

## Novel H1N1 Response in Virginia Presentation to Joint Commission on Health Care

- Reduce illness and death
- Minimize social disruption

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### Mission and Role of Public Health in Infectious Disease Outbreak

- Reduce (or slow) disease transmission
- Minimize mortality and morbidity
- Understand magnitude of infection through clinical screening, laboratory testing, and epidemiologic investigation
- Identify likely sources and channels of disease transmission
- Identify and protect high risk populations (very old, very young, nursing home residents, pregnant women, and people with chronic conditions)
- Provide guidelines for laboratory testing, clinical treatment, and post exposure prophylaxis
- Make sure plans, personnel and materials are in place for higher levels of response

# 2009 H1N1 Outbreak 2009

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*Influenza is perhaps the most unpredictable of all infectious diseases*

- Occurred very late in the season
- Remarkable heterogeneity across US
- Affected young people disproportionately
- Caused widespread illness, some severe or fatal
- Socially disruptive, especially for schools
- Tens of thousands of health workers and others responding worldwide



## Teens and young adults disproportionately affected Few cases among elderly

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Seasonal 2007-08



N=3,930

2009 H1N1 (April - Jun)

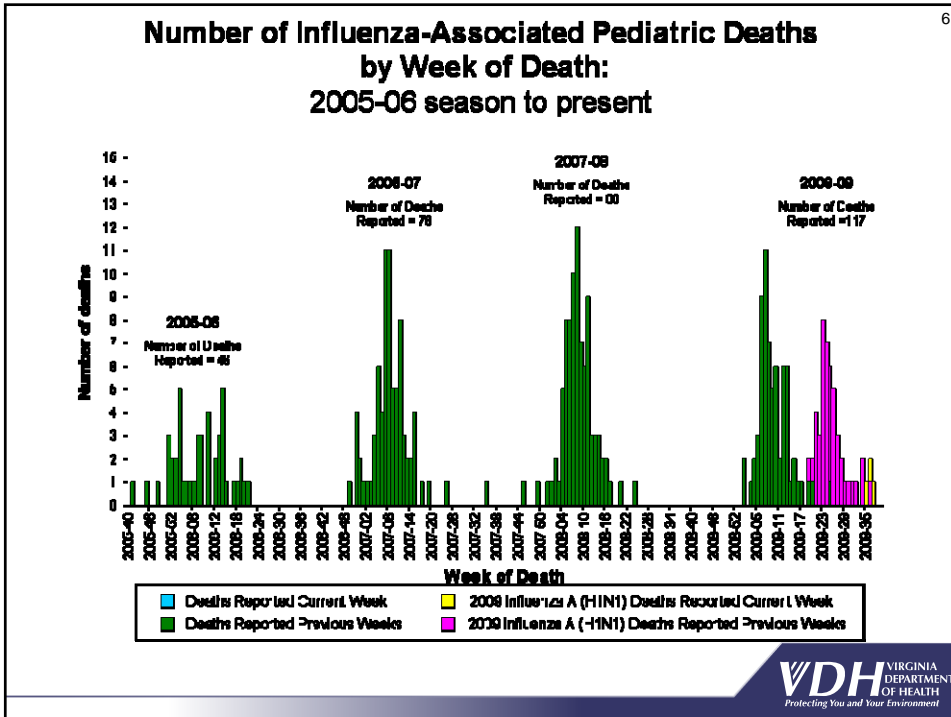
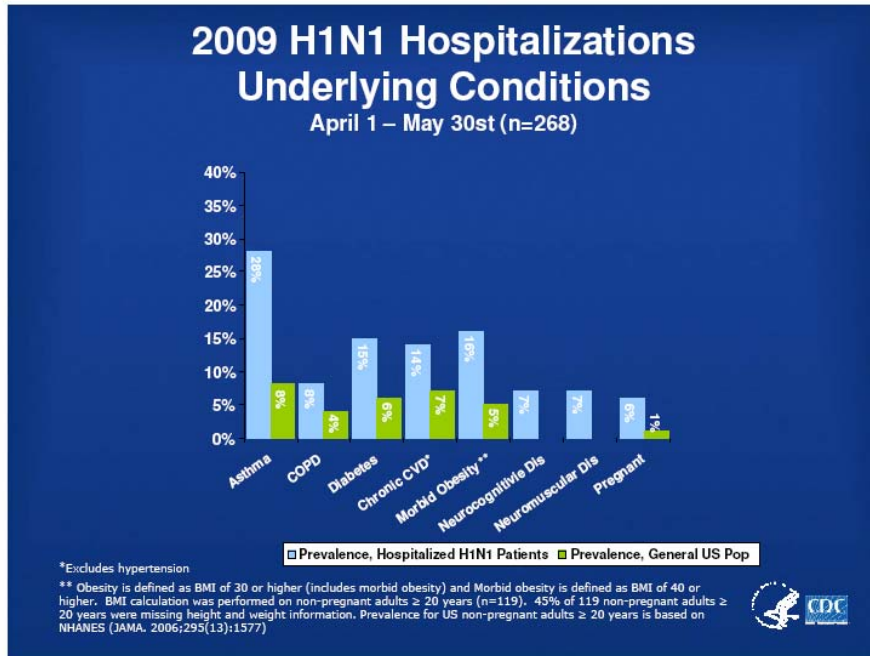


