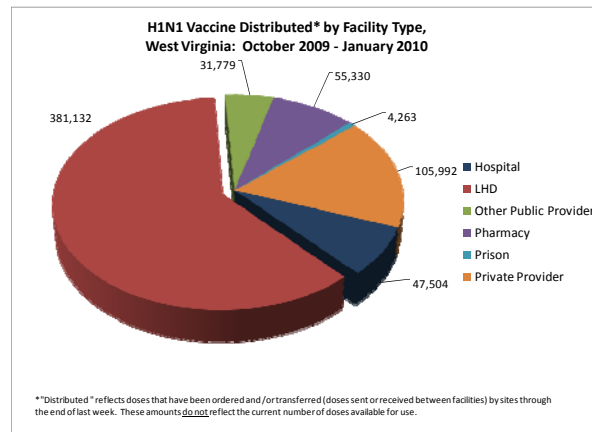


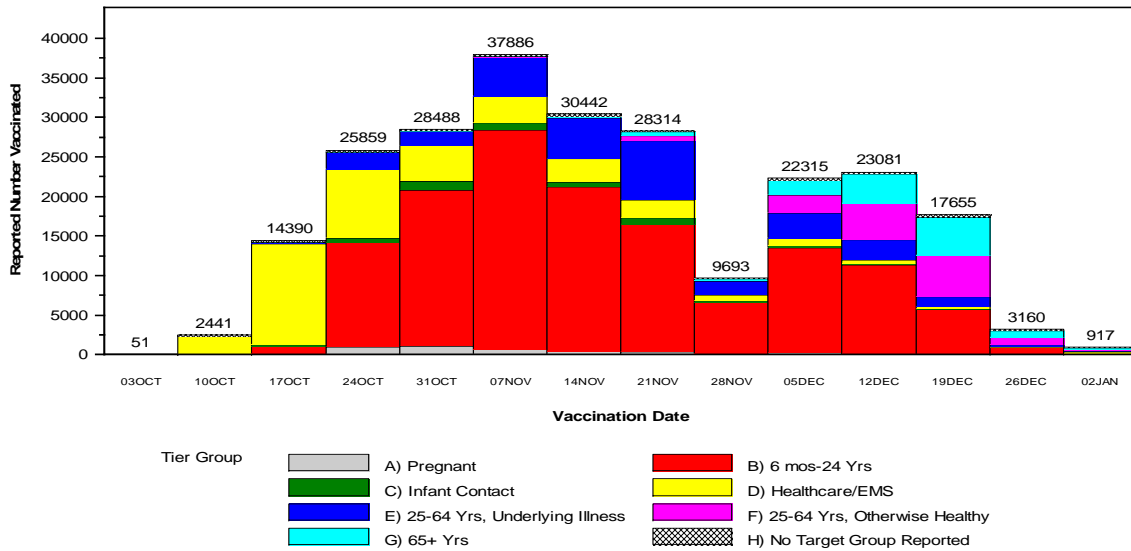
WV H1N1 Vaccination Efforts

- Availability
 - 135,500 doses available for order as of 1/5/10
 - 200,000 + doses projected additional through end of Jan 2010
- Ordered
 - 5,700 doses ordered last week
- Administered
 - 250,000 doses reported to WVSIS through 1/5/10



- 541 sites in WV have (or have had) H1N1 vaccine since Oct 1, 2009 (**overall WVSIS reporting rate: 43.7%**)
 - 64 hospitals (**reporting rate: 57.1%**)
 - 264 private providers (**reporting rate: 25.4%**)
 - 64 pharmacies (**reporting rate: 2.6%**)
 - 21 inmate facilities (**reporting rate 23.7%**)
 - 54 local health departments (**reporting rate: 48.7%**) and
 - 74 other public providers (**reporting rate: 33.2%**)

WV 2009-10 H1N1 Vaccination Campaign: Reported Doses Administered by Date and Reported Target Group



- WVSIS staff providing web-based trainings 2x per day through end of Jan 2010.

WV Antiviral Distribution

- No new requests for antivirals have been received by CTP.
- 1211 regimens of antivirals have been distributed statewide to date.
- 4 regimens were dispensed last week
- Statewide 150 pharmacies have MOA's established with local health departments.

