

STATE OF NEVADA

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*Administrator*

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*State Health Officer*

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
HEALTH DIVISION

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November 9, 2009

Lawrence Sands, DO, MPH, Chief Health Officer, Southern Nevada Health District  
Mary Anderson, MD, District Health Officer, Washoe County Health District  
Marena Works, Director, Carson City Health and Human Services

Dear County Health Officers,

First, I'd like to take this opportunity to thank you and all the staff for their dedication and hard work in responding to the H1N1 pandemic flu response. I am writing today to state the Nevada State Health Division's (NSHD) policy on H1N1 vaccine administration. As you know, in the early stages of the vaccine allocation there was much uncertainty in availability and receipt of vaccine. Now that we are five weeks into the H1N1 campaign there is a higher degree of confidence based on history of ordering and receipt of vaccine allowing us to project inventory levels, thus prompting a change in policy.

**The NSHD is providing the following direction based on formal guidance from Dr. Thomas R. Frieden, Director, Centers for Disease Control and Prevention, in a letter dated November 5, 2009 (see attached). We are formally requesting you implement the following:**

- Immediately review your vaccine administration plans to ensure that the maximum doses of H1N1 vaccine are administered to those individuals in all ACIP target groups.
- Employ a just-in-time inventory system so that you avoid "stock-piling" vaccine. Only have enough vaccine on hand to meet your weekly needs. There is only a three day turnaround on receipt of vaccine so there is not a need to order ahead for large clinics.
- Our records indicate that Southern Nevada Health District (SNHD) has a considerable amount of vaccine supply on hand (including FluMist). Best practices of other local health authorities indicate that FluMist can be utilized in school-based clinics or university and college settings. We request that you immediately identify your

workforce's ability to vaccinate your community or your plans to reallocate to private providers in your area.

Dr. Green has offered in previous discussions to deploy federal and state assets to immunize the target groups in your community. We stand ready to support you in your efforts. In the absence of the local health authorities' ability to immunize we will reallocate resources or deploy federal and state assets to assist your community in immunizing these target groups.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,



Richard Whitley, MS  
Administrator

Cc Tracey D. Green, MD, Nevada State Health Officer

Attachment



November 5, 2009

Dear State/Local Health Officer:

Today we have 35.6 million doses of 2009 H1N1 vaccine allocated for ordering, with more coming every day. As you know all too well, at present, demand for the vaccine in your communities still exceeds the supply we have received from manufacturers. That means it is more important than ever to focus on ensuring equitable access to the vaccine for the priority groups identified by the Advisory Committee on Immunization Practices: pregnant women, caretakers of infants less than 6 months of age, health care workers, children and adults with health conditions such as asthma or diabetes, and people under the age of 25. These are the people who are most vulnerable to 2009 H1N1 influenza, and it's our job to do everything we can to keep them safe this flu season.

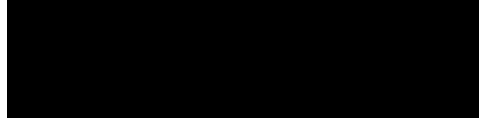
I know you have been working hard to distribute vaccine to the people who need it most. You are on the front lines of the fight, and no one knows better than you how to reach people in your communities. I especially appreciate the many innovative ways you've found to reach them, including school-located vaccine clinics, special clinics for pregnant women, outreach to children with special needs, and making vaccine available to community- and faith-based organizations serving these high-risk populations.

The goal of the H1N1 vaccination program is to protect our population – focusing first on these high-risk groups and ensuring equitable access to the vaccine. While vaccine supplies are still limited, any vaccine distribution decisions that appear to direct vaccine to people outside the identified priority groups have the potential to undermine the credibility of the program.

It is important to make it clear to the public that we are all committed to the science-based vaccination recommendations established by the Advisory Committee on Immunization Practices. This may include making clear to the public as well as health care providers how the vaccine available to you is being targeted, and the basis for targeting. CDC expects all grantees to ensure that all vaccinators chosen by state and local health departments adhere to those recommendations. Toward that end, and in light of changing projections of vaccine availability, I ask each of you to review your plans immediately and work to ensure that the maximum number of doses is delivered to those at greatest risk as rapidly as possible.

I know how difficult your jobs are; we are ready and willing to help you any way we can.

Sincerely,



Thomas R. Frieden, M.D., M.P.H.  
Director, Centers for Disease Control and  
Prevention, and  
Administrator, Agency for Toxic Substances  
and Disease Registry