N=312

\*April 12-June 30

Emerging Infections Program





## 2009 H1N1 Events could change...

- Proportion of severe disease
- Transmissibility
- Antiviral resistance patterns
- Vaccine effectiveness, safety, match
- Adjust plans based on data



## HHS H1N1 Response Pillars

Surveillance

Communication

Mitigation

Community

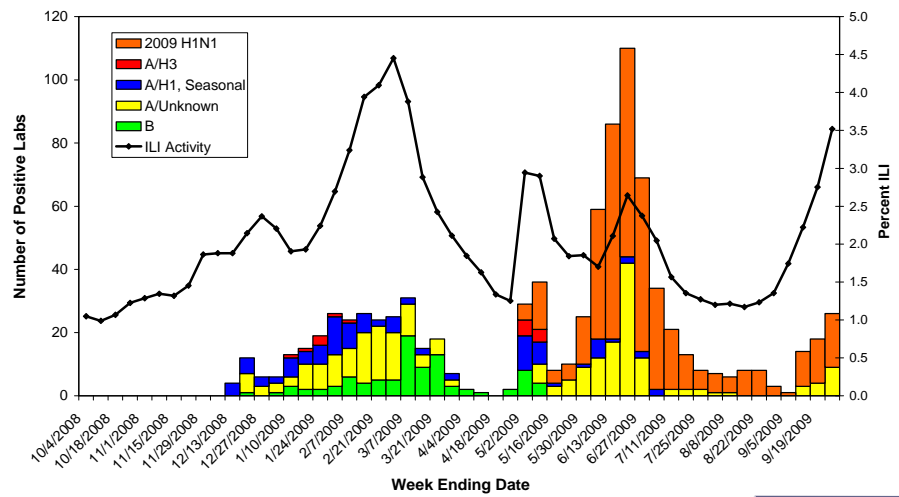
Direct Medical Care / Medical Countermeasures

Vaccination

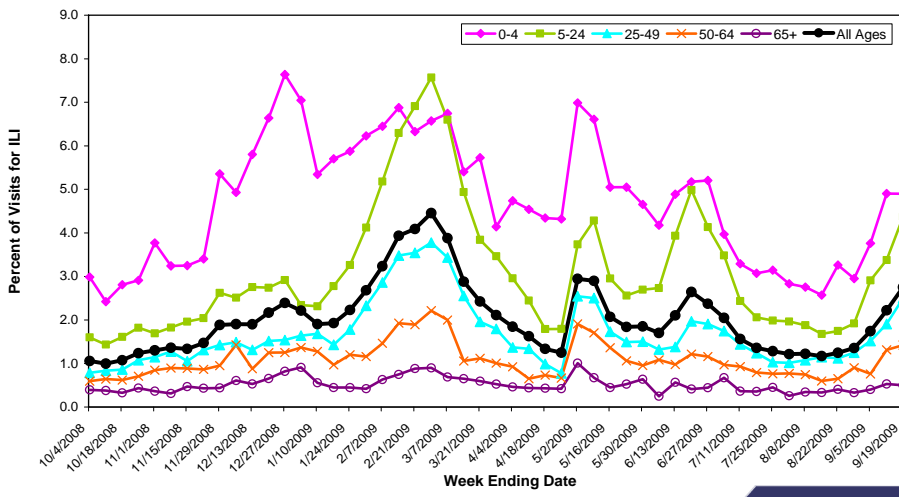




Positive Laboratory Isolates and ILI Reports by Week in Virginia, 2008-2009 Influenza Season



Percent of Visits for ILI out of All Visits by Age Group in Virginia 2008-2009 Influenza Season



## Mitigation- Schools, Daycare, Colleges

Motto- "Well children belong in school learning, ill children belong at home recovering"

CDC Guidance on Schools, Daycare, Higher Education - social distancing, closure recommendations

