

Fall Influenza Planning:  
An Early Briefing  
on Schools, Flu Shots and  
Health Care Resources  
9/1/09

# Scope of Presentation



Description of NYC's plans on:

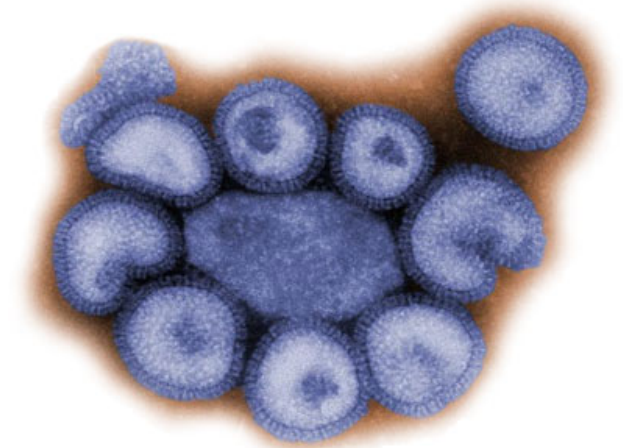
- Tracking influenza – “Surveillance”
  - Vaccines
  - School policies
  - Health care resources
  - Planning for contingencies
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# Influenza Background and Surveillance

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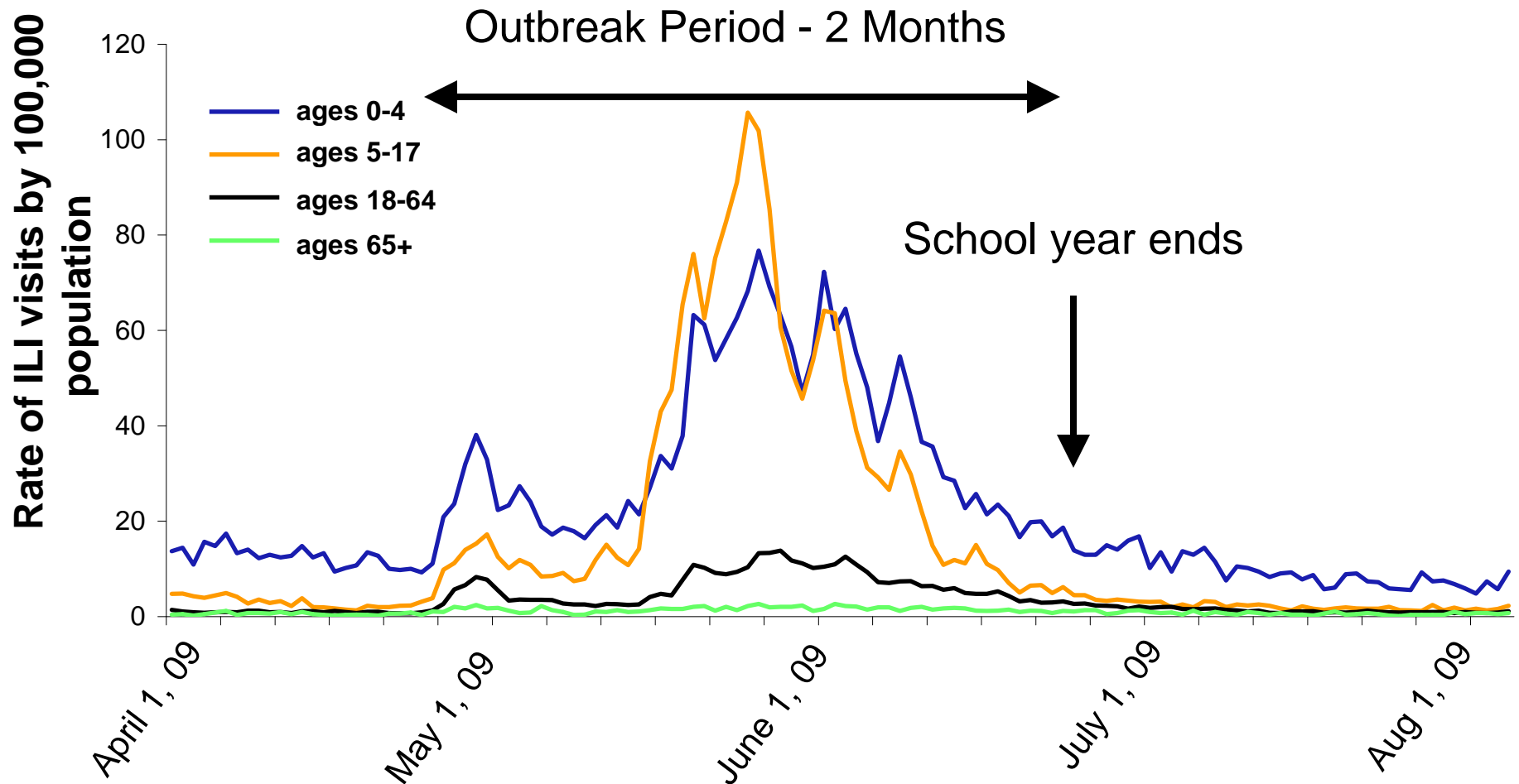
# What is Influenza?

