



# Fall Influenza Planning: A Briefing on Citywide Planning Efforts

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# Engaging the Private Sector

*OEM and DoHMH are working with private institutions to ensure they have the resources and information they need to make decisions before, during, and after an emergency.*

Private Sector ESF

- **Emergency Operations Center**
- **Conference Calls**

Improving Communication and Understanding Private Sector Needs

Conference Call Series

**An overview of NYC planning efforts**

**School open/closure policy**

**Human resource considerations**

**Mental health considerations**

**Workplace safety**

**Transportation issues**

Small Business Borough meetings

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**Program initiation (plan “triggers”)**

**When/where to seek medical care**

**Information Distribution**

**Infection control guidance**

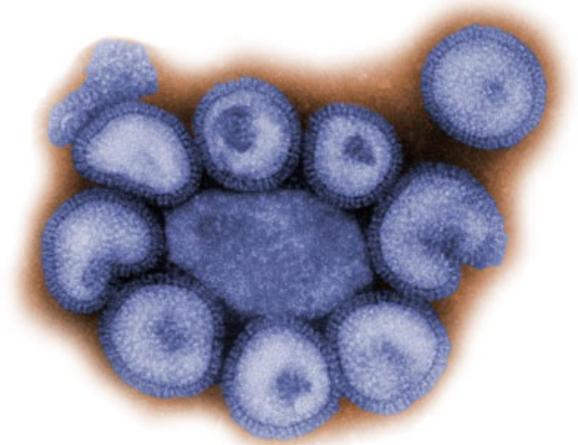
**Vaccination-related issues**

# Focus Of Our Plan

- Tracking influenza
  - Strategies to prevent virus from spreading
  - School policies
  - Managing flu in the community
  - Promote vaccination
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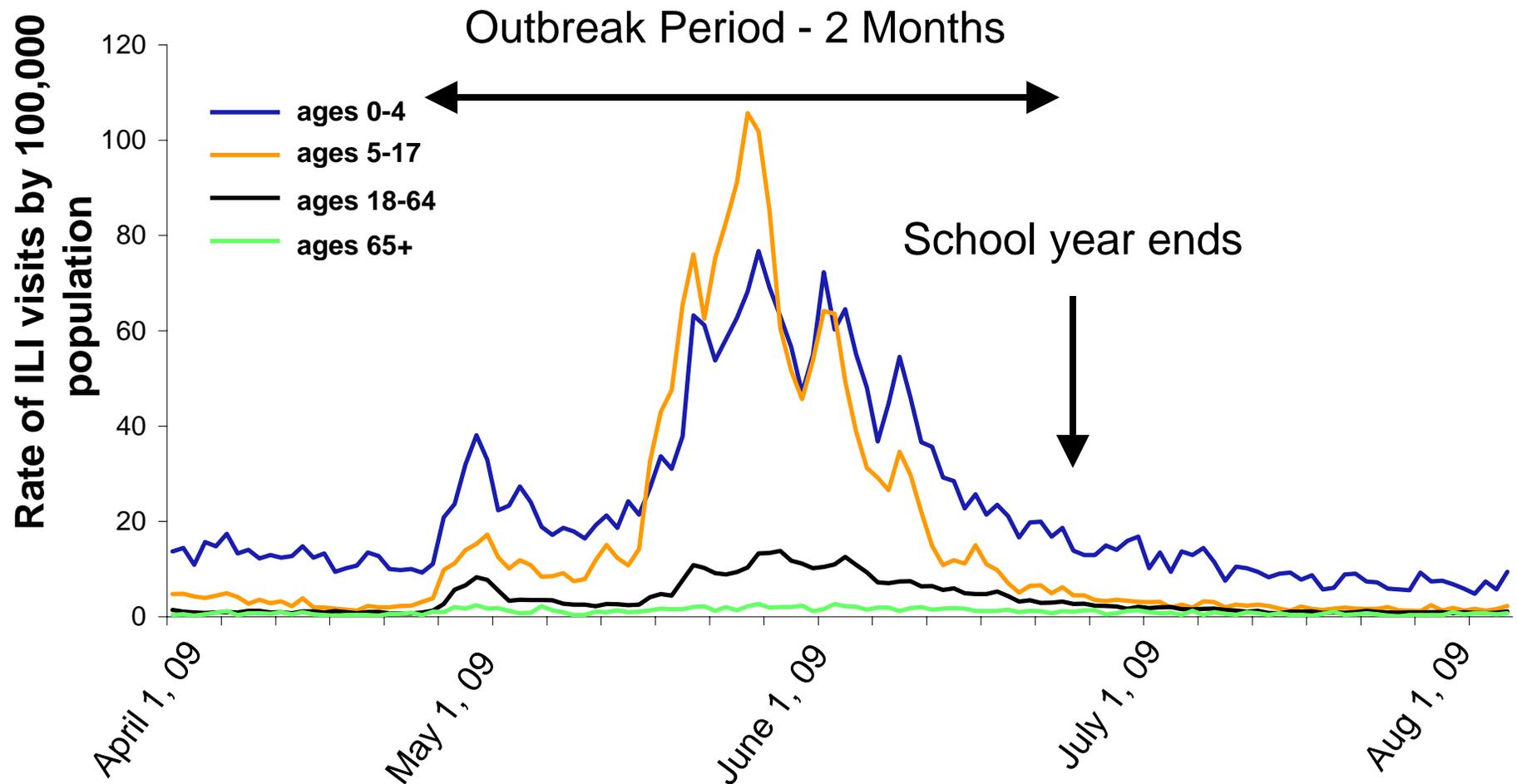
# What is Influenza?

