GENERAL

**Question 1.** Who determines if there is a Human Pandemic? Would USDA notify State agencies when pandemic procedures can be instituted or would it be left to each State agency to determine when to implement procedures?

**Answer:** The United States Department of Health and Human Services and the Department of Homeland Security are the lead Federal agencies in declaring and responding to a human pandemic. If warranted, the President may issue a major emergency or disaster declaration. In turn, the Federal government makes recommendations to States as to the most effective strategies to reduce the spread and severity of the pandemic. During a human pandemic if vaccine is unavailable, the key public health intervention to slow the spread of the disease will be social distancing. Current WIC Program regulations provide flexibility with regard to physical presence, adjusting certification periods and mailing of food instruments which can be used at the State agency’s discretion, including situations that would require social distancing.

**Question 2.** What processes can be delayed if WIC staff or clients are seriously impacted?

**Answer:** See answer to question 2 under Certification and Issuance of Food Instruments.

CERTIFICATION AND ISSUANCE OF FOOD INSTRUMENTS

**Question 1.** Can a State agency request approval to issue WIC food instruments for 6 months to participants in order to decrease the number of participants coming in to WIC clinics in a pandemic flu situation?

**Answer:** No. State agencies cannot issue more than a three-month supply of food instruments or a one-month supply of food at any one time to any participant.

**Question 2.** Can a State agency temporarily reduce the frequency with which participants are required to be at the clinic?
Answer. Yes. Current WIC Program regulations provide flexibility with regard to physical presence, adjusting certification periods and mailing of food instruments including:

- State agencies may extend the certification period for breastfeeding women, infants and children, by not more than 30 days, to accommodate difficulty in scheduling appointments; and,

- Persons with a serious illness that may be exacerbated by coming in to the WIC clinic may be exempt from the physical presence requirement (this would also apply if applicants/family members are under a voluntary quarantine);

- State agencies may mail food instruments to persons who are not scheduled for nutrition education or a second or subsequent certification.

**Question 3.** What accommodations are available to WIC participants to use their food instruments if they or a family member are under voluntary quarantine?

**Answer:** Participants can designate another person to pick up WIC foods at the grocery store.

**ALLOWABLE COSTS**

**Question 1:** Are masks and respirators an allowable WIC expense?

**Answer:** In response to the H1NI influenza virus infection, WIC State agencies should coordinate a response at a higher level than the program level, such as the State Department of Public Health, to focus on identification and containment of the outbreak. If it is determined that masks and respirators are necessary for the safety and well-being of WIC Program employees and participants during the conduct of WIC Program operations, the cost of such items would be allowed.

**Question 2:** Can WIC funds be used to purchase the H1N1 vaccine?

**Answer:** WIC funds may not be used for purchasing vaccines or administering vaccines. In no instance are the costs, which are associated with the delivery of acute or primary health care services, such as purchasing and administering vaccines and medical
equipment (i.e., oxygen units, syringes, etc.), allowable WIC expenditures. The cost of the vaccine itself, vaccine-related equipment and the cost to administer the vaccine must be paid directly from a non-WIC funding sources or WIC must be reimbursed.

**Question 3:** Can WIC pay for other costs related to the H1N1 vaccine effort?

**Answer:** The WIC Program can pay for some costs associated with the H1N1 vaccine effort such as planning, assessments, referrals, education and caseload management. The WIC Program cannot pay for the cost of the vaccine itself, vaccine-related equipment and the cost to administer the shots.

**Question 4:** Can WIC staff be used to administer the H1N1 vaccine?

**Answer:** Qualified medical professionals working in WIC local agencies may be used to administer vaccines to WIC participants if a mutually agreed upon arrangement is made for full reimbursement from non-WIC funding sources. An appropriate level of reimbursement to WIC may be provided using a “fee-per-shot” or time studies. The “fee-per-shot” is a negotiated arrangement between WIC and a non-WIC program. The fee is the amount the non-WIC State or local programs pay the WIC Program for each shot WIC staff persons administer. It must also be a fair and reasonable amount that equitably reimburses the WIC Program for its full WIC salary costs to administer vaccines. Additionally, WIC State and local agencies must ensure WIC services are not disrupted or adversely affected as a result of WIC staff administering the vaccines.

**Question 5:** If a State agency is using a time study to show activities, how is the time spent on the H1N1 activities reported?

**Answer:** The time a WIC staff person spends to administer the H1N1 vaccine must be recorded as non-WIC time. The time a WIC staff person spends on other H1N1 immunization effort activities such as planning, referral, education and caseload management may be paid with WIC funds, other non-WIC funding sources or shared. Therefore, State or local health agencies should develop policies that clearly establish which funding source will pay for planned activities. Reimbursement should be provided using a fair and reasonable “fee-per-shot” or cognizant agency approved time study or random moment sampling methodologies currently in use.