ensure that vaccine is shared with those providers who have inadequate supplies to cover all persons at high risk. Each community should have a strategy for sharing vaccine and a lead agency serving as the local public health authority responsible for coordinating these efforts.

### The responsibilities of ambulatory clinics, LTC facilities, and others providing vaccination services:

- All such persons and entities should report their supply of and demand for influenza vaccines and antiviral agents to the LHD upon request from DHS;
- Providers who do not have sufficient vaccine for persons at high risk and who are part of a health system, should contact their parent company to determine if they can acquire vaccine from within said health system; and
- Providers and entities that do not have sufficient vaccine for persons at high risk **or** that have vaccine remaining after vaccinating their high-risk patients should contact their LHD.

The role of LHDs, as the local public health authority, is to maximize the availability of influenza vaccination services for high-risk persons community-wide by coordinating, or delegating the coordination of, flu vaccine activities in their jurisdictions, including:

- Determining if all clinics and facilities in their area have adequate supplies to vaccinate all persons at high risk;
- Attempting to locate additional resources in the community or the state (e.g., vaccine, clinic services, etc.) for any clinic or facility that does not have vaccine sufficient to meet the demand;
- Reporting local vaccine and antiviral supplies and need to the State Immunization Program upon request from DHS; and
- Reporting to DHS facilities and providers suspected of violating these vaccination guidelines.

The role of DHS is to maximize the availability of vaccine supplies for high-risk clients by assisting with reallocation of vaccine between counties as requested by the local public health authorities by

- Compiling statewide assessment data on vaccine supply and demand, in collaboration with statewide organizations and LHDs; and
- Adopting by rule the Oregon Vaccine Education and Prioritization Plan, including:
  - Developing and distributing guidelines for vaccine providers,
  - Imposing civil penalties for violation of the guidelines,
  - Mobilizing public and private health resources, and
  - Notifying health professional regulatory boards of violations.

## **Notifying Health Professional Boards of Violations**

In the event that a healthcare provider is levied more than two civil penalties for repeat violations of the Plan, DHS Health Services will report the provider to the appropriate licensing authorities per Oregon Administrative Rule 333-048-0030.

## **Other Protective Actions**

In this time of vaccine shortage, it is important to remind patients that there are other steps they can take to protect themselves and others against influenza. These include:

- Washing hands frequently with soap and warm water, or alcohol-based hand washing products, and teaching children to wash their hands;
- Covering the nose and mouth when coughing or sneezing, preferably with a facial tissue or arm (not hands) (A handy “Cover Your Cough” poster, suitable for framing, is available on the DHS website for downloading at [www.dhs.state.or.us/publichealth/acd/cough.cfm](http://www.dhs.state.or.us/publichealth/acd/cough.cfm)); and
- If one is ill, avoiding exposing others by staying at home until you one is no longer symptomatic.

## **Resources**

Additional information may be found at the Oregon DHS Immunization Program website: <http://www.healthoregon.org/imm>. DHS will update these recommendations as new information becomes available.

The Oregon Flu Hotline will be available Monday through Friday, 8:30am-5:00pm, for providers and the public with questions about influenza and vaccine. Call toll free at 1-800-978-3040, or for those in the Portland metro area, call 503-872-6900.

Updated listings of flu clinics in Oregon may be obtained by calling 1-800-SAFENET or by logging on to the American Lung Association's Flu Locator website at [www.LungUSA.org](http://www.LungUSA.org).

Information on flu clinics in Clark County, Washington, may be obtained by calling the Clark County Health Department's immunization line at (360) 397-8401.

**To request this material in an alternate format, call 503-731-4020**