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NATIONAL
ASSOCIATION OF
COUNTY & CITY
HEALTH OFFICIALS

Statement of
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On behalf of the
National Association of County and City Health Officials

Before the Special Committee on Aging
United States Senate

Hearing on “Combating the Flu: Keeping Seniors Alive”
September 28, 2004

It is my pleasure, Chairman Craig and distinguished Senators, to address you today concerning the perspective of local public health departments on flu vaccination for the elderly. I am honored to represent the National Association of County and City Health Officials (NACCHO), the organization representing the nation's nearly 3000 local public health departments.

As you know, it is at the local level where the rubber meets the road and the shot meets the arm. Local health departments play essential roles in preventing cases of influenza. First, we organize and conduct flu immunization clinics. Second, we monitor flu immunization rates in our communities and work with our community partners to get flu shots to those most in need, particularly the elderly. Third, we address vaccine shortages when they occur, working to gain voluntary cooperation from entities that have vaccine supplies to reallocate vaccine to persons most at risk from influenza.

Local health departments have many decades of experience in immunization, going back to the days when polio vaccine was first developed. We have developed many ingenious strategies for getting flu shots to the community, particularly to those who are most vulnerable. We know that the easier we can make it for people to get their shots, the more likely it is that they will. We run public information campaigns and we go into the community as much as we can to administer shots. We work with private physicians, clinics and hospitals to encourage them to offer flu vaccine to every elderly person that they see, even if the person is visiting for other reasons. Some agencies are organizing "drive-through" flu vaccination clinics, where people need not even leave their cars to receive a shot.

I am particularly proud of my agency's collaboration with the Idaho Commission on Aging. Our Health District, which covers five counties in North Idaho, and two other Health Districts covering 14 other counties, have joined with the Idaho Commission on Aging to develop flu vaccine outreach to the senior populations in some of the most rural areas of Idaho. We are working with the Commission to provide flu information and vaccinations at rural senior meal sites. Commission staff are helping to identify the

homebound elderly and the public health agencies then send nurses to their homes to vaccinate them. In this way, we are increasing flu vaccination rates among the elderly, a population that is most at risk for complications from influenza.

However skilled we are at locating high risk individuals and administering vaccine, we cannot achieve optimal protection for our communities unless vaccines are available to us. The nation's local health departments have experienced shortages of flu vaccine in four of the last five flu seasons. We do not yet know what challenges await us in the upcoming season, but we are worried.

In the five counties that my Health District covers in North Idaho, residents have already begun asking how to get their flu shots. They are fearful that we will have a shortage this season like we have had in the past. We have received many dozens of calls. I spoke with one elderly woman recently who was close to a state of panic. She insisted that she should be among the first to receive her flu vaccination, due to her age and frail health, because she was afraid about what might happen to her if she got sick from the flu. Moreover, she was greatly worried about the safety of vaccines, due to the recent press coverage about possibly tainted lots of vaccine. She demanded to receive the "good" vaccine, not the "bad" vaccine. As much as I reassured her that we expected to receive all the doses of vaccine that we needed and that it would all be safe, she remained distraught. It is clear to me that many of our elderly residents don't trust the ability of the public health system to deliver the flu vaccines that they need, when they need it. We all have work to do to rebuild that trust.

On a national level, NACCHO began systematically monitoring local problems with flu vaccine supply and distribution last year. In early December, 2003, the nation was hearing the news about childhood deaths from flu. As public demand for vaccine escalated, CDC, physicians, and manufacturers were all advising people to contact their local health departments to get a flu shot. By December 10, 2003, 71% of a large, diverse sample of local health departments reported that they had no flu vaccine in inventory. They could not get any more vaccine from distributors and none of their neighbors had any, either. Where vaccine was available, health departments began to ration it according to the guidelines of CDC's Advisory Committee on Immunization Practices.

