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I. Illinois H1N1 Vaccine Delivery Process

- **The U.S. Centers for Disease Control and Prevention (CDC) will provide states and some major U.S. cities with H1N1 vaccine and supplies (needles, syringes, sharps containers, alcohol swabs) at no cost.**
- **In Illinois, the Illinois Department of Public Health (IDPH) and the Chicago Department of Public Health (CDPH) will receive vaccine and supplies.**
 - CDPH will determine distribution within Chicago city limits.
 - IDPH will determine distribution for all areas of the state outside of Chicago city limits
- **CDC will allocate supplies utilizing a population-based formula.**
 - Illinois represents about 4.3 percent of the U.S. population
 - Chicago is about 1 percent
 - Outside Chicago is about 3.3 percent
 - First batch of vaccine is projected to be available in mid-October
 - CDC estimates approximately 45 million doses to be shipped
 - Estimated allotment to IDPH based on population (3.3%) would be 1.5 million doses
 - Estimated allotment to CDPH based on population (1%) would be 450,000 doses
 - After the initial shipment, CDC has indicated 20 million doses will be distributed each week.
 - Estimated allotment for IDPH would be approximately 660,000 doses a week.
 - Estimated allotment for CDPH would be approximately 200,000 doses a week.
- As of September 2, only designated CDC federal project areas will be notified of the allocation of vaccine for their jurisdictions.
- While CDC has discussed partnering with one or more large retail pharmacies (e.g., Walgreens, CVS, Wal-Mart, etc.) to give them direct allotment of vaccines, no decision has been made.

- **CDC has contracted with McKesson Specialty for centralized distribution of H1N1 vaccine and supplies with an estimated 90,000 delivery sites nationwide.**
 - On Sept. 3, 2009, CDC notified Illinois that 2,783 “direct ship-to” delivery sites have been allocated for the state, with an additional 1,045 sites identified for Chicago. IDPH staff are currently working to identify providers that will serve as “direct ship-to” delivery sites for McKesson deliveries. Site notifications are planned for mid-September.
 - In order to qualify as a direct ship-to site, a minimum order of 100 doses of vaccine will be required.
- **IDPH and CDPH are responsible for determining what providers within their respective jurisdictions will receive H1N1 vaccine**
 - IDPH implemented a pre-registration process utilizing an online survey tool, which concluded August 31, to assess the scope and capacity of potential vaccination providers everywhere outside of Chicago city limits.
 - CDPH also utilized an online survey for pre-registration to assess the scope and capacity of potential vaccination providers within the city of Chicago.
- **Registered providers will receive ordering information and instructions, along with the required memorandum of agreement that must be agreed to prior to placing the first vaccine order.**
 - Registration is not a guarantee of being chosen as a direct shipment site
- **Only those who agree to the terms of the final provider agreement and submit an order may receive vaccine.**
- **Providers must abide by Advisory Committee on Immunization Practices (ACIP) recommendations and serve priority groups first (see ACIP guidance attachment).**
- **Providers will submit data to the Department, as required by CDC, on the number of doses administered weekly.**
- **IDPH cannot guarantee the timing or size of individual vaccine shipments.**
- **Providers currently targeted for direct shipments from the IDPH allotment are:**
 - Local health departments
 - Hospitals outside the city of Chicago
 - Current Vaccine for Children (VFC) participants
 - Additional providers/entities considered for direct shipments from the IDPH allotment are:
 - Private physician offices
 - Retail pharmacy sites
 - Long term care facilities
 - Various government facilities with institutionalized/congregate populations (i.e., prisons, mental health facilities, etc.)

*For additional information or questions call
the IDPH Immunization Section at 217-785-1455*

II. Advisory Committee on Immunization Practices (ACIP) priority groups

- **Pregnant women, because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated.**
- **Household contacts and caregivers for children younger than 6 months of age, because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by “cocooning” them from the virus.**
- **Health care and emergency medical services personnel, because infections among health care workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce health care system capacity.**
- **All people from 6 months through 24 years of age:**
 - **Children from 6 months through 18 years of age, because we have seen many cases of H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread.**
 - **Young adults 19 through 24 years of age, because we have seen many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population.**
- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.**

If vaccine supply is limited, these groups will be further sub-prioritized.