- Virus that infects nose, throat, and lungs
- Causes fever, cough and sore throat; sometimes pneumonia
- Illness every year in fall/winter
- Virus changes every year, 2-3 different types circulate at same time
  - Type A (H3N2)
  - Type A (H1N1)
  - Type A (Novel H1N1 – swine origin)
  - Type B
- Spread by droplets from coughing/sneezing and by direct contact
- Approximately 1,100 deaths/year in NYC from seasonal influenza and pneumonia



# New H1N1 Influenza in NYC, Spring 2009

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



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

- In NYC, an estimated 750,000 to 1 million people became ill with H1N1, with 54 identified deaths
  - Approximately half saw a health care provider
  - 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
  - Outbreak period was approximately 2 months
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## Expected Illness from Influenza, Fall/Winter 2009 – 2010

- 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 ill people cannot be predicted
  - Date of first cases cannot be predicted  
(September – January)
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# H1N1 Fall Pan Flu Policy Workgroup

(Focused on High-Level Policy with COH Oversight and OEM representation)

Isaac Weisfuse, MD  
Task Force Leader

Joint DOHMH/OEM Project Management  
Group

## Internal DOHMH Goals

DOHMH Incident Command  
(staff tracking, policy review)

Surveillance and Laboratory policies/methods  
(fall sustainable surveillance strategy, lab surge capacity)

DOHMH COOP and Administrative Support  
(leave policies, resource management)

Antiviral Access  
(supply chain breakdown/spot shortage planning, address inability to pay)

## DOHMH-led Citywide Workgroups Coordinated Jointly w/ OEM

Healthcare surge capability  
(medical surge capacity, ESF-8 planning cell, healthcare access)

H1N1 Vaccination Efforts  
(distribution to priority groups, school-based efforts, PODs, safety/effectiveness)

Educational Issues  
(school closure policy and logistical implications, school surveillance, daycare settings)  
\*\*NOTE: Many of these deliverables are due prior to the beginning of the school year. \*\*

Infection control guidance  
(risk classification, infection/exposure control guidance for occupational, community and other settings)

Congregate Settings Guidance (e.g. jails, shelters, group homes)  
(medical protocols, worker protection, PPE distribution)

Public information flow, community outreach and interagency communication.  
(media advisories, message development, joint information center, outreach protocols)

## OEM-Led Projects with DOHMH SME Support

Workplace Sick Leave Policies  
(incident-specific policies)

Agency Continuity of Operations  
(supplementary PI COOP survey, essential services support)

