



# State of New Jersey

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*Commissioner*

Broadcast #1

October 23, 2009

TO: District Superintendents  
Charter School Leaders

SUBJECT: Updated H1N1 Vaccine Information

TOTAL DOCUMENTS: 2 documents:  
This memo  
Memo from Department of Health and Human Services (2 pgs.) – PDF File

DISTRIBUTE TO: Principals  
Nurses  
Staff as appropriate



State of New Jersey

DEPARTMENT OF HEALTH AND SENIOR SERVICES

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JON S. CORZINE  
Governor

[www.nj.gov/health](http://www.nj.gov/health)

HEATHER HOWARD  
Commissioner

October 21, 2009

TO: Local Health Officers  
LINCS Agencies  
Health Care Providers

FROM: Susan Walsh, MD, FACP  
Deputy Commissioner, Public Health Services

SUBJECT: Updated H1N1 Vaccine Information

During this past summer, there was much discussion on which members of the population would be targeted as priority populations for H1N1 vaccine, if the initial supply was limited. The Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommendations were finalized and presented at our August and September Planning Summits. The CDC's "Target Groups" are as follows:

- **Pregnant women** because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated;
- **Household contacts and caregivers for children younger than 6 months of age** because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months old might help protect infants by "cocooning" them from the virus;
- **Healthcare and emergency medical services personnel** because infections among healthcare workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce healthcare system capacity;
- **All people from 6 months through 24 years of age**
  - **Children from 6 months through 18 years of age** because we have seen many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread, and
  - **Young adults 19 through 24 years of age** because we have seen many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population; and,
- **Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.** Current studies indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older.

In New Jersey, the decision to move from the Target Groups to critical infrastructure and to general population vaccination shall be made by NJDHSS, based on information submitted by the local health officers and LINCS agencies. Upon the LHO's assessment that the demand by individuals in the Target Groups has been met in that LHO's community and region, the LHO should inform their LINCS agency that demand for vaccine for these prioritized groups has been met at the local level,. LINCS agencies will follow the region's supply and demand and, if the target population's vaccine needs are met within that region, will work with the surrounding LINCS agencies to determine if reallocation is required. LINCS agencies shall make the initial determination that vaccine is available in sufficient supply in their region and surrounding regions and should be distributed more widely among the critical infrastructure and general population. LINCS agencies shall submit a recommendation with rationale to the NJDHSS. Authorizing the vaccination of populations beyond the CDC Target Groups remains solely within the purview of the NJDHSS.

A few other points:

- There have been a few communities which have set up vaccination clinics for the general population or for teachers and school staff to be vaccinated beyond the scope of the CDC Target Groups. This is inconsistent with the NJDHSS guidance and the CDC recommendations and is not appropriate at this time. However, be aware that many members of the general public, school teachers and staff may fit into one of the CDC Target Groups and therefore may be vaccinated consistent with NJDHSS guidance and CDC recommendations. Please modify already scheduled clinics to ensure that only CDC Target Groups are being vaccinated. Some counties have required interested individuals to call before presenting so that there is no confusion at the site of the vaccine clinic.
- Removing barriers to access to vaccination clinics remains a major goal of Public Health. While the initial supplies remain limited, requiring proof of county residency in the county providing clinics is not appropriate. For individuals within the CDC Target Groups there should be no access barriers to vaccination. Out of state requests, however, may be referred back to the state of residency. Once supplies are adequate, jurisdiction and residency requirements may be enforced consistent with the agencies standard operating procedures.

Thank you for your continued efforts during this H1N1 vaccination campaign.