



Jim Doyle  
Governor

Karen E. Timberlake  
Secretary

**State of Wisconsin**

**Department of Health Services**

608-266-1251

FAX: 608-267-2832

TTY: 888-701-1253

[dhs.wisconsin.gov](http://dhs.wisconsin.gov)

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To: Local Health Officers, Tribal Health Directors and  
Healthcare Providers

From: Seth Foldy, MD, MPH, FAAFP  
State Health Officer and Administrator  
Division of Public Health

Recent delays in vaccine production have significantly reduced the amount of influenza H1N1 vaccine available nationwide, including in Wisconsin. While we are closely communicating with the Centers for Disease Control and Prevention (CDC), everyone must be aware that the supply of vaccine available to the state could remain limited during the next several weeks.

As of today, a cumulative 407,000 doses of H1N1 vaccine has been allocated to the Wisconsin Department of Health Services for distribution to public and private health care providers in the state. The ordering of the H1N1 vaccine is a continuous process as newly manufactured vaccine that is FDA approved is allocated to the states and distributed each week.

During the initial weeks of vaccine availability, the focus was placed on immunizing the health care work force. We are now requesting all public health agencies and health care providers to focus on vaccinating any individuals within the Advisory Committee on Immunization Practices (ACIP) subset of target groups to be vaccinated during intervals of limited vaccine availability. These target groups include:

- Pregnant women
- Persons who live with or provide care for children aged less than 6 months (e.g. parents, siblings and daycare providers)
- Healthcare and emergency medical services personnel who have direct contact with patients or infectious material
- Children aged 6 months through 4 years, and
- Children and adolescents aged 5-18 years who have chronic medical conditions that place them at higher risk of influenza-related complications. These conditions include chronic pulmonary (including asthma), cardiovascular (except hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematological or metabolic disorders (including diabetes mellitus), immunosuppression (including immunosuppression caused by medications or by human immunodeficiency virus); or receiving long-term aspirin therapy.

Many public health agencies have begun to hold or schedule public vaccination clinics using the supplies they have obtained thus far. When public vaccination clinics are announced, it is strongly encouraged that those announcements include a message about the limited supply of vaccine, the importance of current activities focusing on vaccinating people in the target groups and a notice that there is a possibility that the vaccination clinic – or future clinics – may need to be postponed. Additionally, public health agencies and health care providers must be cautious and only commit to conduct vaccination clinics that they feel reasonably certain can be supplied with H1N1 influenza vaccine. They are also encouraged to publicize any postponements or cancellations as early as possible to avoid public confusion. Community vaccination clinics will resume as H1N1 vaccine becomes more readily available.

Vaccine related delays will undoubtedly continue to cause increased frustration throughout the state, particularly when considering the recent acceleration in influenza occurrence. The CDC continues to stress that there will be adequate supplies of H1N1 vaccine available for everyone who wants it, but it will take a longer time than previously projected for adequate supplies to reach us.

In the meantime, we urge you to plan carefully, communicate aggressively, and make all efforts to use the vaccine you have available to vaccinate as many people as possible who are among the targeted populations.