



STATE OF MARYLAND  
**DHMH**

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Maryland Department of Health and Mental Hygiene  
201 W. Preston Street • Baltimore, Maryland 21201

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

December 8, 2009

Dear Colleagues,

Below are recommendations regarding changes to the 2009 H1N1 influenza vaccination efforts and availability of antiviral prescriptions through participating pharmacies.

**Maryland 2009 H1N1 Influenza Vaccination Effort**

Maryland DHMH is pleased to announce the second phase of our H1N1 vaccination effort. **The current vaccine supply and distribution allows for vaccination of all Marylanders who request H1N1 vaccine.** On a national level, the total available H1N1 vaccine, as of December 7 is 81.4 million doses, and Maryland has distributed over 1.4 million doses of the vaccine.

While supply has increased, DHMH acknowledges that there may still remain those in the original high priority groups who have yet to receive H1N1 vaccination, and we encourage providers to continue to target any in these groups who have yet to be vaccinated.

Additionally, there remain medical practices, especially those serving children, where there has been a mismatch of vaccine type requested by providers (thimerosal-free pre-filled syringes vs. multidose vials) versus what has been available via manufacturers: every effort will be made to continue to meet these requests as additional vaccine becomes available.

DHMH continues to promote H1N1 vaccination of the public, despite decreasing H1N1 influenza activity throughout the state, given historical data suggesting that multiple waves of pandemic influenza may proceed through the population. The current lull in 2009 H1N1 and seasonal influenza activity offers the medical community a window for further vaccination of the general population.

Additionally, as physicians assess their patients for risk of influenza complications, a concomitant medical assessment can be done for those at risk of seasonal influenza and pneumococcal infection. DHMH reminds clinicians that pneumococcal vaccination is recommended for any adult over 65 years of age and any person over the age of 2 years with a chronic medical condition, such as chronic pulmonary, cardiac, renal, liver disease, diabetes mellitus, immunosuppression or chronic tobacco use. Significant morbidity and mortality occurs in the influenza seasons from coinfection with *Streptococcus pneumoniae*.

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The 2009 H1N1 vaccine remains well-matched to the circulating 2009 H1N1 influenza virus and evaluations of safety and efficacy have demonstrated a profile similar to seasonal flu vaccine. MD DHMH cooperates with the Centers for Disease Control and Prevention and uses additional surveillance tools to proactively identify and investigate any issues. Nationally and statewide, the percentage of potential adverse event reports involving what would be considered serious health events is not substantially different between 2009 H1N1 and seasonal influenza vaccines. Additionally, no new or unusual events or pattern of adverse events have emerged. The Vaccine Adverse Events Reporting System (VAERS) reports continue to be monitored as more vaccine is administered.

Again, thank you for your continued efforts to vaccinate against the 2009 H1N1 influenza virus. Additional information regarding 2009 H1N1 influenza vaccination is available at <http://www.flu.maryland.gov> and questions regarding vaccination can be directed to [H1N1Info@dhmh.state.md.us](mailto:H1N1Info@dhmh.state.md.us).

### **Treatment of 2009 H1N1 Influenza Infection**

With regard to treatment of H1N1 influenza infection, DHMH has positioned two antiviral medications, Tamiflu® and Relenza®, in various dose formulations, in selected chain and independent pharmacy locations in each Maryland jurisdiction.

Pharmacies have been instructed to use these government-purchased medications only if one of the following conditions is met:

- 1) The pharmacy's normal supply of antivirals has been depleted, the pharmacy is unable to procure additional medications and the Secretary of Health or Governor has issued directives to open the caches for everyone, OR
- 2) The patient presenting a prescription is unable to afford the retail price of Tamiflu® or Relenza®.

If one of these conditions is met, an individual presenting a valid physician's prescription will receive a treatment course free of charge, excluding a pharmacy administration fee.

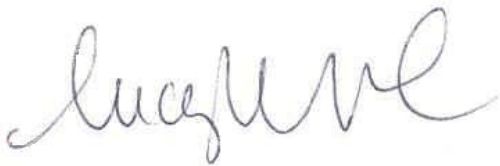
Attached is a list of all pharmacies in Maryland that have received government-purchased antiviral medications. Currently, pharmacies throughout the state are not experiencing shortages in most antiviral formulations; however, in the case that shortages do appear, you should direct any patient for whom you prescribe an antiviral medication to one of these select pharmacies. Additionally, any patient who is uninsured or underinsured and has a physician's prescription can currently be directed to one of the listed pharmacies with a valid prescription.

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All prescribers are reminded of the CDC guidance regarding the use of antiviral medications available at <http://www.cdc.gov/h1n1flu/recommendations.htm>.

Thank you for consideration of this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lucy E. Wilson".

Lucy E. Wilson, MD, ScM  
Chief, Center for Surveillance, Infection Prevention and Outbreak Response  
Infectious Diseases and Environmental Health Administration  
Maryland Department of Health and Mental Hygiene

A handwritten signature in cursive script, appearing to read "John M. Colmers".

John M. Colmers  
Secretary  
Maryland Department of Health and Mental Hygiene