BOARD OF SUPERVISORS

Gloria Molina
First District

Yvonne Brathwaite Burke
Second District

Zev Yaroslavsky
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

THOMAS L. GARTHWAITE, M.D.
Director and Chief Medical Officer

FRED LEAF
Chief Operating Officer

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
313 N. Figueroa Street, Los Angeles, CA 90012
(213) 240-8101

October 7, 2004

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.
Director and Chief Medical Officer

Jonathan E. Fielding, M.D., M.P.H.
Director of Public Health and Health Officer

SUBJECT: **INFLUENZA VACCINE**

On Tuesday, October 4, 2004, Chiron, one of the two manufacturers of influenza (flu) vaccine for use in the United States, was prevented from distributing its doses to the U.S. Although the federal Centers for Disease Control and Prevention (CDC) have dispatched a team to the Chiron vaccine manufacturing plant in Britain, to see if it will be possible to salvage any of the vaccine for use, we have been told this is unlikely. In any event, it is prudent to plan as if this vaccine will not increase our supply.

The result of the Chiron production problems is that the amount of flu vaccine which will be available in the U.S. this fall will be roughly half of the amount expected, causing a significant shortage compared with the amount used last season and the amount expected to be used this year. The other manufacturer, Aventis Pasteur (Aventis) expects to produce and distribute 54 million doses for the U.S.

This is to let you know of our plans to assure that the doses available in Los Angeles County will be used to minimize possible illness and death from influenza.

FLU SEASON

We have no reported cases of flu this season. It is too early to determine if this will be a light or more severe year. The initial reports of flu most commonly occur mid-November, with the peak being in late December/early January. Many other respiratory illnesses affect the same populations during this time of year, which compounds the load on hospital emergency rooms and inpatient beds.

PRIORITIES

The CDC has issued a recommended list of high-risk populations which should have priority for the vaccine, which has been adopted by the Department for Los Angeles County. These include:

- All children aged 6 – 23 months,
- Adults aged 65 and older
- Persons aged 2 – 64 with underlying chronic medical conditions
- All women who will be pregnant during the flu season
- Residents of nursing homes and long-term care facilities
- Children 6 months – 18 years on chronic aspirin therapy
- Health care workers with direct patient care, and
- Out-of-home caregivers and household contacts of children less than 6 months.

VACCINE IN LOS ANGELES COUNTY

The total amount of vaccine available to residents of Los Angeles County will depend on the cumulative orders filled by Aventis from private physicians, medical groups, clinics, pharmacies, and organizations such as Ralphs and Costco, which hold vaccine clinics in association with their pharmacies. The best estimate is that about 3.5 million doses were shipped to health care providers in Los Angeles County overall in 2003.

Assuming that the orders from these various groups were split evenly between Aventis and Chiron, then we estimate approximately 1.7 million doses to be available County-wide. This could provide vaccine to roughly 50 percent or more of the priority populations if very little of it went to those in the low risk population. Since data show that many at-risk persons do not seek the vaccine, a higher percentage of those who want the vaccine in high-risk groups could be covered, although many individuals would still not be able to find vaccine through their usual source of care.

Described below are the actions we are taking to try to maximize the amount of available vaccine for the priority populations.

COMMUNICATIONS TO MEDICAL PROVIDERS, PHARMACISTS AND BUSINESSES

We have written to all physicians, asking them to utilize the CDC priority populations in their distribution of the vaccine. We issued an alert on the HASTEN network to providers with this information. We are also writing to the large markets and pharmacy chains offering flu shots, asking them to encourage patients to follow the CDC priorities. A poster has been designed for printing and distribution to providers and pharmacists, which lists priority populations and encourages those persons not in the priority populations to defer getting the vaccine so that a high-risk person can receive it.

We are also contacting business organizations to recommend that businesses that have ordered flu vaccine for their employees only administer it to those at high risk and either share the rest with other businesses for their high risk employees or donate/ sell it to DHS for distribution through our outreach efforts to high risk individuals without other sources of care.

DISTRIBUTION OF COUNTY VACCINE

Last year we distributed 130,000 doses of flu vaccine, which was only four percent of the total vaccine given to County residents. For the past several years, we have supplemented the vaccine given to us by the State with vaccine we purchased directly from the manufacturer.

This year, the State planned to give us 108,000 doses of Chiron vaccine, plus 16,900 doses of Aventis vaccine for children. To supplement the State allotment, last spring, we ordered an additional 30,000 doses of Aventis vaccine. We were placed on a waiting list for an additional 30,000 Aventis doses that we ordered when we learned earlier this season of possible delays in the Chiron production.

