THE OFFICIAL NEWSMAGAZINE OF THE AMERICAN ACADEMY OF PEDIATRICS
DEDICATED TO THE HEALTH OF ALL CHILDREN
AAP News
Volume 31 • Number 1
January 2010
www.aapnews.org

Lessons learned

AAP members share H1N1 vaccine experiences

by **Alyson Sulaski Wyckoff** • *Associate Editor*

After receiving only two small allotments of H1N1 influenza vaccine, a large pediatric practice on the West Coast proceeded to vaccinate its patients on a first-come, first-served basis.

The efforts seemed to please no one.

Families with children with chronic disorders were frustrated, as were families with young children. Even the staff complained because they were caught in the middle of other frantic families wanting vaccination for their children.

Meanwhile, in late November the practice continued to answer 300 calls a day, plus e-mails, asking if more vaccine had arrived.

The story is one scenario reported by AAP members who offered their H1N1 influenza vaccine experiences at the request of the Academy. In late fall, AAP district chairs solicited informal situation updates from chapters in all 10 districts. Responses came in from nearly every state.

Lack of vaccine supply was cited as an "overarching barrier" for pediatricians to fully partner with their public health officials and successfully vaccinate a sizeable number of patients in the high-risk or priority categories, according to the summary.

RESOURCE

To read "AAP State Level Feedback on the 2009 H1N1 Influenza Vaccination Program — Executive Summary," log on to the Member Center (www.aap.org/moc). Under Advocacy, click on State Government Affairs.

The report, "AAP State Level Feedback on the 2009 H1N1 Influenza Vaccination Program — Executive Summary" found four areas of concern:

- **Unpredictable, variable supply and distribution of vaccine**
  → In some cases, vaccines were not the correct formulations.
- **Miscues in the initial and ongoing response by public health authorities**
  → While coordination between state public health departments and AAP chapters was largely good, distribution challenges fueled the growing frustration.
  → Confusion surrounded registration to receive vaccine.
- **The need for collaboration with medical homes**
  → Public vaccination diverted supplies away from pediatric offices, which are best prepared to give vaccine to the children most in need of it.
  → Use of public sites resulted in incomplete immunization records.
- **Difficulties in satisfying the informational needs of families**
  → Parents blamed pediatricians for the lack of vaccine and the uneven response.

Despite the challenges, some promising practices emerged, including:

- collaboration between some state health departments and AAP chapters in areas such as information sharing (e.g., webinars, conference calls);
- the required use of statewide vaccine registries for those receiving the vaccine in office settings or public clinics;
- weekly sharing of state-level surveillance data with pediatricians;
- state health department call centers for providers and consumers; and
- priority shipments of vaccines to pediatric residential care facilities.

The report noted collaboration between the public and private sector had been successful in many instances. Such collaborations led to smoother results.

AAP President Judith S. Palfrey, M.D., FAAP, forwarded the report on Nov. 25 to several individuals in the U.S. Department of Health and Human Services (including Howard Koh, M.D., M.P.H., assistant secretary of health) and the Centers for Disease Control and Prevention; all responded that they were glad to have the information, said Dr. Palfrey.

"A new virus is always a challenge," Dr. Palfrey said, adding that the H1N1 experience was complicated and difficult. "It was actually remarkable that with the vaccine being licensed only in September how well everyone jumped in to do the best they could against incredible odds. Our members have been some of the real heroes in this story.

"The big issues are to make sure we take advantage of the programs that worked," said Dr. Palfrey. The Academy, she added, will continue to work

AAP members comment on H1N1 vaccine frustrations

"The state department of health … seems to be distributing only in dribs and drabs."

"Injectable vaccine is not getting to practicing pediatricians who are the people with access to young children — the second highest risk category after pregnant women."

"… Our patients … think it is our fault we have no vaccine. With the announcement of the free clinics, we are receiving calls from frightened and angry parents who do not understand why they cannot get H1N1 in our office."

"…not sure if we will ever be able to give the second dose to those that need it."

"…there has been inadvertent distribution to urgent care clinics and occupational health clinics who serve corporations."

closely with its chapters, along with public health, to see how the lessons learned and best practices can be applied to future efforts, including disaster preparedness.