



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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Dear Harvard Vanguard Medical Associates patients,

As I am sure you are aware, the statewide efforts to vaccinate residents for the H1N1 flu have been impeded by a series of production delays resulting from the considerable challenges of developing and manufacturing enough vaccine for millions of Americans. We know this has created enormous frustration for patients and clinicians alike – not to mention public health agencies like mine. We have heard consistently from physicians and other representatives at Harvard Vanguard, who have regularly advocated for as much of the H1N1 vaccine as possible for their patients. And we've heard directly from many of the Harvard Vanguard patients who relay their repeated and often unsuccessful efforts to find vaccine.

I wish that I could say that the problem of the vaccine shortages will end within the next few days or weeks, but unfortunately we are likely to continue to experience shortages well into December. Each week we receive tens of thousands of vaccine doses in our state but we need hundreds of thousands and eventually millions of them to fully address the need. According to the latest projections from the federal government, we will see a significant increase in the volume of doses in our vaccine shipments by the second week in December.

It might be helpful to clarify how we distribute the H1N1 vaccine in the state. Since it first became available in small amounts in early October, most of the vaccine has been sent to clinical settings - such as those of Harvard Vanguard. But because there are thousands of clinical settings that share these shipments, none of them receives enough. In general, the relative size of the shipment that a clinical site receives each week is a reflection of the number of patients in the targeted groups that it cares for. However, this varies somewhat based upon the type of vaccine that becomes available each week. For instance, pregnant women can't take nasal flu vaccine spray: so if the only vaccine available is nasal spray, we cannot send that new quantity to OB/GYNs. It can however, be administered to healthy children, and would therefore be sent to pediatricians. Regrettably, given the vagaries of the production processes we don't know what amounts or what formulations of vaccine doses will become available ahead of time. This makes it very difficult for clinical practices like Harvard Vanguard to plan ahead or to notify their patients of what to expect.

As has been widely publicized, these initial limited supplies have been prioritized for distribution to the health care providers who serve the populations at the highest risk of H1N1 flu – pregnant women, children, and caregivers of infants less than 6 months old. It has also been prioritized for health care workers with direct patient contact in light of their vital role in keeping the health care system working. As vaccine supplies arrive in larger quantities, they will also be targeted to young adults up to 24 years old and people 25-64 with chronic health problems.

In addition to the shipments to the clinical practices, a smaller quantity goes to local public health departments to conduct a limited number of community-level public clinics, some of which are school-based. You will be seeing more and more of these public vaccination efforts. We are hopeful that these will take some pressure off of the clinical sites by offering residents alternative options.

To date, however, as soon as the vaccine arrives at any of the sites, it is quickly administered. Because of the gap between supply and demand, it will continue to be necessary for members of the public to check in periodically with their clinical providers regarding the availability of vaccine or to check the web site with public clinic listings at <http://flu.masspro.org>.

DPH is as frustrated as you are about the current situation. Regrettably, neither we nor the federal government has the ability to speed vaccine production. What we can do is pledge to distribute the vaccine to Harvard Vanguard and other providers as soon as it becomes available and to keep providing the most up to date information on the situation.

Sincerely,

A handwritten signature in black ink that reads "John Auerbach". The signature is written in a cursive, slightly slanted style.

John Auerbach
Commissioner