

To: Department of Health and Human Services  
From: American College Health Association Task Force for Pandemic Planning  
Date: January 18, 2007  
Re: Advice on Allocating Pandemic Vaccine

The American College Health Association (ACHA) Task Force for Pandemic Planning wishes to respond to the invitation by DHHS to comment on the allocation of scarce supplies of influenza vaccine and related issues. The Task Force recognizes the complexity of these issues and commends the efforts of DHHS to seek feedback from a broad range of constituencies.

Although we represent college and university health services, we have addressed the questions broadly with the health and safety of the nation in mind while remaining sensitive to the issues that educational institutions will face.

**Who should be on the priority list for receiving pre-pandemic vaccine and pandemic vaccines?**

Highest priority: Health care workers  
Emergency medical service providers  
Public safety personnel including police, security personnel, and firemen  
Maintenance and service personnel working on public water and sewage systems, electricity, gas and telecommunication lines  
Persons who are entering the country (state) from areas experiencing outbreaks  
Persons working in pharmaceutical manufacturing

High priority: Key government and organization leaders  
Family members of persons who are included in the highest priority group  
Pregnant women  
School age children  
Immunocompromised and persons with other chronic health conditions that place them at greater risk

**What objectives, principles, criteria, assumptions and rationale should be considered in allocating supplies?**

In addition to identifying groups of persons that should be given priority for vaccination, the Task Force offers the following rationale for placement of persons in these groups and guiding principles that should be used for vaccine distribution in the event of a pandemic:

1. **Vaccinate those individuals who have the greatest potential for spreading the disease to others by virtue of their work, habits or biology.**

Health care workers and emergency medical personnel have the greatest potential of contracting the illness by caring for those who have influenza and then spreading it to others through their care of the most vulnerable populations in the community. By protecting health care workers, you decrease the potential for spread within hospitals, nursing homes and the broader community through infected family members of health care workers.

Persons who are traveling from regions where outbreaks are occurring can spread the illness to new areas by infecting others with whom they come in contact during travel and by introducing the illness into the communities they are entering.

School age children shed more virus for longer periods of time. They cannot be relied upon to practice good hygiene and, therefore are likely to spread the infection to other children and their family members.

**2. Vaccinate those individuals who perform functions that support the health and safety of the community.**

In order to maintain a sense of order and civility during a crisis, people need to have confidence that health care and general public safety services (including safe drinking water) will be available. Vaccination will keep health care workers, firefighters, police officers, emergency service personnel and persons working on critical public utilities on the job. Consideration should also be given to vaccinating the family members of those critical players so that they are not absent from work because they need to care for ill family members. This is an especially critical consideration for single parent families where the burden of child care rests with one person.

**3. Epidemiology should drive the vaccination distribution process.**

In 1918, the highest mortality and morbidity was experienced by previously healthy young adults between the ages of 15 and 40. The mortality and morbidity of the H5N1 virus is similar in this regard. There was also a very high mortality rate in pregnant women in 1918 of greater than 70%. If a future pandemic demonstrates a similar pattern of lethality among young adults and pregnant women, the prioritization for vaccination should reflect that pattern and target vaccination of young adults and pregnant women. If, on the other hand, a future pandemic is similar to seasonal influenza in mortality and morbidity, the groups currently considered high risk groups for seasonal influenza should be given vaccine first.

**4. Vaccinate those individuals who are most likely to mount an adequate immune response with the least amount of vaccine.**

Given that vaccine will be in short supply and strategies to extend the supply will be important, it may make more sense from a public health standpoint to vaccinate persons who can mount a robust response with smaller doses of

vaccine. In some situations, it may make more sense to vaccinate health care workers, attendants and younger family members that have frequent and close contact with elderly or immune compromised persons than vaccinating the compromised persons themselves.

**5. Vaccinate those individuals most willing to get vaccinated and perform critical services during the pandemic event.**

Placement on a high priority list by virtue of one's profession (or being a family member of someone in a priority group) should not be the only criteria that qualifies a person to receive vaccine. Vaccination should be predicated on that individual's expressed willingness to work and provide critical services during the pandemic. **A system should be employed that requires individuals receiving vaccine to make that commitment formally.**

**Who (federal, state or local authorities) should determine when and how the vaccine is distributed and administered?**

Decisions related to who should receive the vaccine and when they should be distributed and administered should rest with public health experts. The CDC is the recognized and respected public health authority in the United States and should provide guidance and guidelines related to the "who" and "when."

Federal authorities, pharmaceutical manufacturers and state government should have a plan for delivery of vaccine to state health departments. A direct, manufacturer to state, system would be the most efficient method. Criteria that includes guidelines for predetermined quantities, transport and batching should be outlined in advance.

State and local public health departments should interpret the CDC recommendations and provide guidance for local distribution. The state, in concert with local health departments, should be responsible for planning systems for efficient distribution of vaccine to local health departments based on recommended criteria for vaccination and state demographics.

The responsibility for planning, testing and rehearsing local vaccination distribution scenarios should rest with local health departments. Partnership agreements between the local health department and community health care entities should be part of the local planning effort. The Task Force strongly advocates for partnership agreements between local health authorities and college and university health services. Health services on campuses across the country can provide critical assistance to local efforts and assist in the vaccination of their respective campus populations and, in some cases, for the surrounding community.

In summary, these are complex and difficult decisions, some of which will need to be made at the time the pandemic begins. There is benefit to gaining the input of varied constituencies including medical ethicists who bring an important perspective to these discussions. Having the opportunity to think about the issues ahead of time and plan systems that can support that decision-making in advance of the crisis is critical to

preparedness. The ACHA continues to encourage colleges and universities to think about these issues on their respective campuses and coordinate with local authorities when planning their pandemic response.

Thank you for the opportunity to share our thoughts.