Prior to the Chiron difficulties, our planned allocation of the adult vaccine for this year was:

- 43,700 doses for public health outreach clinics
- 21,500 doses for distribution in our public health centers
- 18,200 for skilled nursing facilities
- 31,400 for various community clinics and private providers who provide outreach clinics
- 14,500 for the DHS ambulatory care clinics

The children's vaccine was to go to our DHS ambulatory care clinics and community clinics that conduct well-child clinics.

Our current supply of vaccine in Public Health is 20,800 doses, consisting of 15,000 Aventis adult doses (from our first 30,000 order) and 5,800 Aventis children's doses. Public Health may receive another 26,000 doses, consisting of 15,000 adult doses (completing our initial order) and 11,100 children's doses, ordered through the state. Neither of these is certain, with Aventis currently holding on all deliveries, pending discussions with the CDC and possibly the states regarding possible redistribution. To supplement whatever we receive of these orders, we will ask private providers and pharmacies to either donate or sell to us at cost, additional doses for our use with high-risk populations.

In addition, our County hospitals have an additional 22,600 doses on hand, with another 5,000 doses possible, which they planned to use for inpatients with chronic conditions being discharged from our hospitals.

Utilization of Doses on Hand

We considered the risk characteristics of each of the target high priority groups for which we had

planned to provide vaccine. After significant deliberation, we decided that the nursing home patients warranted the highest initial priority. Patients in skilled nursing facilities (SNFs) are some of the highest risk persons for influenza. Most of these patients are over 65 years and have one or more chronic conditions for which they need skilled nursing care. The number and rates of hospitalizations and deaths among this group for flu is the highest of any of our target populations. These patients can increase congestion at hospital emergency rooms and strain inpatient capacity. Spread of the flu in nursing homes can be rapid, once introduced by a staff member or visitor. Further, these patients, in comparison to those who are ambulatory, have virtually no ability to obtain flu vaccine from another source. Although this was the last year that we had planned to give vaccine to SNFs (rather than insisting that they buy their own, based on State policy), SNFs had expected to receive 18,200 doses from us. There are 40,700 licensed SNF beds in the County, so a significant share of the SNFs had ordered from either Chiron or Aventis. Those which ordered from Chiron will have no vaccine.

Our planned utilization of vaccine is as follows:

- From the 15,000 adult doses on hand in Public Health:
  - 14,500 for skilled nursing facilities
  - 500 for TB patients in public health clinics
- The 5,800 children's doses will be distributed through DHS and community clinics which participate in the Vaccines for Children program and which conduct well-child clinics.
- The doses in our County hospitals will be used for inpatients in priority populations who are discharged from the hospitals. If the supply on hand exceeds the need, some doses could be diverted to our ambulatory care clinics for those in priority populations or used to augment those available for Public Health.

Utilization of Possible Additional Doses

If Public Health receives some or all of the additional 15,000 adult doses, we would allocate them in the following priority:

- Skilled nursing facilities
- Public Health outreach clinics conducted in each SPA, with the allocation based on the size of the priority populations.

The impact of this plan is that we would suspend the Public Health outreach clinics scheduled to begin October 18. When additional doses are received, we would re-schedule SPA-based Public Health outreach clinics commensurate with the amount available at appropriate sites.

We appreciate the concern that many organizations we work with on outreach clinic efforts and their patients are likely to voice and are hopeful that the problem can be reduced by strongly stating our expectation that Aventis will provide the vaccine for which we have confirmed orders

and by obtaining vaccine from other providers. However, as this latter effort is without precedent, we are unable to project the likely degree of success of this effort.

We have been developing informational materials to share with our partners and question and answer sheets for our hot line, which we expect to incur heavy traffic when the outreach clinics are suspended. We are also working to identify any alternative providers in each SPA who may have extra vaccine for some of these high risk patients. If your offices receive calls about these issues, please feel free to refer to our information line at 1-800-427-8700.

One of the major complications of influenza is bacterial pneumonia of which pneumococcal pneumonia is the most common. We are exploring purchasing approximately 7,000 doses of Pneumococcal vaccine to provide to those at high risk who may not have access to flu vaccine.

ADDITIONAL FLU CONTROL EFFORTS

We are launching several efforts to minimize the impact of the flu this season. We will be advising the public that prescription medications are available if they are exposed to flu or come down with early flu symptoms. These medications can in some cases prevent flu and in others reduce its severity and the likelihood of complications. We have developed materials to distribute which emphasize prevention through hand-washing. We have developed respiratory hygiene materials for patients in waiting rooms and for school children.

It is important to emphasize that we are unable to predict how heavy this flu season will be this winter. However, if we experience an unusually severe flu season we may have to consider recommending some school closures or even closure of some worksites, as well as restricting visitors or requiring masks at SNFs.

We will provide you with an update on our efforts by October 15, 2004. In the meantime, if you have any questions or need additional information, please let us know.

TLG:JEF:js
tgjfes100704 flu final

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors