



H1N1 Pandemic Planning

Briefing for Local Government Advisory Committee

September 8, 2009

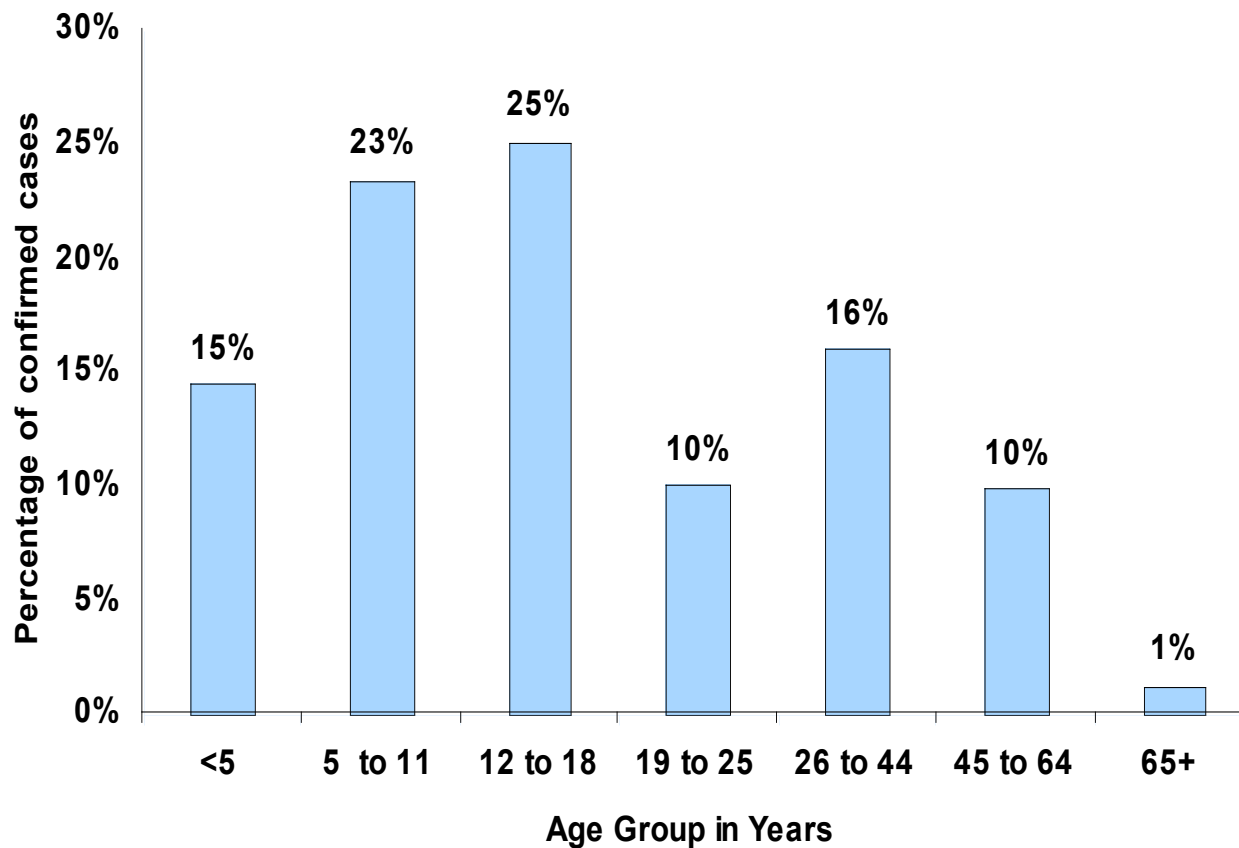
H1N1 Status & Public Health Planning

Lauren Smith, MD, MPH
Medical Director, DPH

Mary Clark, JD, MPH
Director, Emergency Preparedness Bureau, DPH



Confirmed Cases of H1N1 Influenza in MA, as of 9/3/09



- **1399 confirmed cases**
- **Median age 14 yrs**
- **63% of confirmed cases \leq 18 years**
- **13% hospitalized**
- **11 H1N1 attributable deaths**
- **36 child deaths in US; 80 % $>$ age 5**

H1N1 Status & Public Health Planning



- **Voluntary Flu Vaccination**
 - **Seasonal vaccine**
 - Multiple shipments August through October
 - 3 million get vaccinated
 - **H1N1 vaccine**
 - October (maybe sooner)
 - Initial target populations
 - 5 formulations
 - Different age and risk groups
 - Nasal spray and injectable
 - Most people will need 2 doses
 - 6 million potential vaccinations
 - **Challenges**
 - Overlapping clinics, different target populations
 - DPH responsible for allocation and distribution
 - Requires unprecedented public-private partnerships
 - Reassurance regarding liability concerns



H1N1 Status & Public Health Planning

- **Public Education and Communication**

- Vaccination; prevention; mitigation
- Evolving situation with complicated messaging
- Multiple communication channels
 - Public Education - Flu Care at Home
 - Media relations; social media; DPH website and blog
 - New Channels: Ready-Cam; Media buys; Radio and TV
 - Channel 5 "Town Hall" program 9/10
 - Multiple languages; diverse communities

- **Working with Schools to Keep Schools Open**

- Communicating with parents; understanding and complying with guidance; promoting health hygiene and vaccination
- Partnering with DESE, superintendents, school health, local health
- Comprehensive school materials released September 1

Key Themes in Fall 2009 School Flu Guidance



- **Keep schools open** if at all possible to avoid social and educational disruptions
- **Enforcement of exclusion policy** – sick students & staff must stay home
- Start **prevention strategies** when school opens
- **Promote vaccination** of students and staff
- **Collaboration** between school officials, school health staff, local & state public health officials
- **2 tiered response** depending on severity of outbreak



School Closure Decisions

- Primary goal is to keep schools open and functioning as usual
- Schools may consider closing on case by case basis if influenza-like illness has impaired school's ability to function
- School officials should discuss their situation with local board of health and/or DPH prior to final decision

School Closure Decision Considerations



1. Absenteeism higher than expected
2. Confirmation that absenteeism is due to influenza-like illness
3. Indication that high absenteeism is increasing
4. Inability to function due to high absenteeism among students and/or staff

H1N1 Status & Public Health Planning: Assuring Appropriate Care

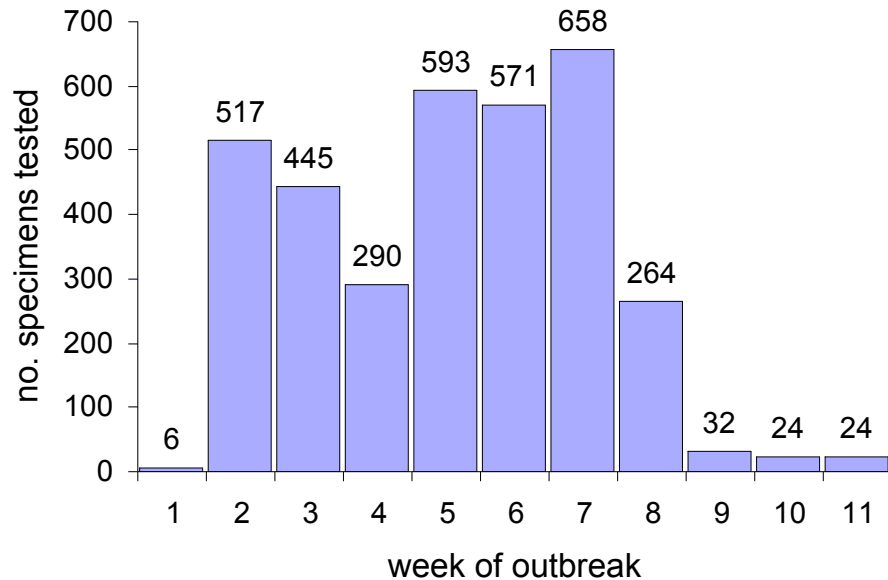


- **Increasing state stockpile of antivirals & Personal Protective Equipment**
 - Planning for statewide distribution if needed in fall
 - Monitoring availability of medications & supplies
- **Helping hospitals prepare for surge of cases**
 - Working with ED physicians, EP managers, MHA, MMS
 - Public education to avoid unnecessary visits
 - Monitoring utilization & bed capacity

H1N1 Status & Public Health Planning: Core Public Health Activities



- **Lab Surge Response**



- **Increase capacity to do lab testing of specimens (added equipment & staffing, back-up lab)**
- **Increase capacity to do surveillance and epidemiology (added personnel to handle case surge)**
- **Expansion of systems for electronic lab reporting & information exchange**