



Pat Quinn, Governor
Damon T. Arnold, M.D., M.P.H., Director

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November 4, 2009

Dear Colleague:

Removing barriers to access H1N1 vaccine at vaccination clinics is a goal of the Illinois Department of Public Health (IDPH). H1N1 vaccine is considered a federal asset and for individuals within the CDC priority groups, there should be no access barriers to vaccination. While the initial supplies of H1N1 vaccine remain limited, requiring proof of county residency at vaccine clinics is not appropriate. Individuals who have travelled from out of state may be referred back to the state of residency, if deemed necessary. Once supplies are adequate, jurisdiction and residency requirements may be enforced consistent with the agencies standard operating procedures.

As a reminder, the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) recommendations for H1N1 vaccine 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,

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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.

At this time, vaccination clinics that seek to immunize populations beyond the CDC/ACIP priority groups are not consistent with IDPH guidance and CDC/ACIP recommendations. However, many members of the general public and occupational groups may fit into one of the CDC/ACIP priority groups and therefore may be vaccinated consistent with IDPH guidance and CDC recommendations. At this time, please modify scheduled clinics to ensure that only CDC priority groups are being vaccinated. Clear messaging when publicizing clinics and having staff available by telephone to answer questions about priority groups prior to clinics will help minimize confusion at the vaccine clinic site.

Your assistance in ensuring a consistent approach to vaccination against the H1N1 virus is critical to protecting the health of the priority members of your communities. Thank you for your continued efforts.

Sincerely,

A handwritten signature in black ink that reads "Damon T. Arnold, M.D., MPH". The signature is written in a cursive style with a large, prominent 'D' at the beginning.

Damon T. Arnold, M.D., M.P.H.
Director