PPE Distribution

- No new requests for PPE have been received from hospitals.
- The hospital that had a needle shortage has been resolved.

National Flu Response Activity

CDC issued a Q and A sheet on Fraud and Abuse of H1N1 Flu vaccine. If you should happen to have any allegations of fraud/abuse to report, initiate reporting by contacting Jeff Neccuzi by email (Jeffrey.j.neccuzi@wv.gov) or at 1-800-642-3634. The Q and A sheet from the CDC is attached at the end of this update.

Changes in Ancillary Supply Kit components

During the next several weeks, and as we advance into the latter stages of the H1N1 flu vaccine campaign, some of the ancillary supply kits that grantees receive may not include the **"Influenza Vaccination Record"** cards. The 'Influenza Vaccination Record' cards were initially included to enhance vaccine safety monitoring during the early stages of the H1N1 influenza vaccine campaign and they have served this purpose well.

CDC plans to continue to include the 'Influenza Vaccination Record' cards in ancillary supply kits until the remaining inventory is fully depleted (a total of 165 million cards were printed). Kits without cards are beginning to be assembled for potential future use. Although they should not be shipped out until all kits containing cards have been used, it is possible that some kits without cards will be shipped before then.

Within a single shipment, cards could be included with one type of vaccine and not others (e.g., MDV kits may be depleted before cards for LAIV are depleted). Again, the cards will continue to be distributed until all cards in inventory are depleted.

Recent CDC Key Messages:

- 2009 H1N1 Influenza Vaccine Supply
 - 2009 H1N1 Vaccine Allocation. Total pro rata allocation of the 2009 H1N1 vaccine as of Jan. 6, 2010, is approximately **131.7** million doses.
- 2009 H1N1 Disease
 - The 2009 H1N1 virus is still causing sickness and serious illness. Vaccination is your best protection. There is more vaccine available now, and many retail pharmacy stores have vaccine, so it's easier than ever to protect yourself from influenza. Check flu.gov to find vaccine in your area.
 - The 2009 H1N1 influenza virus is a contagious disease that can cause mild to severe illness and can lead to hospitalization and even death. The virus spreads mainly when an infected person coughs or sneezes near others.
 - Studies have shown that pregnant women, healthcare and emergency medical service providers, children, young adults under the age of 25 and adults between the ages of 25 to 64 with an underlying chronic medical condition (such as heart or lung disease) are at increased risk of serious complications from H1N1 influenza virus.
 - Young adults aged 18-24 are recommended for vaccination against 2009 H1N1 as this group has been hit disproportionately hard by the virus.
- National Influenza Vaccination Week, January 10-16, 2010
 - The number of people who get vaccinated against influenza typically drops after November. With more than 130 million doses of the 2009 H1N1 vaccine available, and with flu illness declining in many areas, Americans who have not been vaccinated have a window of opportunity to protect themselves and their loved ones. Encouraging more people to get vaccinated over the next several weeks could prevent serious illness and death. That's why the Department of Health and Human Services designated January 10-16, 2010, as National Influenza Vaccination Week.
 - One of the many goals for National Influenza Vaccination Week is to engage at-risk audiences who are not yet vaccinated, hesitant about vaccination, or unsure about where to get vaccinated.

NACCHO will be hosting a webinar to help mark National Influenza Vaccination Week. The webinar will feature how local health departments (LHDs) and non-profit organizations have worked with partners to conduct influenza vaccination clinics in a variety of settings. The purpose for this webinar is to offer useful information and resources as LHDs consider innovative ways to continue the H1N1 vaccination campaign during the new year, and to consider new strategies for future seasonal flu campaigns as well.

NACCHO Webinar on Alternative Sites for Flu Vaccination Clinics: Recent Experiences and Lessons Learned

When: Jan. 11, 2010

Time: 1:00 P.M. – 2:30 P.M. E.S.T.

Topic: As part of National Influenza Vaccination Week, NACCHO will sponsor a [webinar discussing local health department \(LHD\) and community agencies use of alternative influenza vaccination clinic sites](#). Speakers will include a representative from the CDC who will talk in general about the use of alternative clinic sites during the response to H1N1 influenza; Vote & Vax, an organization working to provide vaccinations at polling places nationwide; as well as staff from two local health departments [Champaign-Urbana (IL) County HD and the Palm Beach County (FL) HD] who will discuss their innovative work with social service agencies, supermarkets and pharmacies.

