

CDC'S 2009 H1N1 VACCINE PHARMACY INITIATIVE IN THE UNITED STATES: IMPLICATIONS FOR FUTURE PUBLIC HEALTH AND PHARMACY COLLABORATIONS FOR EMERGENCY RESPONSE

To the Editor

During the 2009 H1N1 influenza pandemic, the CDC contacted the 50 state, New York City, and District of Columbia health departments and the health department in Puerto Rico through the Association of State and Territorial Health Officials (ASTHO), to discuss distributing 2009 H1N1 influenza vaccine directly to large pharmacy chains ("pharmacies") to supplement state vaccination efforts. By the end of December 2009, most states had opened vaccination to all members of the public and a vaccine surplus was projected. All but three states opted to take part in this CDC 2009 H1N1 Vaccine Pharmacy Initiative.* The CDC subsequently invited the largest 15 US pharmacies (by prescription share) to participate, 12 of these pharmacies expressed interest and 10 ultimately participated.¹ From December 2009-February 2010, the CDC distributed 5 483 900 doses of 2009 H1N1 vaccine to these pharmacy chains; they in turn, distributed it to more than 10 700 retail stores nationwide. The amount of 2009 H1N1 vaccine that the CDC directly distributed to pharmacy chains comprised approximately 23% of all vaccine distributed during the same time period to the same states and accounted for approximately 4.3% of all 2009 H1N1 vaccine distributed during October 2009-February 2010. Approximately 10% of adults who received 2009 H1N1 influenza vaccine reported getting vaccinated at a pharmacy.² This included vaccinations given with vaccine provided to pharmacies by state health officials and directly by the CDC (Figure).

*Georgia, Hawaii, and West Virginia did not participate for a variety of reasons including ongoing distribution of H1N1 vaccine to pharmacies in the state through the health department. Puerto Rico (the only US insular area with retail locations of the pharmacy chains) also opted not to participate.

