



Lessons Learned from 2009 H1N1: We Got By With a Little Help from Our Friends

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CINEMeter

Shakespeare's
**All's Well That Ends Well
& The Merry Wives
of Windsor**

**I SURVIVED
2009 H1N1**

Executive Summary

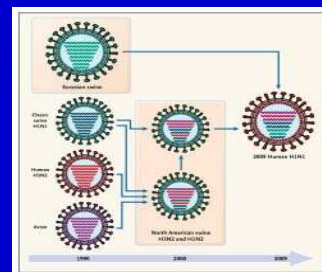
We survived the first pandemic in 42 years !

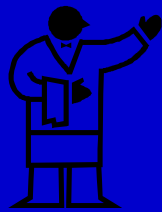


Analysis of Capabilities



Our assumptions were incorrect





Lessons Learned



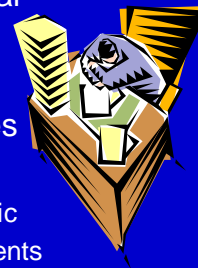
1. We have dedicated and responsive partners

2. We never want to do this again



Gathering the information...23 hotwashes between 1/27 – 7/8/10

- Internal DOH staff
- LHDs, tribes, healthcare associations
- Healthcare partners (hospitals, long-term care, community health centers)
- Provider Associations
- Pharmacies
- CRI Coordinators
- H1N1 Regional Coordinators
- Laboratories
- State Agencies
- Public
 - General public
 - College students
 - Pregnant women
 - Healthcare providers



Major Strengths of NYSDOH Response

- NYSDOH demonstrated
 - Ability to coordinate prevention and response efforts among local public health, hospitals, long-term care facilities, healthcare providers, community health centers, pharmacies, state agencies, and other partners
- Significant efforts were made to deploy and manage both medical supplies (antivirals) and assets (PPE) throughout the course of the pandemic

Major Strengths of NYSDOH Response

- NYSDOH produced
 - 57 fact sheets, tool kits, guidance documents and recommendations, 6 radio and 4 television PSAs
 - Responses to 800 press calls and conducted 300 interviews with media
 - 43 press releases
 - 63 education programs and 31 teleconferences
 - 250,000 emails to providers about vaccine campaign

Major Strengths of NYSDOH Response

- Six applications submitted for additional funding in midst of response efforts
 - Resulted in \$52.7 million influx of funding
- Doses of H1N1 vaccine received = 6,276,520
 - > 6 million directly shipped to providers, hospitals, LTCFs, FQHCs, and local health departments
 - 1.7 million doses administered reported as of 8/10
 - 36% doses administered to known priority groups

Major Strengths of NYSDOH Response

- Collaborations among staff in OHEP and Immunization were strengthened and enhanced
 - Registration system quickly established for providers
 - Per capita allocation of vaccine established
 - > 50% of doses administered reported via NYSIIS
- Partnerships established with pharmacies to provide antivirals to the under- and un-insured

Major Strengths of NYSDOH Response

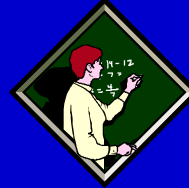
- Statewide, toll-free Call Center activated for April, 2009 – March, 2010
 - Questions from public and health care providers
 - Second number established in September regarding emergency regulation of vaccination of healthcare providers
 - Third number activated to in November to manage calls from healthcare providers for ordering H1N1 vaccine

Major Strengths of NYSDOH Response

- Pre-event laboratory drills prepared labs for the surge in testing in Phase 1
 - Dedicated laboratory facilities
 - Wadsworth Center approved by CDC for independent testing for 2009 H1N1 in just 2 weeks
 - New space was completely taken over to handle testing – downtime was only 2 days
- Educational initiative begun with 639 long-term care facilities regarding use of respirators and OSHA compliance

Major Strengths of NYSDOH Response

- *Incident Management System* worked well for the longest activation in OHEP memory
 - 286 days of activation
 - 85 IMS calls
 - 39 situation reports
 - 18 calls with Executive Staff
 - 6 Multi-Agency Coordination meetings



please set us free.....

Major Strengths of NYSDOH Response

- Development of *Situational Awareness Dashboard*
 - Comprehensive source for evolving status reports, real-time data, and notifications
 - “One-stop shop”
 - information shared with public and providers
 - information for internal use (vaccine inventory and expiration; call center scripts, mass vaccinator contracts, vaccine recalls, etc.)
 - Provided data to guide allocation process as it evolved

Just a few areas for improvement....

