

H1N1 Novel Influenza Response and Vaccine Distribution Plan

Pomperaug District Department of Health – Mass Dispensing Area #14

Serving Woodbury, Southbury, Oxford and Middlebury, CT.

Draft – September 8, 2009 prepared by Neal Lustig, Director of Health

The Pomperaug District Department of Health (PDDH) is the local health department for the towns of Oxford, Woodbury, and Southbury, CT. and is the lead health department for Mass Dispensing Area #14, which includes Middlebury. The member towns of PDDH belong to the CT Department of Emergency Management Homeland Security (DEMHS) Region 5.

This plan is for the provision of Novel H1N1 Influenza Vaccine to the public including high-risk priority groups, and as a general guide to community efforts to slow the disease progress. Pursuant to this plan, the following assumptions are made regarding the epidemic, now defined as a “Global Pandemic- Phase 6” by the World Health Organization (WHO):

- The clinical disease attack will be 30% in the overall population. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- Risk groups for severe and fatal infections cannot be predicted with certainty but appear at this time to be younger populations with mild severity.
- The incubation period for influenza is usually 1-3 days. The assumption is that this period would be the same for a novel H1N1 strain, being transmitted between people by respiratory secretions.
- Persons who become ill may shed virus and can transmit infection for one-half to one day before the onset of disease. Viral shedding and the risk for transmission will be greatest during the first 2 days of illness. Children will shed the greatest amount of virus, and therefore are likely to pose the greatest risk of transmission.
- On average about 2-3 secondary infections will occur as a result of transmission from someone who is ill.

In an affected community, a pandemic outbreak will last about 6-8 weeks. At least two pandemic disease waves are likely. Following the pandemic, the new viral subtype is likely to continue circulating and contribute to seasonal influenza.

Actions by PDDH Staff, the Middlebury Health Director, Community Partners and the private medical community will include the following:

- Promote Use of Expected Vaccine in Public and Private Settings.

- Establish Point of Dispensing (PODS) clinics in various locations to reach priority groups and eventually the full population.
- Promote Community and Individual Infection Control- handwashing, facemasks, URE – Universal Respiratory Etiquette.
- Ensure that public health messages are consistent with federal and state partners and release them in a timely manner.
- Coordinate release of information with Chief Elected Officials.
- PDDH will establish and maintain a local surveillance network focusing on the school and daycare settings.
- PDDH will utilize its website, Pomperaughealthdistrict.org, as a focal point for Community/Individual Infection Control and to provide locations/dates for both Public and Private places to acquire vaccine.
- PDDH will use a framework for control consistent with ICS and its existing Mass Dispensing and Emergency Preparedness Plans.

The Health District (PDDH) has now completed its' Draft H1N1 Influenza Distribution Plan (see attachment). This plan, using available school and community population statistics, projects the amounts of vaccine needed to be utilized by the highest risk groups, followed by the high risk groups and finally the remainder of the population. The plan projects the total percent usage for a particular risk/age category, followed by the percentage to be administered by the private medical community and Mass Dispensing Area #14. The percentages vary for each of the risk groups and age categories. A summary, shown below, is for **two doses** per person for the Scenario 1 & 2 High Risk groups as defined by the CDC Advisory Committee on Immunization Practice (ACIP).

	Total Number	Total Usage	Total Private	Total MDA#14
Scenario 1 - 4 Highest Priority - limited supply	11533	10621	5625	4047
Scenario 1 - 5 - High and Highest Scenario - Adequate Supply	43583	28970	12881	16156

The groups referred to above include pregnant women, children 6 mos – 4yrs, household contacts of children younger than 6 mos, children with

chronic medical conditions, EMS Groups, and all children 6 mos – 24 years, among others recommended by the CDC – ACIP.

PDDH has already conducted meetings with School Superintendants from Regions #14, #15, and Oxford to discuss planning for outbreak control and vaccine distribution. PDDH has also surveyed Day Care Centers for interest in serving as community vaccination sites. The District has met with LEPC's from 4 communities to discuss emergency planning and extent of EMS Workforce. Additional PDDH has completed the upgrade of all fax and email HAN lists, and has notified or recruited significant medical/non medical volunteers from its Mass Dispensing and Seasonal Flu Vaccination Databases. Discussions are ongoing with a regional VNA for additional staff if required. The District has spoken with several large and smaller size physician groups, including pediatricians and has surveyed their willingness and capacity to participate in vaccine administration at their respective practices. As stated initially, PDDH intends for this to be a joint Public Health and Private Medical community effort. The District has every intention of promoting private physician availability for insured persons while providing a public resource to those in need. With 22 years experience of providing flu vaccine to the community, PDDH asserts that more clinics in more places means more vaccine utilized. Finally, the District is planning distribution clinics at school sites, EMS locations, community clinics, and possibly day care centers. Days and hours of availability may range from during the school day and after school to nights and weekends. **Requests to the SDPH for provision of H1N1 Vaccine for initial single dose include:**

- 1) Scenario 1 - 4 – Highest Priority (limited supply) – 1821 Doses**
- 2) Scenario 1 & 2 – High and Highest Priority (adequate supply) – 7876 - Doses**
- 3) Sufficient Supply for Additional Populations – 8348 Doses**

PDDH will use Public Health Emergency Response Funds (PHER) to fund the planning, implementation and administrative costs for the public portion of the program. An attempt will be made to capture insurance reimbursement from third party where possible and allowed. All vaccinations administered by PDDH will be entered in the District Vaccination Database for tracking and cohort reporting to SDPH. It is intended that the District Website will be extensively upgraded to allow for nearly instantaneous changes with regard to content and scheduling of clinics.

Draft plan submitted to State Department of Public Health – September 8, 2009