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Dear Colleagues,

This year the residents of Massachusetts and the nation faced the unusual occurrence of two simultaneous types of influenza - both seasonal and H1N1. This increases the risk of illness for all Americans. Fortunately, we have very effective tools to prevent both influenzas in the form of safe and reliable vaccines. Unfortunately, neither the seasonal nor the H1N1 vaccines are as widely available as we would like.

Certain delays in developing the H1N1 vaccine were anticipated, since it was a novel virus. What wasn't fully understood was how the dual goal of producing two types of flu vaccines would also affect the availability of the seasonal flu vaccine. The same pharmaceutical companies are producing both vaccines. And while they have done an admirable job, the added production and distribution pressures have resulted in delays in filling the orders of seasonal flu vaccine in our state and throughout the country.

Complicating things further is the fact that the demand for seasonal flu vaccine this year is unprecedented. This is a result in part of the good work that has been done by local, state and federal public health officials in educating the public about the benefits of vaccine. The original plan of the federal government was to complete the production and distribution of the seasonal flu vaccine at the earliest possible date - several months before the seasonal flu begins to appear later in the year. Federal guidance encouraged widespread seasonal flu vaccination efforts as early as possible so as not to compete with the later efforts regarding H1N1 vaccination.

Unlike H1N1 vaccine, most of the seasonal flu vaccine in Massachusetts and other states is ordered and paid for by the private sector. Hospitals, pharmacy chains, private group practices, employers and others order large quantities of vaccine directly from the pharmaceutical companies. The specifics of the quantities ordered and the arrangements regarding price and distribution are not overseen by or shared with government agencies. This leads to a situation where private entities - such as pharmacies and supermarkets - may have seasonal flu vaccine earlier and in larger quantities than local public health agencies and others who receive their allocations from the state health department.

The Massachusetts Department of Public Health typically orders about 30% of the seasonal flu vaccine in our state. We distribute our flu vaccine to local health departments, community health centers, elder health programs and other community-based programs that serve some of the most

vulnerable residents of the Commonwealth. On any given year, the amount we purchase exceeds demand, and we end up with unused vaccine. However, because of the particular concerns this year we increased our order by 10%, to 885,000 doses.

As of the third week of October we have received and distributed 631,530 doses of seasonal flu vaccine or about 71% of our total order of 885,000 doses. We have been informed by the manufacturers that we can expect additional shipments over the course of the next 4-6 weeks with the balance of our vaccine likely arriving by the end of November. We have heard reports that the supply situation for private-purchased vaccine is similar.

The combination of the unprecedented demand for seasonal flu vaccine and the delays in shipments have meant that numerous local flu clinics have had to be cancelled or postponed and certain clinical practices have run short. Fortunately, we do not expect to see the arrival of seasonal flu until later in the year, as the largest number of seasonal flu cases usually occur in January and February.

Given the unpredictability of the vaccine production and distribution process this year, we are reluctant to make predictions but we anticipate that as supplies arrive during the next several weeks, there will be additional opportunities for vaccination. We will do our best to alert local health departments and other community health providers as the situation changes.

Sincerely,

John Auerbach  
Commissioner