Areas for Improvement

- Need to refine and enhance existing pandemic influenza response plans
 - Ensure flexibility, based on severity and incidence of pandemic in the State
- Ensure that local health departments and healthcare partners revise their plans based on NYSDOH plan
- Develop more comprehensive cross-training to increase redundancy, including incident management training

Areas for Improvement

- Per capita allocation process cumbersome and time-consuming
 - Need to integrate within Inventory Management System
- Too many types of vaccine
 - Limit orders to one injectible for ages six months to three years, and FluMist
 - Waive thimerosal restriction sooner

Areas for Improvement

- Determine mechanism for reporting doses administered, and increase interoperability between NYSIIS and CDMS
- Mask types and recommendations need to be consistent and of the type used by hospitals
 - No expiration date on N-95s, so that no EUA is needed
- Integrate Inventory Management System for SNS and vaccine management system for vaccine

Areas for Improvement

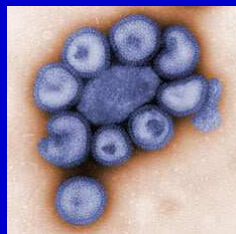
- Develop an integrated Outbreak Management System among CDESS, CLIMS, and ECLRS
- Additional staffing needed across the board in every area of DOH that responded
 - Strengthen Continuity of Operations Planning
 - Ensure Incident Management training for those responding
- Add a Manuscript Publications Branch to IMS structure

Special Memo to CDC:

FOLLOW THE SNS PLAN!!!!



VACCINATION



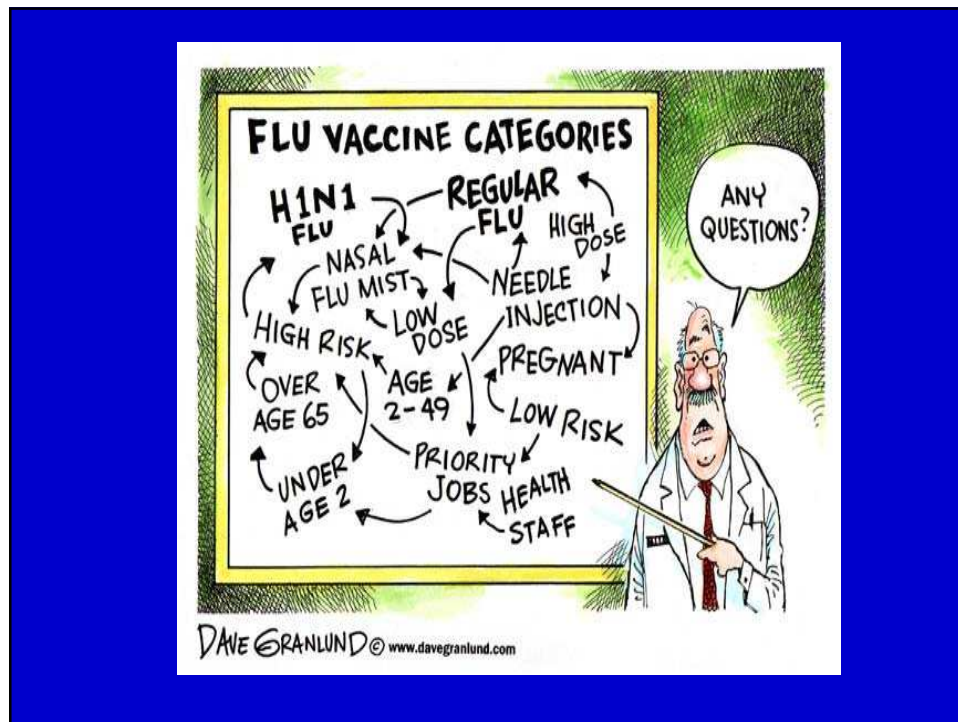
For better or for worse – what did we learn?

- **Vaccine process was challenging**
 - Lack of available vaccine
 - Request process
 - Duplicate orders
 - Storage
 - Prioritization of staff
 - Ancillary supplies
 - + Some hospitals sent to Haiti



For better or for worse – what did we learn?

