



December 11, 2009

Dear State Health Officer:

In the past month, supplies of H1N1 vaccine have doubled, virus activity has declined, and monitoring for adverse events so far has shown no increased likelihood of serious adverse reactions. Across the nation, levels of pandemic influenza disease, demand for vaccine, and local availability of vaccine vary. Consistent with recommendations of the Advisory Committee on Immunization Practices (ACIP), many states and communities have now shifted gears to expand vaccine availability to all who wish to receive the H1N1 vaccine. This shift is appropriate for areas that have been able to meet demand among the priority population groups. Other communities, particularly in the Northeast, have not yet reached this point, based on ongoing unmet demand among targeted populations.

It continues to be important to ensure priority access to the vaccine for the initial target groups: pregnant women, caretakers of infants younger than 6 months, health care workers, children and adults with underlying health conditions, and people younger than 25 years.

As you know, ACIP recommended that timing for a shift to broader populations would best be determined locally. In many communities, the goal of vaccinating as many people as want to be vaccinated can best be achieved by broadening the populations able to access vaccine now.

Expanding the pool of providers and venues where vaccine is shipped will facilitate vaccination of broader population groups as well as increase vaccination in the priority groups. Areas should be particularly attentive to the requests of medical care providers to receive vaccine so patients can be vaccinated at their providers' offices, and should take full advantage of the willingness of chain pharmacies and other retail outlets to vaccinate. Doing so will reduce the strain on public vaccination sites, increase vaccine availability and convenience, and maximize the number of people vaccinated during this window of opportunity before a possible surge of cases in the months to come. Particularly in the upcoming holiday season, retail pharmacies, airport vaccine clinics, and other commercial venues can reach people who don't visit doctor's offices often, but do want to be vaccinated.

It is also critical to reach out to communities with lower vaccination rates in routine flu seasons, particularly African-Americans and Latinos. Groups that may be more vulnerable to severe illness from H1N1 influenza, including American Indian and Alaskan Natives, should also receive vaccine on a priority basis. It will be important to redouble efforts with minority providers, community-and faith-based partners, health clinics and other venues to increase H1N1 vaccine uptake among underserved populations.

There have been many benefits of our collaborative work responding to H1N1. Expanded access and clinician outreach have resulted in more people who are ill and at high risk being treated with antiviral drugs, reducing severe illness, hospitalization, and death. Guidelines for school closures and close partnerships across public and private sectors have greatly reduced the economic dislocation of H1N1 influenza. For example, in November, the number of school closures, despite continued widespread circulation of the virus, was negligible. And vaccination is protecting a steadily increasing proportion of people, with preliminary field reports suggesting that some states are achieving remarkably high rates of school-based vaccination (50% or more) among children, and more pregnant women are being vaccinated against H1N1 than are typically reached with seasonal flu vaccine. Not only will these actions reduce illness this year, they are improving our ability to address influenza-related illness and disruption in the future. By strengthening the capacity to vaccinate school children and increasing the number of obstetricians who either vaccinate or routinely refer their pregnant patients for vaccination, your efforts will have significant long-term benefits. We have also greatly strengthened our systems to monitor influenza, influenza vaccinations, and adverse events.

Thank you for the tremendous efforts you and your staff have been making under extremely difficult circumstances. It is a privilege to work with you, and I look forward to hearing your ideas for additional ways CDC can help in our shared effort.

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