- Close relationship with Dept of Education
  - Age appropriate education of hand washing, cover cough
  - Access to hand sanitizers
  - Frequent terminal cleaning of facility

## Mitigation in Workplace

- Support Infection control
- Verify work-at-home capabilities
  - Exercise regularly
  - Consider provisioning multiple access methods for critical staff (broadband, DSL, air cards, etc.)
- Prepare for psychological aspects
- Prepare for labor shortage
  - Develop pools of available staff
  - Refresh/train pools regularly or at trigger point
- Remain flexible/adaptable
- Cohorting of sick children/daycare

## Mitigation- Worsening Disease- Workplace Planning

### Initiate Activities Early

- Purchase and stockpile critical equipment and supplies ahead of time
- Equip key staff with needed laptops and remote access capabilities

### Prior to a widespread outbreak:

- Determine and schedule conference calls
  - Local/Company coordination
  - Corporate coordination
  - Customer coordination
  - Key supplier coordination
- Pre-establish communications channels
- Identify local functions that need coordination
- Coordinate vertically and horizontally

## Mitigation

### Antiviral Stockpile

- SNS and State- available to treat 25% of population
- Use if private sector overwhelmed
- Currently used for indigent/uninsured

### Medical Surge

- Outpatient, ED, Pediatrics and Ob/Gyn beds
- Intensive Care Units
- Altered Standards of Care



## Mitigation in Hospitals

- Many systems/regions discussing:
  - Limiting visitors by age group
    - 12 and younger, and 18 and younger, are most common
  - Exceptions for extreme situations
    - Adolescent new father
    - Dying family member
  - Issues with new mother with H1N1
    - Isolation of baby

## Vaccination

Seasonal Flu Vaccine- get early

Novel H1N1

- Public/Private Campaign
- Mid-October through January
- Use VIIS for tracking doses distributed, received and gaps
- All Virginians opportunity to receive vaccine over this time period- initial weeks focus on high risk priority groups
- Local Health Departments, Hospitals, MD offices, Drugstores, Schools, Vote and Vax

## Vaccine Allocation Principles

VDH's approach to vaccine distribution will be divided into phases

Each phase will be defined based on CDC's target groups and the anticipated dates and volume of vaccine formulation

Every attempt will be made to reach 60% of target groups (in addition, estimated uptake will be accounted for) in a phase before moving to the next phase (formulation distribution will affect VDH's ability to accomplish this)

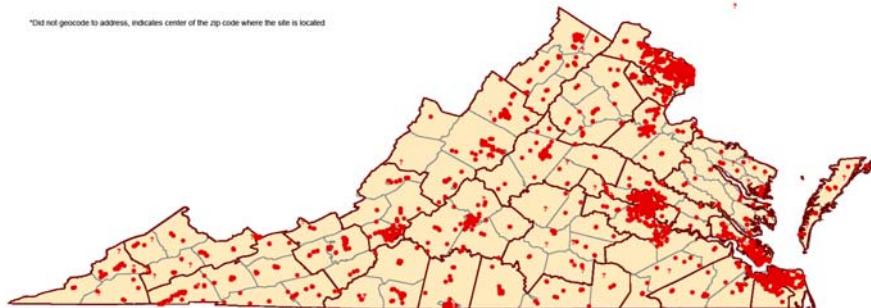
- Estimated uptake will be calculated using national data on target group's uptake for 2008-9 season plus 20%, except pregnant women whose uptake will be estimated at 80% (24% in 2008-9)

### Statewide H1N1 Pre-Registered Vaccination Sites Data as of October 1, 2009



- Participating Vaccination Sites (N = 3,268)**
- Participating Vaccination Sites (N = 3,168)
  - Participating Vaccination Sites (N = 100)\*
- Health District  
□ City/County

\*Did not geocode to address, indicates center of the zip code where the site is located



0 65 130 260 Miles

## Vaccination Priority Groups- High Risk

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,

Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

## Communications

### State Government Leadership

- Provide employees with accurate and timely information- DHRM communication channel
- Review and update COG
- Encourage and support seasonal flu campaign
- Encourage and support novel H1N1 vaccination and focus on priority groups

## Resources

Virginia Department of Health Web site:

[www.vdh.virginia.gov](http://www.vdh.virginia.gov)

Toll-free VDH Inquiry Center:

**1-877-ASK-VDH3** (1-877-275-8343)

[PHIC@vdh.virginia.gov](mailto:PHIC@vdh.virginia.gov)

CDC H1N1 Web site:

[www.cdc.gov/h1n1flu](http://www.cdc.gov/h1n1flu)

U.S. Dept. of Health & Human Services Flu center:

[www.flu.gov](http://www.flu.gov)