Critical Infrastructure/  
Private Sector Outreach and Communication  
(strengthen existing program to engage CI sectors on targeted planning)

Critical Resources  
(unified logistics centers, identify needed resources, coordinate purchasing and staging)

Disaster Assistance and Human Services Support  
(Disaster Assistance Center, Advanced Warning System membership, targeted information)

Joint Structure

# 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 from private labs
    - Number of hospital and ICU admissions
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# Detecting Changes in Severity of Illness

- Monitor:
    - Hospital admission rate among patients seen for influenza-like illness in emergency departments
    - ICU admission rate among hospitalized patients
  - Post data online at [www.nyc.gov/flu](http://www.nyc.gov/flu)
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# How to Slow Transmission and Reduce Mortality

- Vaccination
  - Hand washing
  - Antiviral drugs
  - Isolation and separation of ill from non-ill
  - Personal protective equipment
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# Vaccines Against Influenza

- Vaccines aid immune system's ability to fight infection
- Vaccines are safe – use killed or weakened virus
- Two separate vaccines: H1N1 & seasonal
  - Different priority groups and schedules
  - Seasonal influenza vaccine—one dose\* - available now
  - H1N1 vaccine approved by U.S. FDA on 9/15/09 – expected availability: mid-October
    - Adults: possible single dose OR two doses  $\geq$  3 weeks apart (awaiting final CDC dose recommendation)
    - Children: awaiting final CDC dosing recommendation
- 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 less than 6 months old
  - Healthcare workers and emergency medical responders
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# Influenza Vaccination

## Fall/Winter 2009

- Seasonal and H1N1 vaccination through:
    - Doctors' offices
    - 60 Hospitals
      - 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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# School Vaccination Plan

- Provide H1N1 vaccines to school age children
  - Purpose: prevent illness in children and in people to whom they might spread
- 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



# Open Schools Policy

- NYC Dept. of Education (DOE) will not plan to close schools with flu activity
  - Emphasis on preventive measures
    - Students will be taught:
      - Wash/sanitize hands often
      - Avoid touching mouth and nose
      - Cover coughs and sneezes
    - Parents should keep kids home from school if they have a fever and cough or sore throat
    - H1N1 vaccinations available with parental consent
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# Rationale for Fall School Policy

- Fall school policy will be different from Spring
    - 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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# Need to Manage Surge in Visits to Hospital Emergency Departments

- In spring 2009, emergency departments saw large increases in patient volume
  - Requesting:
    - Information
    - Notes enabling them to return to work or school
    - Care for illness
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# Limiting the Surge: Medical Care

- Alternate treatment sites
    - Community health centers
    - Designated hospital outpatient clinics
      - Signs outside emergency departments directing patients
    - Dedicated NYC HHC flu centers
  - Emergency departments
    - Expansion plans -- designated space for patients with influenza
  - Mandatory influenza vaccinations of healthcare workers by 11/30/09
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# Limiting the Surge: Public Information

- Public messages
  - Medical visits not needed for questions, doctor notes, mildly ill
  - 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



# What Employers Can Do

- Emphasize preventive measures in workplace by reminding employees to:
    - stay home from work if they have fever and cough and not to return to work until 24 hours after symptoms resolve
    - wash/sanitize hands often
    - avoid touching mouth and nose
    - cover coughs and sneezes
  - Review sick leave policies
    - Recommended not to require doctor's note to return to work
    - Consider telecommuting options for sick employees
  - Encourage seasonal and H1N1 influenza vaccinations
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# Where Can People Get Information?

- NYC Flu Information at [www.nyc.gov/flu](http://www.nyc.gov/flu)
    - Updates posted on an ongoing basis
    - Downloadable reference materials and posters
  - Search will be available for:
    - Sites offering seasonal vaccine
    - Sites offering H1N1 vaccine
    - Locations of antivirals in the event of shortage in commercial supply
  - Searchable by borough and zip code
  - Information also available through 311
  - Future OEM-Public/Private Initiatives calls
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**For more information**

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

or

Call 311

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