- Virus that infects nose, throat, and lungs
- Causes fever, cough and sore throat; sometimes pneumonia
- Causes illness every year in fall/winter
- Virus changes every year, and 2-3 different types circulate at same time, for example:
  - Type A (H3N2)
  - Type A (H1N1)
  - Type B
  - This year, also expect Type A (Novel H1N1 swine origin)
- Spread by droplets from coughing/sneezing and by direct contact

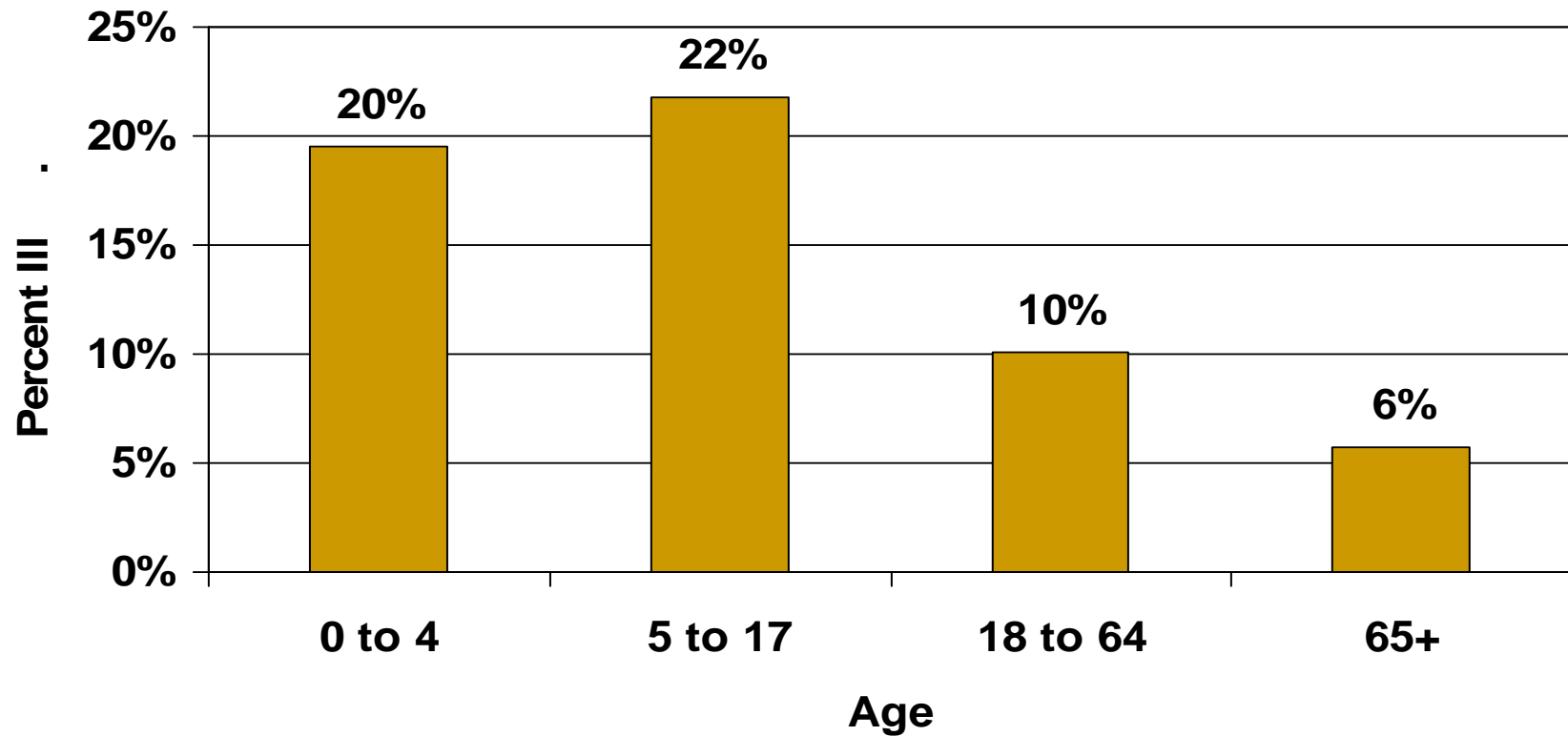


# New H1N1 Influenza in NYC, Spring 2009

## Rate of Emergency Department Visits for Influenza-Like Illness



# 12% of New Yorkers Reported Flu-Like Illness in May - June 2009



Illness by self report in telephone survey of 961 households, conducted June 15-20, 2009

# Spring 2009 H1N1 Outbreak: Many Infections, Particularly in Children



- Estimated 750,000 to 1 million people became ill
  - Approximately half saw a health care provider for illness
  - Most recovered completely within 4 to 5 days
  - Rapid spread, high rates of illness in children
  - Low rates among elderly
  - Children under 2, pregnant women, and people with asthma, diabetes, heart disease, weakened immune system, and other conditions at risk of severe disease
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# Severe Illness Due to Influenza in New York City



## H1N1 Influenza, Spring 2009

- 930 identified hospitalizations
- 54 identified deaths
  - Less than 1 per 10,000 persons with illness

## Seasonal Influenza

- Approximately 1,100 deaths/year in NYC
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# Expected Illness from Influenza, Fall/Winter 2009 – 2010



- Expected that both seasonal influenza and H1N1 will circulate
  - H1N1 not likely to cause high rates of severe illness
    - Virus has not changed since spring
  - Number of people ill cannot be predicted