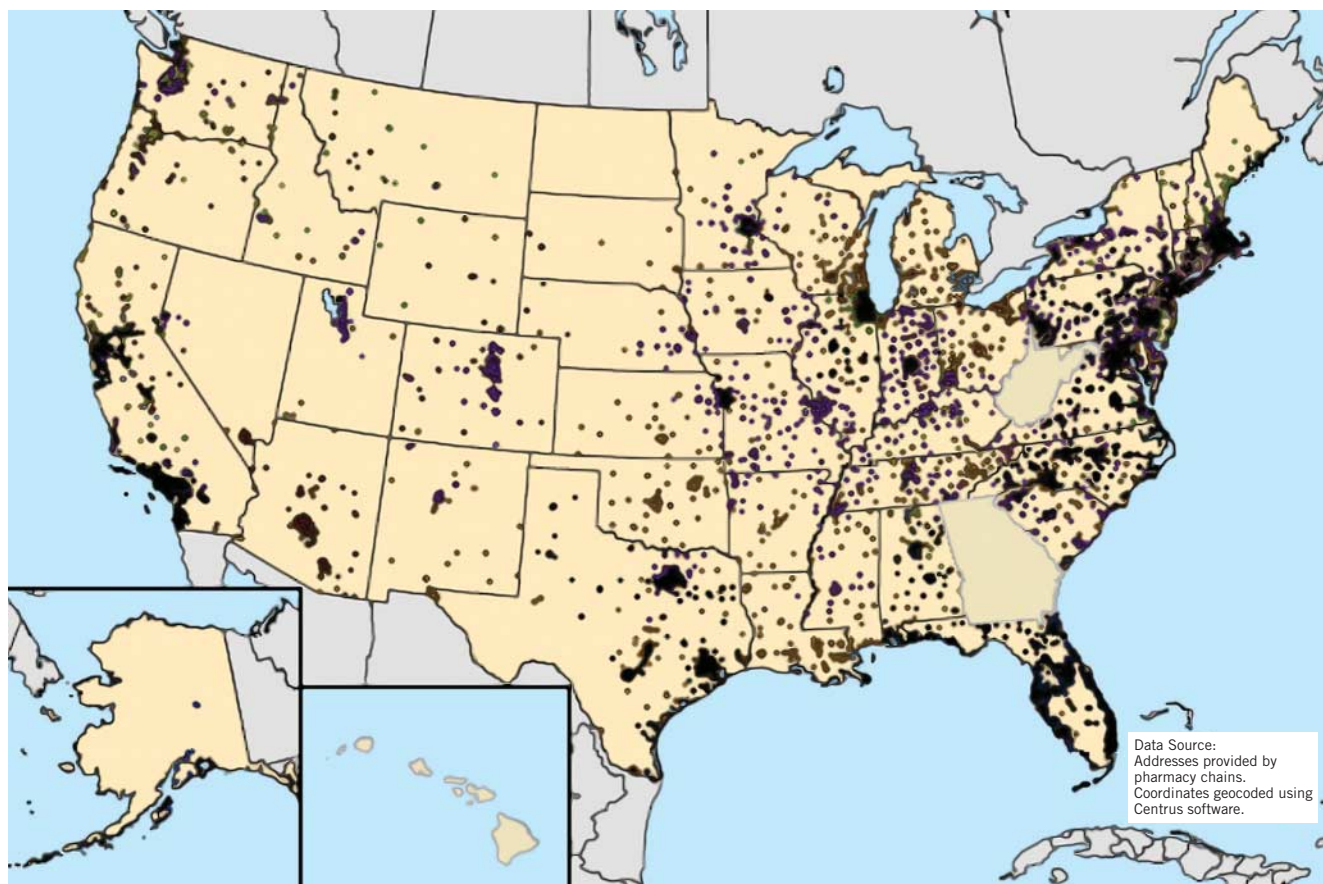
The CDC conducted assessments with key contacts at each participating pharmacy chain (by telephone with each of the pharmacies in February 2010 and in-person in March 2010) and held a debriefing with local and state public health officials in February 2010. Pharmacies reported that the majority of their locations (>50%) had received little or no vaccine from states prior to the beginning of the Initiative, likely due to scarcity of vaccine and diverse approaches to distribution. Differing accountability and data reporting requirements across jurisdictions (including at times, multiple reporting requirements within a given state), created an administrative burden for national pharmacies aggregating data at the corporate level. Some pharmacy chains also reported that insurers (such as Medicaid) in some states denied requests for reimbursement for administration fees for vaccinations given in pharmacy settings. States expressed concern over lack of awareness of the number of doses of vaccine distributed by pharmacies into their state; it was important for state and local public health officials to be able to accurately track 2009 H1N1 influenza vaccine available to their populations.

Pharmacies were able to play an important role in the 2009 H1N1 influenza vaccination effort because of their experience vaccinating adults against influenza.³ As of July 2009, all 50 states allow pharmacists to administer influenza vaccines under prescribing protocols, but these vary by patient age (pharmacists can vaccinate adults against influenza in all 50 states).⁴ ASTHO developed a framework for formalizing partnerships between pharmacies and public health for administering 2009 H1N1 vaccine that was useful in rapidly establishing the Initiative.⁵

Pharmacies offer expertise, convenience, accessibility, extended hours of operation, and can be integrated as key community partners early in a public health response. By leveraging pharmacies' systems for national, regional, and local storage and distribution, and ability to administer vaccines on a large scale, more 2009 H1N1 influenza vaccine was made accessible at the community level. The Initiative also

FIGURE

Locations Receiving 2009 H1N1 Vaccine Doses Through the CDC H1N1 Vaccine Pharmacy Initiative, December 2009-February 2010.



NOTE: Georgia, Hawaii, and West Virginia did not participate for a variety of reasons, including ongoing distribution of H1N1 vaccine with pharmacies in the state through the health department.

expanded public health understanding of pharmacy capabilities to offer vaccines and potentially other countermeasures during public health emergencies.⁶

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Author Disclosures: No nongovernmental funds were received to conduct this work. The authors report no conflicts of interest.

Acknowledgments: We would like to acknowledge the important contributions of Stephen Redd, Paul Jarris, Jim Blumenstock, Isaac Weisfuse, Jack Hermann, and Jeanne Santoli to the success of this initiative. We would also like to recognize essential collaborations with the National Association of Chain Pharmacies and its members, the participating pharmacy chains, and the American Pharmacists Association for making this emergency effort possible.

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