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Public Information Release

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H1N1 update for Miami County

By
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Now that the H1N1 vaccine is starting to trickle in, it is important that the public be informed about the issues involved with supply and demand of the vaccine.

Supply:

Flu vaccines are grown via a slow and tedious process using chicken eggs. It normally takes about nine months to produce the seasonal flu vaccine. The H1N1 vaccine sample was only identified in May of this year and twice as much vaccine was needed to treat the most vulnerable populations for the H1N1 flu as it was for the seasonal flu.

Shortly after the events of September 11, 2001, after the anthrax and smallpox scares, the Federal government showered billions of dollars on the drug makers and research universities to come up with a better, faster, more reliable way to produce vaccines. No new technology has emerged, at least not in time for this year's flu season. The entire world is still reliant on the decades old methods of producing vaccines in chicken eggs.

Private companies produce the vaccines. The federal government, through the CDC, gives them the genetic formula for the H1N1 strain. Production of the H1N1 vaccine didn't start until June of this year. Early promises of timely availability of vaccine should always be taken with a grain of salt. I'm not placing blame or making excuses for anybody. This is just the way it is.

We, which includes everybody in the U.S., both public health and the public they serve, were told by the Secretary of Health and Human service to expect 40 million doses (out of a total of 160 million needed), to be delivered by mid-October. Actual numbers turned out to be 13 million doses. These doses were distributed to states on a population basis, who in turn distributed them to health departments and hospitals and other health care providers. In any event, we can see that no entity will be receiving enough vaccine all at once to vaccinate the entire population that needs it. In addition, there are tremendous problems in the supply chain system. Many times, expected shipments of vaccine simply don't arrive, most likely due to a combination of software bug issues and competence issues.

Local public health departments are at the bottom end of the supply chain. We really don't know with any degree of certainty when we will get vaccine, how much it will be, or what kind it will be (mist or shots). On this scenario, we must get vaccine into the bodies of our most vulnerable populations as soon as we can.

Demand:

We have some very hard choices to make. Should we wait until we have enough vaccine to treat large populations and risk people getting sick or worse because they didn't get the vaccine in time? Should we open our clinics and treat people on a first-come-first served basis and at least immunize some of the people now and everybody eventually? This choice leads to allegations of unfairness and large numbers of people who either made it in or are turned away repeatedly until the stocks eventually trickle in. We have decided on the latter choice. One thing is absolutely certain: In the beginning weeks of our vaccination campaign, demand will vastly exceed the supply



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Vaccine deliveries should occur, at least in theory, over the next few months. Eventually, the supply should catch up with the demand and everybody who either needs the vaccine or wants it should be able to get it.

When and Where to get the vaccine:

We have set up mechanisms to vaccinate large numbers of people at one set place over a period of the next few months. We will be holding mass vaccination-style clinics for all tier 1 people (see explanation below) at the old Steve and Barry's store (some may remember it as Hill's) at the Miami Valley Centre Mall in Piqua starting Monday, November 2, 2009, from 11:00 a.m. until 5:00 p.m. If we have enough vaccine, we will open again the next day from 1:00 p.m. until 7:00 p.m. Since vaccine is in limited supply, we will be concentrating on vaccinating people according to the following priority groups. As the supply increases, the number of groups will be expanded.

Group A:

- Pregnant women.
- Persons who live with or provide care for infants aged less than 6 months (e.g., parents, siblings, and daycare providers).
- Health-care and emergency medical services personnel who have direct contact with patients or infectious material.
- Children aged 6 months--4 years.
- Children and adolescents aged 5--18 years who have medical conditions that put them at higher risk for influenza-related complications.

Group B:

- Everybody in Group A
- All other health care and EMS workers
- All persons age 6 months to age 24.

Group C:

- Everybody in groups A and B.
- persons aged 25--64 years who have medical conditions that put them at higher risk for influenza-related complications.

Group D:

- Anybody and everybody who wants it.

As I stated earlier, the demand will be greater than the supply. We have a tentative schedule of clinics listed on our website, www.miamcountyhealth.net. Since it is almost certain that vaccine shipments to us will be spotty at best, we strongly urge everybody to take advantage of today's modern technology and use the Internet. We can update our information several times a day if we need to. We will have our clinic days and hours posted. We also urge people to pre-register. This will allow registrants to receive emails and notifications when we have vaccine and it will greatly reduce waiting times at the clinic site.

Types of vaccine:



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There are two basic forms of vaccine and a few varieties of those. The first type is the nasal spray, or mist. It is recommended for healthy persons aged 2 to 49 with no underlying health conditions (such as asthma). The other form is the injectable or the shot. It comes in various formulations. The thimerisol-free vaccine is for young children 6 months to 35 months old. The vaccine with the preservative is for everyday else. At various times, depending upon the deliveries which we have no real control of, we will have various amounts (or no amounts) of each type of vaccine. In the beginning, we have a greater supply of the nasal mist. Those people who are able to get the nasal mist should use it, as it will save the injectable for those persons that can't take the flumist. All are very safe when used as directed.

To summarize, there will be supply problems initially, which will smooth out with time, and everybody who needs vaccine will get it. We cannot predict with any degree of precision when the vaccine supplies will arrive or how much or what kind they will be. Clinics will be held two to three days per week, which may change according to the supply and demand situation. Stay in tune by visiting our website frequently.