  - Date of first cases cannot be predicted (September – January)
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# Tracking Influenza: Surveillance, Spring 2009



- Objectives
    - Assess features of new H1N1 virus
    - Monitor the course of the outbreak
  - Methods
    - Lab testing to confirm infection among patients who died or were hospitalized
    - Investigation of clusters (e.g. schools, shelters)
    - Telephone surveys to assess illness in community
    - Tracking Emergency Department visits for influenza-like illness (“syndromic surveillance”)
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# Tracking Influenza: Surveillance – Fall/Winter 2009 – 2010



- Objectives
    - Track citywide patterns of illness
    - Monitor for increasing severity
  - Methods
    - Emergency department visits and primary-care visits for influenza-like illness (“syndromic surveillance”)
    - Monthly phone surveys to gauge illness in community
    - Lab tests on cases from a sample of hospitals and clinics
    - Influenza test results reported from private labs
    - Tracking number of hospital and ICU admissions
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# Detecting Changes in Severity of Illness



- The Health Department will also monitor:
    - Hospital admission rate among patients seen for influenza-like illness in emergency departments
    - ICU admission rate among hospitalized patients
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# Monitoring Information



- All flu monitoring information, as well as information about schools, vaccines, and community resources available at

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



# Vaccines

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# How to Slow Influenza Transmission and Reduce Mortality