Q & A: Fraud and Abuse Related to 2009 H1N1 Monovalent Influenza Vaccine

December 30, 2009

Purpose and Target Audience:	The purpose of this document is to provide information to state/local immunization programs regarding options for reporting certain criminal, fraud and abuse matters relating to the 2009 H1N1 monovalent influenza vaccine and ancillary supplies.
Background:	Centers for Disease Control and Prevention (CDC) continues to receive reports regarding charges, distribution and marketing irregularities involving the 2009 H1N1 monovalent influenza vaccine and ancillary supplies. CDC reviews any information provided and uses its best efforts to forward such reports to appropriate federal (and in some cases, state) regulatory and other agencies for their awareness and possible action.

Q 1: What types of fraud and abuse may arise with respect to the 2009 H1N1 monovalent influenza vaccine and ancillary supplies?

- A 1:**
- Charging for the 2009 H1N1 monovalent influenza vaccine
Note: H1N1 doses are provided at no cost to providers by the Federal government. Patients may not be charged for the vaccine or ancillary supplies. However, administration fees may be charged.
 - Requesting an out-of-pocket fee directly from the patient that is above the maximum regional Medicare allowable charge
 - Selling H1N1 influenza vaccine or ancillary supplies provided by the Federal government
 - Counterfeit vaccines
 - Adulteration of vaccine
 - Theft of vaccine
 - Consumer fraud
 - Marketing and advertising, often on websites or via the internet, including fraudulent product claims, bogus products, and implied endorsement by federal agencies (including use of federal government agency logos)
 - Diversion, which includes situations where legitimate prescription drugs/vaccines are:
 1. Entered into illegal channels (i.e., black market, illegal Internet sales, sales without prescription, etc.) and/or
 2. Acquired or obtained by an illegal method (cargo/wholesale/manufacturer/ distributor theft, smuggling into the USA, illegal sale to unauthorized party without prescription, etc.).

Q 2: What options exist for reporting suspected fraud and abuse issues related to H1N1 influenza vaccine and ancillary supplies?

A 2: State and local partners should follow any routine procedures they may have in place for notifying appropriate authorities of any suspected fraud or abuse matters. For example, allegations of charging for doses, or sales, of H1N1 vaccine should be directly reported to their State Attorney General's Office. Any suspected criminal activity should be reported to appropriate state and local authorities, as well as to the Food & Drug Administration - Office of Criminal Investigations.

Below is a list of federal enforcement agencies, along with the criminal, fraud and abuse matters which fall under their purview:

1) Food and Drug Administration (FDA), Office of Criminal Investigations:

- Scams or schemes involving efforts to market bogus vaccine or flu treatments;
- Any potentially illegal vaccine-related activity such as theft, diversion, adulteration (misbranding), potential counterfeits, etc;
- Marketing of fraudulent or bogus H1N1 products claiming to prevent or treat 2009 H1N1 influenza.
- Implied endorsement of any H1N1 product by HHS/FDA and/or improper use of HHS/FDA logos on company websites or other marketing materials.

2) Federal Trade Commission (FTC), Bureau of Consumer Protection:

Scams (especially via the internet or websites) including unsupportable product claims, false advertising, and fraudulent or bogus products, as well as implied endorsement by federal agencies and improper use of federal agency logos on company websites or other marketing materials

State and local partners may report any such matters which come to their attention directly to the CDC by sending an email to the CDC H1N1 Vaccine Fraud mailbox at H1N1FraudAbuse@cdc.gov. The email should include their contact information as well as a detailed description of the situation including when it occurred.

CDC will review the information provided and will use its best efforts to forward these emails to one or more of the agencies listed above, and possibly to others as warranted, for their awareness and possible action.

In addition, state and local partners may directly report criminal activity, fraud and abuse matters to relevant agencies as described below:

- Suspected criminal activity relating to FDA regulated products and the H1N1 flu virus may be reported directly to FDA-OCI at the following website: <http://www.fda.gov/OCI>
- Complaints may be submitted directly to the FTC at the following website: <https://www.ftccomplaintassistant.gov/>