

NEVADA STATE HEALTH DIVISION IMMUNIZATION PROGRAM

H1N1 Influenza Vaccine Overview and Survey

Distribution of the H1N1 influenza vaccine is expected to commence in the fall. **The H1N1 influenza vaccine will be available only through the Nevada State Immunization Program. The H1N1 vaccine for your patients cannot be privately purchased from a manufacturer or a distribution center.** The federal government has purchased all the H1N1 influenza vaccine.

The CDC has determined the priority groups that should receive the H1N1 flu vaccine.

- Pregnant women
- Health care workers and emergency medical responders
- People caring for infants under 6 months of age
- Children and young adults from 6 months to 24 years
- People aged 25 to 64 years with underlying medical conditions (asthma, diabetes)

Upon completion of an enrollment process, providers will be able to order the H1N1 vaccine monthly from the Nevada State Immunization Program. The minimum quantity that can be ordered is 100 doses and additional vaccine must be ordered in multiples of 100. The vaccine will be available in vials containing 10 doses, single dose preservative-free pre-filled syringes, and single dose nasal sprayers. In addition to the vaccine, a kit containing 100 each syringes, needles, alcohol packets, and vaccination cards will accompany the vaccine. Sharps containers may be requested.

Private providers may charge the patient an administration fee but **may not charge the patient for the vaccine.** Providers must have a vaccine storage unit (refrigerator) with a certified calibrated thermometer. The unit must be large enough to accommodate the amount of vaccine ordered. Temperatures must be checked and recorded twice a day on business days. Vaccine must be stored at 35-46 °F or 2-8 °C. **NO DORMATORY STYLE REFRIGERATORS MAY BE USED.** Providers must agree to administer the H1N1 flu vaccine to the priority groups and record the immunization in NV WebIZ. Weekly reporting to the Immunization Program will be necessary per CDC requirements.

If your facility provides medical care to patients who are included in the priority groups listed above and is interested in vaccinating this patient population, please complete the attached survey by August 23, 2009 and return by fax, e-mail, or regular mail to:

E-mail: nviz@health.nv.gov

Fax: 775-684-8338

Mail: Nevada State Health Division
Immunization Program
4150 Technology Way, Suite 101
Carson City, NV 89706

Thank you for your assistance in protecting Nevada's population against the H1N1 influenza.
For questions please call: 775-684-5900

Sincerely,

Tami Chartraw
Chronic Disease Immunization Section Manager

H1N1 INFLUENZA VACCINE SURVEY

FACILITY NAME: _____

VACCINE MANAGER: _____

FACILITY ADDRESS: _____

_____ COUNTY: _____

FACILITY PHONE NUMBER: _____

FACILITY FAX NUMBER: _____

PRIORITY GROUPS THIS FACILITY COULD IMMUNIZE:

- Pregnant women
- Health care workers and emergency medical responders
- People caring for infants less than 6 months of age
- Children and young adults from 6 months to 24 years
- People aged 25 to 64 years with underlying medical conditions

Number of H1N1 doses this facility would administer each month: _____

Are other immunizations administered in your facility? Yes No

Are immunizations recorded in Nevada WebIZ (state immunization registry)? Yes No

Are you a current VFC provider? Yes (If Yes) Pin # _____ No

What type and number of vaccine storage units does this facility have? _____

Are there certified calibrated thermometers in each vaccine storage unit? Yes No

YES, THE FACILITY WISHES TO ENROLL TO RECEIVE THE H1N1 FLU VACCINE

NO, THE FACILITY WILL REFER PATIENTS IN THE PRIORITY GROUPS TO _____

Fax completed survey to: 775-684-8338 OR
Scan and e-mail to: nviz@health.nv.gov OR
Mail: Nevada State Health Division
Immunization Program
4150 Technology Way, Suite 101
Carson City, NV 89706

For questions please call: 775-684-5900

KINDLY REPLY BY AUGUST 23, 2009