- Approaches that can be used:
    - Vaccination
    - Hand washing
    - Antiviral drugs
    - Isolation and separation of ill from non-ill
    - Personal protective equipment
  - Of these, vaccination most effective
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# Vaccines Against Influenza



- Vaccines increase immune system's ability to fight infection
- Vaccines are safe – they use killed or weakened virus
- Two separate vaccines: H1N1 & seasonal
  - Different priority groups and schedules
  - Seasonal influenza vaccine – one dose\*
  - H1N1 vaccine – current expectation is two doses at least 3 weeks apart
- Two formulations: nasal spray or injection

\* Two doses for children under age 9 not previously vaccinated

# Seasonal Influenza Vaccine is Recommended For:



- People 50 and older
  - Children 6 months to 18 years old
  - People with chronic conditions
    - Heart, lung, kidney, blood, neurologic, and immune system disorders, people with diabetes or on aspirin
  - Pregnant women
  - Caregivers of infants under 6 months
  - Health care workers
  - Residents of long term care facilities
  - Anyone else requesting
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# H1N1 Vaccine is Recommended For:



- Pregnant women
  - People 6 months to 24 years old
  - People 25 to 64 with chronic conditions
    - Asthma, diabetes, heart, kidney, neurologic, and immune system disorders
  - People who live with or care for children under 6 months old
  - Healthcare workers and emergency medical responders
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# Influenza Vaccination Fall/Winter 2009



- Seasonal and H1N1 vaccination is available through:
    - Doctors' offices
    - 60 Hospitals
      - They will distribute to health care workers, inpatients, and outpatient clinics
    - More than 100 Community Health Centers
    - Health Department immunization clinics
    - Some pharmacies
  - Special initiative to vaccinate schoolchildren against H1N1
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# Schools

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# School Vaccination Plan

- Goal to Provide H1N1 vaccines to school age children
  - Purpose: prevent illness in children and in people to whom they might spread it
- Changes possible depending on vaccine availability and timing of virus activity
- Current plan:
  - On-site vaccination in elementary schools
  - Weekend vaccine clinics where parents can bring school-age children
  - Two rounds, 4 weeks each
  - Late October - December
  - Voluntary: vaccine only given with parental consent



# Rationale for Fall School Policy



- Fall school policy will be different from Spring
    - We know more about novel H1N1 influenza
    - Likely no worsening in severity of illness
    - More preventive measures in place
    - Vaccine available
    - Many children already immune
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# Open Schools Policy



- Dept of Education (DOE) does not plan to close schools with flu activity
  - Emphasis on teaching students preventive measures
    - Wash/sanitize hands often
    - Avoid touching mouth and nose
    - Cover coughs and sneezes
    - Bathrooms stocked with soap and towels
  - DOE exploring providing hand sanitizer in schools
  - Parents will be instructed to keep children home if they have fevers and cough or sore throat
  - H1N1 vaccinations available with parental consent
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# Communication with Families and Principals



- Letter backpacked home to families during first week of school and throughout flu season
  - Informational materials provided to schools
  - Outreach to Community Education Councils and parent groups
    - DOE/DOHMH staff available for info sessions
  - Weekly flu updates to all school principals
  - Ongoing communication with school nurses
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# Daily Flu Reporting



- At the end of each school day, DOE will report:
  - Attendance rates for public schools
  - Instances of influenza-like illnesses in public schools
- Information will be available at:

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

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# Preventive Measures for Schools Experiencing Influenza Activity

- If a school reports 5 cases of influenza-like illness among students in attendance:
  - Parents will receive a second letter on keeping ill children at home
  - School will reinforce messages on hand washing and covering coughs



# Preventive Measures for Schools with Excessive Influenza Activity



- If nurse sees 4% of students (minimum of 15) with influenza-like illness during one school day, DOHMH will:
    - Conduct on-site assessment
    - Direct additional infection control measures
    - Assess risk to vulnerable children
    - Consider school closure only if vulnerable children cannot be protected otherwise
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# Health Care Resources

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# Need to Manage Surge in Visits to Hospital Emergency Departments




- In spring 2009, emergency departments (EDs) saw large increases in patient volume
  - People at EDs were requesting:
    - Information
    - Notes enabling them to return to work or school
    - Care for illness
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# Limiting the Surge: Public Information


- Key messages to community:
  - ED visits not needed for questions, doctor notes, mild symptoms
  - Information will be available through Health Bulletin, subway ads, radio spots
- Information on influenza at [www.nyc.gov/flu](http://www.nyc.gov/flu) and 311
- Possible “medical call center” with nurse advice

Stop the spread of germs that make you and others sick!


## Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze




or



cough or sneeze into your upper sleeve, not your hands.


## Wash your Hands

after coughing or sneezing.



Wash hands with soap and warm water

or



clean with alcohol-based hand cleaner.

**NYC** Health | Michael R. Bloomberg  
Mayor  
Thomas Farley, M.D., M.P.H.  
Commissioner  
[nyc.gov/health](http://nyc.gov/health)

**TAKE CARE**

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Special thanks to the Minnesota Department of Health and the Minnesota Health for Behavior Collaborative.

# Limiting the Surge: Medical Care



- NYC has identified alternate treatment sites for people needing care, including those who lack insurance:
    - Community health centers
    - Designated hospital outpatient clinics
      - Signs outside emergency departments directing patients
    - HHC flu centers
  - Emergency departments
    - Many hospitals have expansion plans -- designated space near emergency rooms for patients with influenza
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# Where Can People Go?



- Flu Information at [www.nyc.gov/flu](http://www.nyc.gov/flu)
  - Search will be available for:
    - Sites offering seasonal vaccine
    - Sites offering H1N1 vaccine
    - Locations of antivirals in the event of shortage in commercial supply
    - Community health centers and clinics
  - Searchable by borough and zip code
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# HHC's Response Plan for Fall 2009 Immunizations



- The Health and Hospitals Corporation (HHC) flu plan includes:
    - Dedicated flu centers: clinics open to general public for vaccines
    - All HHC primary care clinics are open to HHC patients for vaccines
  - This year's HHC Seasonal Educational Campaign will focus on flu vaccination education and promotion
  - Mandatory vaccinations of healthcare workers by Nov 30<sup>th</sup>
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# HHC Response Plan for Fall 2009

## Managing an ED Surge



- HHC hospitals will implement the following, depending on surge volumes and local conditions:
    - Level 1: Establish nurse triage at ED entrances
    - Level 2: Open Alternate Care sites, extend clinic hours and activate Incident Command System
    - Level 3: Open Internal Command Centers; cancel elective surgery & non-urgent clinics for redeployment of workforce
  - If OEM activates Emergency Operations Center, Hospital Command Centers will be activated regardless of the patient surge level
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# Planning for Contingencies

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# Office of Emergency Management Mission



## Office of Emergency Management (OEM):

- Coordinates response to and recovery from emergencies
  - Educates the public about emergency preparedness
  - Plans and prepares for emergencies
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# Example: Logistics Support

*...the right personnel, equipment, supplies, and support in the right place, at the right time, and in the right quantities, across the full range of response and recovery operations*

- Emergency supply stockpile
  - Citywide Logistics Center
  - Critical resources
    - **Examples:** masks, hand sanitizer, temperature strips
  - Citywide Asset Logistics Management System
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# OEM Role



- If additional resources are needed, we reach out to partners
  - Reach beyond city government
    - New York state, Federal government
    - Key non-profit/ NGO partners
      - ARG-GNY/ GNYHA
    - Regional partners
      - Nassau, Suffolk, Westchester Counties
    - Public
      - Ready New York
      - Joint Information Center
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# Example: Citywide Planning

- NYC was prepared in Spring, 2009
    - Pandemic Flu Preparedness & Response Plan
    - Strategic National Stockpile Plan
    - Citywide Logistics Plan
  - NYC is more prepared for Fall, 2009
    - H1N1 Interagency Workgroups
    - Implementing lessons learned from Spring
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