

Instructions for Influenza Vaccine Estimations Worksheet

Purpose:

The ultimate goal of pandemic influenza vaccination will be to **vaccinate the entire population of the United States**. However, it will be necessary in the early part of an influenza pandemic to administer vaccine to individuals using a strategy that minimizes morbidity, mortality and social disruption. The purpose of the *Influenza Vaccine Estimations Worksheet* is to document the number of persons within specific tier groups in each county who will need to be prioritized to receive pandemic influenza vaccine.

Tier Groups

- The ACIP and NVAC have drafted vaccine priority group recommendations which are outlined in the US DHHS Pandemic Influenza Plan, November 2005. The priority groups are arranged into tiers with persons in Tier 1 being targeted to receive vaccine sooner than persons in Tier 2. Persons in subtier 1A would be targeted to receive vaccine before persons in subtier 1B.
- It may not be a feasible strategy to vaccinate all individuals in one tier before offering vaccine to individuals in another tier. It may be necessary to offer pandemic vaccine to a *proportion* of individuals in several tier or subtier groups simultaneously.
- These tier groups are only recommendations and may be updated as the pandemic unfolds. Members of the ACIP and NVAC realize that state and local circumstances may result in some modifications to the tier and subtier groupings.
- Rationales for each tier and subtier as well as more detailed descriptions of members of each group are discussed in the US DHHS Pandemic Influenza Plan, Part 1, Appendix D.

Public Health and Healthcare Personnel

- Persons directly involved with influenza vaccine and antiviral manufacturing and distribution
 - Can include those involved with distribution, essential support services and suppliers (e.g., *growers of pathogen-free eggs* for growth of vaccine virus).
- Healthcare workers with direct patient contact and a proportion of persons working in essential healthcare support services needed to maintain healthcare services.
 - Consider all healthcare facilities within the county: local health department, hospitals, long-term care facilities, home care, and physician offices. EMS personnel should be included in this category / tier group as well.
 - Infection control practitioners and occupational health personnel at hospitals can serve as a resource for determining the number of healthcare personnel at their facility. Office managers can serve as a resource for estimating the number of personnel in physician offices.
- Public health workers with direct patient contact
 - Should include vaccinators, individuals who would distribute antivirals, and public health workers who provide patient care
- Public health emergency response workers critical to pandemic response (should comprise approximately 1/3 of public health workforce in county)
 - Include persons who do not have direct patient contact but who are essential for:
 - surveillance of influenza and its impact
 - allocation of public health resources
 - development and implementation of public health policy
- Other public health workers emergency response workers (should comprise the remaining 2/3 of your public health workforce)
- Use additional sheets as necessary for other healthcare and public health personnel not listed.

Public Safety and Essential Community Service Personnel

- Public safety personnel includes firefighters, police, dispatchers, and correctional facility staff.
- Key government leaders are those individuals needed to make policy on pandemic influenza prevention and control efforts.
- Utility workers (water, power and sewage management)
- Transportation workers
 - who maintain a critical supply of food, water, fuel and medical equipment
 - who provide public transportation essential for provision of medical care, transportation of healthcare workers to work and transportation of ill persons seeking care
- Telecommunication and information technology service workers who are critical for maintenance and repairs of these systems
- Use additional sheets as necessary for other public safety and essential community personnel not listed. Local circumstances will likely vary.

Groups at High Risk of Influenza Complications

- Persons 65 years and older
 - If possible, estimate which persons are at the *highest risk* of complications
 - Persons with at least one medical condition for which influenza vaccine is recommended besides their age
- Persons 6 months - 64 years with a medical condition for which influenza vaccine is recommended
 - If possible, estimate a proportion of persons at *highest risk* of complications
 - Persons with at least two medical conditions for which influenza vaccine is recommended
 - Persons hospitalized within the last year for influenza, pneumonia or other influenza high-risk condition
 - Pregnant women
- Household contacts of severely immunocompromised persons (AIDS, transplant recipients, incident cancer cases)
- Household contacts of children < 6 months
- Healthy children 6 – 23 months

The ACIP and NVAC are not currently recommending that nursing home residents and severely immunocompromised persons be prioritized to receive pandemic influenza vaccine; however, they do recommend these groups be prioritized for antiviral treatment and prophylaxis as well as a recommendation to vaccinate healthcare workers and household contacts of these individuals to reduce transmission of influenza to these high-risk groups. Further definitions and discussion of this decision can be found in the US DHHS Pandemic Influenza Plan, Part 1, Appendix D, pages D-17 and D-18.

Submission: mail to the Immunization Branch, 1917 Mail Service Center, Raleigh, NC 27699-1917. Include contact information; county submitting worksheet, date of completion, person completing and phone number.

Retention: maintain a completed copy, updated annually, in the county's emergency preparedness plan, bioterrorism plan or pandemic influenza plan.