NACCHO
National Association of County & City Health Officials
The National Connection for Local Public Health

02-09

STATEMENT OF POLICY

PANDEMIC INFLUENZA VACCINE PROCUREMENT AND DISTRIBUTION

Policy

The National Association of County and City Health Officials (NACCHO) strongly supports federal purchase and distribution of influenza vaccine to state and local health departments (LHDs) during a pandemic. The intent of the policy is to support creation of a more coordinated and equitable system of vaccine distribution by giving state and local health departments a clear authority over the distribution of pandemic influenza vaccine. This approach would best address the problem of lag time between pandemic strain alert and vaccine availability, and help ensure more timely vaccination and optimal vaccine accountability.

Justification

In recent years, the current vaccine distribution system, which is a mix of unconnected public and private purchase and distribution systems, has shown significant deficits in manufacturing and delivering influenza vaccine. This suggests that the nation must overhaul the current distribution system *before* we face another pandemic influenza season. As evidenced by the 2009-2010 Novel H1N1 influenza pandemic, our present system is not adequate to respond to emergencies. In the event of an emerging novel influenza strain, making the vaccine a federal asset allows greater public health control over vaccine distribution, management, and accountability.

Cogent, well-communicated, coordinated and workable plans for allocation, distribution and prioritization of vaccine are crucial; particularly in the face of potential vaccine shortages during a pandemic[1]. Improved communication between manufacturers, distributors, local health departments, and public and private providers will improve seasonal influenza vaccine distribution and will be critical in response to the next pandemic influenza.

The experience of the H1N1 (2009) pandemic response demonstrated that Federal purchase and distribution of pandemic influenza vaccine:

- Helped address the problem of lag time between pandemic strain alert and vaccine availability by creating a more equitable distribution of vaccine supplies once the vaccine is available, which is not often (if at all) seen in the existing mixed public and private system;
- Helped ensure more timely vaccination of target populations;
- Helped ensure optimal vaccine accountability across both public and private sectors[2];
- Ensured that all stakeholders are knowledgeable and willing participants in a single system of procurement and distribution; and,
- Provided added assurance that vaccine will be distributed according to federal guidelines without wide variations[3].

References

1. US Department of Health and Human Services. HHS Pandemic Influenza Plan Supplement 6: Vaccine Distribution and Use. Retrieved on July 29, 2010 from http://www.hhs.gov/pandemicflu/plan/sup6.html
2. US Department of Health and Human Services. HHS Pandemic Influenza Plan Supplement 6: Vaccine Distribution and Use. Retrieved on July 29, 2010 from http://www.hhs.gov/pandemicflu/plan/sup6.html#monitoring
3. US Department of Health and Human Services. HHS Pandemic Influenza Plan Supplement 6: Vaccine Distribution and Use. Retrieved on July 29, 2010 from http://www.hhs.gov/pandemicflu/plan/sup6.html#priority

Record of Action

Based on Resolution 02-09, proposed by Immunization Work Group of the Community Health & Prevention Advisory Committee
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