- **Vaccine process was challenging**
 - Reporting doses administered – under-reported
 - Adult providers did not want to get consent or use NYSIIS
 - Types of vaccine received
 - Redistribution
 - Allocation
 - + Initiating ability for CDMS to “talk” to NYSIIS was great



For better or for worse – what did we learn?

- **Mandatory vaccination for Healthcare Workers**
 - Unclear as to prioritization for vaccination – patients or workers
 - Confusion about definition of “direct patient contact”
 - + Surprisingly strong support at frontlines
 - + Identified a “physician champion” to educate staff and advocate for vaccination
 - + Some hospitals used color-coded badges for vaccination of staff
 - + Some partners mandated masks if not vaccinated – this helped increase vaccination rates

**71% received seasonal flu and 32% H1N1 vaccine –
generally hovers around 40%**




For better or for worse – what did we learn?

- **Communication**
 - Lag time in getting information out
 - Need to streamline and expedite information, especially if rapidly changing
 - Overload on guidance documents and phone conferences
 - + Perfect number of documents and phone conferences
 - Using Commerce to access documents problematic, especially 4:00 p.m. Friday updates



For better or for worse – what did we learn?

- **Communication**

- Public information came late
 - Encouraging people **not** to come to EDs 
 - Vaccine safety and different types of vaccine
- Difficult to get information to physicians
 - Additional information/education for Ob/Gyns
 - Need more MDs with connectivity to Commerce
- + Used office manager email lists to get information out
- + Faxes worked best



For better or for worse – what did we learn?

- **Communication**

- Changes in recommendations, especially masks
 - CDC vs. NYSDOH vs. OSHA
- Need information and screening forms translated into various languages
- + Some organizations held weekly “rumor squashing calls” to ensure everyone was on same page
- + TV commercials were great but late
- + School posters, flyers, Go-to-the-Head-of-the-Line cards were very helpful



For better or for worse – what did we learn?

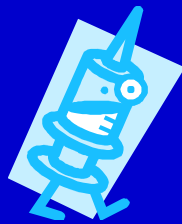
- **Communication**

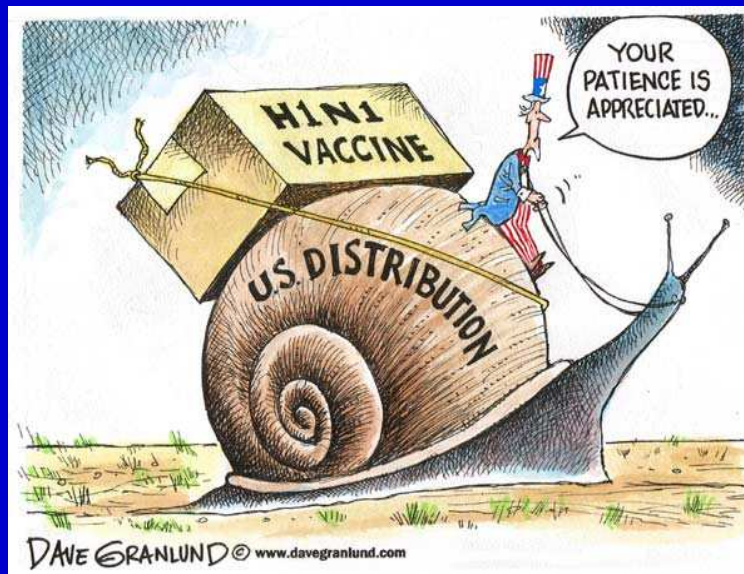


- + Partnered with local businesses to disseminate information to public about vaccine and priority groups
- + Overhead paging systems, phone hold music, signage and internal television used to provide messaging about vaccine
- + Emails to school nurses and administrators with continual updates



PODs





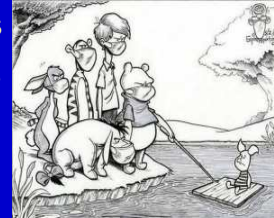
For better or for worse – what did we learn?

- **PODs**
 - Challenging to schedule
 - Cancellations due to lack of vaccine
 - Hard to get community members back
 - Difficult to turn away those not in priority groups
 - + Free vaccine allowed more to be vaccinated
 - + Used just-in-time-training for Flumist
 - + FQHC reached out to farms and migrant workers, and attained higher vaccination rates with them vs. the general public

For better or for worse – what did we learn?

