



Bulletin No. 12  
September 13, 2001  
2001-2002 Influenza Vaccine: Questions & Answers

Note: See companion [Epidemiology Bulletin No. 11](#) for details covering influenza indications and administration.

**Why are there delays in the distribution of this season's flu vaccine?**

Three U.S.-licensed influenza vaccine manufacturers are trying to build their capacity to exceed influenza vaccine production levels for 1999, when there were four manufacturers. This requires some to work on expanding production facilities. One manufacturer is making facility changes to comply with good manufacturing practices, which also affects production capacity.

**What is the anticipated schedule for release of this season's influenza vaccine supply?**

The total influenza vaccine supply for the 2001-2002 season is expected to increase over last season's, and projected delays are not expected to be as great as those experienced last year. Nationally, approximately 79 million doses should be available by the end of December. Sixty percent (60%) of the total supply is projected for distribution by the end of October. About 30 percent will be delivered in November, and the final 10 percent is expected in early December.

**How should providers prioritize vaccine to minimize the potential adverse effects of an influenza vaccine delay?**

- **In September and October** - Target vaccine available to persons at greatest risk for influenza complications and health-care workers. Defer vaccination of other persons.
- **Beginning in November** - Offer vaccine to contacts of high-risk persons, healthy persons aged 50-64 years, and any other persons wanting to reduce their risk for influenza.
- Extend the recommended optimal time for vaccination from October through the end of November, and encourage continued vaccination through December and later, as long as vaccine is available. Immunized persons develop peak levels of protective antibody against influenza approximately 2 weeks after vaccination.

**When should mass immunization clinics be held?**

Mass vaccination campaigns in worksites and other settings (e.g., health departments, clinics, senior centers, and retail stores) should be delayed until November, or when the vaccine supply is assured. Special efforts should be made at these clinics to continue vaccination of the elderly and those at high risk of influenza complications.

**How will the Section of Epidemiology prioritize distribution of its vaccine supply?**

Like providers throughout the country, the Section of Epidemiology will be receiving vaccine in staggered allotments. We will distribute vaccine to providers in the same proportion as the vaccine we receive. Initially, vaccine will be distributed to public health clinics, Alaska Native corporations, and facilities that see large numbers of high-risk patients, such as chronic care facilities. Next, as additional vaccine is available, we will ship vaccine to private providers for use with their high-risk patients. After assuring high-risk individuals have access to vaccine, we again will prioritize according to facility type and distribute available vaccine for use in low risk persons in November and later.

**Is any vaccine available for order?**

Nationally, all anticipated influenza vaccine from this season's supply has been obligated. However, because this year orders were placed much earlier than usual and some providers may have overestimated their needs, the Centers for Disease Control and Prevention (CDC) is asking all providers to reassess their orders. Following this, additional vaccine may be available on the market.

**How can clinics prioritize vaccine while maintaining good relations with their non-high-risk clients?**

- Establish criteria for identifying high-risk individuals and health-care workers and ensure they receive top priority.
- Develop (or download from CDC website shown below) a brief questionnaire or checklist to enable prospective vaccinees to determine their risk status, and encourage those not at high risk to return in November/December or later.
- Post notices (or personnel) asking healthy people to defer their flu shots so high-risk persons can be protected with available vaccine. Give them the opportunity to defer *before* they have started to wait in line. (The CDC website shown below contains helpful posters/education materials.)
- If possible, establish "express lanes" for elderly and high-risk patients to reduce the amount of time they have to stand in line to receive the vaccine.
- Offer incentives for non-high-risk patients who accept a "rain check" to return at a later date for their shots.
- Keep customers informed. Post notices informing clients of hours of influenza vaccine clinics and of the need to vaccinate high-risk patients first. Assure them that additional shipments of vaccine are expected. If appropriate, post information about other locations where vaccine is available.

**Where can I obtain the most current information about the vaccine supply?**

Influenza vaccine providers should develop contingency plans for possible delays in vaccine distribution. The most current information about the vaccine supply and other helpful information may be found at the following websites:

Website	Organization & Information on Site
<a href="http://www.cdc.gov/nip/flu">www.cdc.gov/nip/flu</a>	<b>CDC/ Nat'l Immunization Prog.</b> <ul style="list-style-type: none"> <li>• Vaccine supply updates</li> <li>• Excellent patient education materials, e.g., 1-page checklist to help low-risk patients self-identify</li> </ul>
<a href="http://www.epi.hss.state.ak.us">www.epi.hss.state.ak.us</a>	<b>AK Section of Epidemiology-</b> <ul style="list-style-type: none"> <li>• Updated information on Alaska vaccine supply</li> <li>• Weekly surveillance reports for Alaska (<i>beginning in October</i>)</li> </ul>
<a href="http://www.fda.gov/cber/flu/flu">www.fda.gov/cber/flu/flu</a>	<b>FDA</b> <ul style="list-style-type: none"> <li>• Lists vaccine lots released and available for distribution by manufacturers</li> </ul>