Idaho experienced last year's flu shortage and we took steps similar to those taken by public health departments nationally. We did not receive the full amount of vaccine that we ordered and our suppliers told us they could not obtain more. We knew that we would run out of vaccine so we began prioritizing the vaccine for the high risk groups early, using CDC's guidelines. Many people that we customarily serve were truly panicked about not being able to receive flu vaccine. There was much emotion and anger in our communities. Some people, upset that they didn't fit the high risk definition, offered to pay more for a dose, and we had instances where people told us they had extreme diseases in order to obtain the vaccine. It pains us greatly to have placed people in the situation of needing to lie about their health in order to obtain vaccine. .

This demonstrates our most critical continuing concern about flu vaccine supply. Even if manufacturers are able to provide enough vaccine, there is no guarantee that the most vulnerable people, the elderly, will be able to receive it. We do not believe that anyone has a clear understanding of the reasons for the supply and distribution problems that have arisen so consistently in recent years. Every entity that gives flu shots, from large chain stores to individual physicians to health departments, orders its vaccine from wholesalers and distributors or from the manufacturers directly. There is no discernible rhyme or reason why some who place orders receive ample supplies early, and why some must wait, or receive partial shipments over a period of time.

At best, this level of uncertainty hampers our ability to make and carry through firm plans to vaccinate the elderly in our communities. As we are seeing in Idaho, the bad experiences of one season carry over into the next by causing great public concern.

At worst, the uncertainty about vaccine supply prevents the nation's public health system from filling its most essential role of reducing the toll of flu by getting vaccine to the most vulnerable. At times when vaccine supply unexpectedly becomes low or spotty, public health authorities have missed an opportunity to use earlier existing supplies judiciously by giving priority to the elderly and other high risk groups. There have been instances where large chain stores, who vaccinate everyone who comes through their doors, have ample supplies, while health departments and nursing homes who serve the frail elderly have little or none.

This happened in northern Idaho two years ago, when we had a shortage. A local nursing home called the health department to tell us that it had not received any flu vaccine. We then made calls to the other nursing homes and senior living centers to check on the status of their vaccine supplies. Several of them had not received any vaccine at the beginning of the flu season. Our public health department then called a meeting with our local medical community. Physicians and other health providers who had received vaccine agreed that they would offer some doses to our agency to distribute to the nursing homes in need. This cooperative spirit in the medical community is critical to our ability to address problems with flu vaccine distribution successfully. By contrast, two large chain stores had plenty of vaccine, but they informed us that they would be moving ahead with their plan to vaccinate anyone who came to their stores and would not consider sharing with the rest of the community. We do not believe that vaccine purchasers who find a way to get vaccine supplies early should be able to use it this irresponsibly in times of shortage.

The last few years have demonstrated how vulnerable the vaccine supply is to unpredictable disruptions. At the local level, uncertainties and shortages have become more the norm than the exception. Local and state public health departments have begun developing systems to monitor and reallocate vaccine supplies when shortages occur. This requires a large expenditure of time on identifying which physicians, hospitals, health centers, and nursing homes have vaccine and which are in need. These providers are asked to report doses on hand and to voluntarily return excess doses to a depository, which then redistributes vaccine to those who need more doses. These activities can help mitigate supply imbalances when the overall supply is adequate, but we have a long way to go before they are functioning with full effectiveness in every state and locality.

It is essential that the nation's public health system, vaccine manufacturers and distributors, and health care providers, collaborate more closely to assure optimal distribution of flu vaccine. We urge stronger, greater federal leadership to bring these parties together and find ways to rationalize the current chaotic distribution system. If the nightmare of a flu pandemic ever arrives, we believe that the federal government will

need to step in to take a strong hand in vaccine distribution, because optimal distribution will then be essential to stem outbreaks and save lives.

NACCHO is happy to support the Flu Protection Act of 2004. It includes many steps that we believe will help improve flu vaccination rates. However, we also recommend that the bill give greater attention to the roles of local public health departments in flu vaccination and we will be happy to work with you to achieve this.

Thank you for holding this hearing and for your support of public health. I'll be happy to respond to any questions you may have.