- **PODs**

- + LHDs tried multiple creative strategies
 - WalMart and Salvation Army PODs
 - Arena PODs
 - School PODs
- + Volunteers were indispensable
 - MRCs, Nursing students and school nurses, EMT/paramedics, LHD mentors
- + Governor's Declaration expanding disciplines who could vaccinate was enthusiastically received



For better or for worse – what did we learn?

- **PODs**

- + HPODs tried numerous strategies
 - Staff person with confirmed case came to mandated clinic to persuade others
 - Clinics for families of employees
 - Floor-to-floor push PODs
 - Mini-clinics outside lunchroom, paycheck pick-up, and time clock
 - Gave away an iPod for attending an HPOD



Vaccination Strategy 2010-2011



MEDICAL SURGE



For better or for worse – what did we learn?

- **Medical Surge**
 - First adolescents diagnosed posted the hospital to seek evaluation on Facebook
 - Not inpatient, but definitely in ED
 - More education needed on return to work, school
 - Surge created at other hospitals when people saw a line at one specialty hospital
 - + Early in pandemic, one hospital hit 100% occupancy and moved patients into a large conference room with standing nursing station and beds
 - + Visitor restrictions, but would like State to determine for all hospitals

For better or for worse – what did we learn?

- **Medical Surge**
 - + EMTALA waiver information ahead of time very helpful
 - + Stationed nurse at ED door for triage
 - + Separate triage areas for those with respiratory symptoms and fever vs. other ED emergencies
 - + Signs outlining symptoms and directing to appropriate area





Public Feedback



And what did the public tell us?

- Most participants sought information from the news media, followed by their primary care physician
- Most participants described the H1N1 outbreak as “hype”
 - Also acknowledged the media’s role in fueling hype and confusion
- Participants did not see the DOH and peers contributing to the hype and confusion



And what did the public tell us?

- The public seemed to know where the credible resources were if they wanted to educate themselves
- The first thing the public heard about H1N1 was messages about prevention
 - These seem to have been received and retained – future messages should focus on other messages such as when to get vaccinated
 - Consider something like “smoke detector battery – daylight savings change” message

And what did the public tell us?

- The public seemed to understand and accept the concept of prioritizing certain risk groups for vaccination, and healthcare providers adhered to this well
- They felt there was a need to penetrate more deeply into minority communities
- There was frustration with communications clutter and a lack of clarity
 - They want fewer, clearer, credible resources to help sort through the clutter – graphs and statistics

And what did the public tell us?

- The decision to get vaccinated or not seemed largely a personal one
- The public seemed to know where to go for flu vaccine, in order: Primary care physician, pharmacy, church, community centers
 - College students would go to the school clinic, though they stated they do not usually trust on-campus clinic for anything other than simplest procedures

And what did the public tell us?

- Being pregnant motivated most participants to get vaccinated
- Pregnant women recalled seeing limited information aside from a flyer from their physician
- Relied on word-of-mouth and web research to get information
- One woman adamantly refused vaccination, then contracted H1N1
 - Strong advocate now, despite past refusal for self and family

And what did the public tell us?

- Most reporters found information received to be clear and concise
- Some did find messaging from multiple sources to be conflicting
- Most agreed it was presented as a “big crisis,” but realized that DOH was dealing with a sudden and unexpected virus
- All appreciated the accessibility of Commissioner Daines

And what did the public tell us?

- Public Information Officers (PIOs) relied primarily on CDC for information
- They also seemed to find the information they received to be cluttered
- PIOs had little to no recall of Public Service Announcements (PSAs), except Dr. Daines' radio spots
- They also wanted a standardized daily update, possibly via email

And what did the public tell us?

- Healthcare providers received and liked the email updates from DOH
 - Unlike PIOs, they relied on NYSDOH website for information
- They suggested choosing spokespeople who are less “political” and more clinical
- When the vaccine shortage became clear, people wanted their flu shot

And what did the public tell us?

- Perceptions of the vaccine were all over the board
 - Some thought it came from aborted fetuses
 - People died from receiving the vaccine
 - Some equated it with swine flu vaccine from 1976
- The “Spread the Word” TV spot was well-liked and retention of the message was very good

AND Last but not least

- College students wanted more of “their” music behind Dr. Daines’ radio PSAs



Questions

