

**From:** Alley, Ann [mailto:AAley@isdh.IN.gov]  
**Sent:** Monday, July 06, 2009 5:19 PM  
**To:** Community Health Leaders  
**Subject:** FW: Pandemic H1N1 Influenza Update  
**Importance:** High

Dear Community Health Center Leaders and Critical Access Hospital Leaders,

I am passing this along for your information. While the message is geared to local health departments it is important to understand the latest regarding the pandemic. It is not necessary for you to attend the meetings noted, but you may want to stay in touch with your local health department to understand their plans.

Sincerely,

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**From:** Monroe, Judith  
**Sent:** Monday, July 06, 2009 12:57 PM  
**To:** #ISDH Local Health Departments  
**Cc:** Hampshire, Beth Marie; Trimble, Jessica; Robertson, Loren; Couch, Gary; Archer, Janet (ISDH); Fischer, Wayne; Dubose, Latoya; Wyckoff, Todd; Feldheiser, Harold; Ellingwood, Kristen; Burger, Michael; Waechter, James; Cradick, Stephen; Chastain, Morris; Griffin, Kenton; Capps, Deborah; Hopseker, Debra  
**Subject:** Pandemic H1N1 Influenza Update  
**Importance:** High

Below and attached is an update on Pandemic H1N1 Influenza.

Judy Monroe, MD  
State Health Commissioner

July 6, 2009

To: Local Health Officers and Administrators  
From: Judy Monroe, MD  
Subject: Pandemic H1N1 Influenza Update

**Leadership Challenge**

I want to again thank all of you for your efforts to reduce the spread of the novel H1N1 influenza virus that emerged in April and is now officially the pandemic H1N1 influenza. We are facing many challenges as we prepare for the fall. As an example, nationally there are reports of healthcare workers coming to work with influenza and passing it on to other healthcare workers. It is essential that those working in healthcare settings lead by example. Leadership is critical in times of threat and aligning and coordinating leadership efforts is imperative to protect the public. As the leaders of public health in your county, your message to the medical community and public will be critical as we work together to limit the spread of the pandemic H1N1 influenza virus and in turn mitigate the negative impact that this virus may cause in our communities. Now is the time to re-educate and engage your county commissioners and other local elected officials regarding what will be needed from them this fall and winter.

### **Current Situation**

To date, Indiana has had 267 confirmed cases in 16 counties. There have been 34 hospitalizations and fortunately no reported deaths, but some of the hospitalized patients have required ventilator assistance in intensive care. I believe it is a testimony to the excellent medical care in Indiana that we have not had any deaths to date. Across the United States there have been 27, 717 confirmed cases, 3,065 hospitalizations and 127 deaths. It is very unusual to still have influenza cases in early July and scientists believe this pandemic H1N1 virus will continue to circulate through the summer in large part because so many people do not have immunity to this strain. Older individuals appear to have some immunity, but children and young adults do not, which explains why the majority of cases have been in children and younger adults. Only 6% of the hospitalized cases have been in persons over age 65, just opposite of what we see during seasonal influenza. The median age for hospitalizations is 37 years old.

We also know that the majority of individuals needing hospitalization have had underlying chronic disease including asthma, obesity, chronic obstructive pulmonary disease and immune-compromised conditions. Now is a good time to step up the message to the public to eat healthy, exercise, quit smoking and manage their chronic diseases.

### **Preparing for the Fall**

We are facing an uncertain situation in the fall. The pandemic H1N1 virus will most likely continue to circulate but it could begin to cause more serious disease. Efforts are underway to develop a vaccine, but it will not be ready by the time school starts back and the supply will be limited in the beginning. This will necessitate vaccinating the highest priority groups first. Due to the evolving nature of the pandemic H1N1 influenza situation, the priority groups could change but at this time they remain the same as in our original pandemic plans. Therefore, it is essential that our citizens understand how to limit the spread of the virus and take the necessary actions. Take time to review your Pan Flu plans and educate your communities.

## **Updated Pandemic Toolkits**

We need to use this summer to prepare for the unknown and to this end, the ISDH has updated the pandemic toolkits for local health departments to educate and assist their communities in preparing for the fall. The updated toolkits will be distributed in the near future to you.

## **National Summits**

Last week, I attended a summit in Atlanta with CDC, state and local officials to address gaps and planning needs for the nation. I will forward the highlights of this summit to you in the next two weeks. On July 9, 2009 the Secretaries of HHS, Homeland Security, and Education will convene a summit at NIH in Bethesda, MD to address the roles and priorities of each federal agency. I will be attending this summit and will forward the highlights to you as soon as possible after the summit.

## **Indiana Public Health Pandemic Meetings**

You should have received a “save the date notice” regarding the dates that we have scheduled meetings to convene local health department leadership to discuss preparations for the fall. The dates and locations are:

**Monday, July 27<sup>th</sup>** - French Lick Resort, 8670 West SR 56, French Lick, IN 47432 – Orange County

**Tuesday, August 4<sup>th</sup>** – Honeywell Center, 275 West Market Street, Wabash, IN 46992 – Wabash County

**It is vital that you attend one of these meetings.** This will be your forum to ask questions and for us to hammer through details for the fall.

**Please RSVP to Jessica Trimble at [jtrimble@isdh.in.gov](mailto:jtrimble@isdh.in.gov) or via phone at 317-234-6623.**

## **CDC Emergency Funding**

Congress appropriated \$350M for state and local pandemic preparedness. CDC has been working to devise a way to award the emergency supplemental funds without having them fall under the PAHPA requirements for Match and Maintenance of Funding. Currently, the only viable solution is to take it out of the PHEP stream and move it to a new funding announcement - Public Health Emergency Response (PHER). There will be a new funding announcement and guidance which will be very brief. This approach will avoid the complications associated with carry forward since the current PHEP project period is scheduled to expire this year. The process will be streamlined and shortened to make it as easy as possible. A budget and a brief narrative will be required

initially, followed by a gap analysis submission (3-4 weeks later) for pandemic response using a standard template which is currently under development.

Allocations will be as follows: \$90M for HPP, \$130M for mass vaccination planning, \$130M for epidemiology/laboratory/other. CDC wants to get the money awarded by July 31.

Due to the short turn around, ISDH must move quickly. Staff from ISDH will be contacting you regarding various issues including your needs to be able to store vaccine, document and execute mass vaccinations to priority groups.

We will continue to update you on the situation as the summer progresses. You can help now by working with your local emergency management, hospitals, schools, elected and business leaders to prepare the communities you serve.

#### LHD Vaccine Document

The World Health Organization (WHO) has declared the H1N1 outbreak to be influenza pandemic. The virus is not going away. Therefore we must prepare to administer a new vaccine. This document is a heads up for local health departments to begin thinking about how to accomplish the required mass vaccination.

#### Here is what we *know*

- H1N1 is a novel virus with no apparent pre-existing immunity.
- The Centers for Disease Control and Prevention (CDC) has released the virus to several drug companies so they may begin developing a vaccine.
- The vaccine will be in clinical trials this summer.
- It will be released to health departments sometime this fall.
- Because the federal government is paying companies to develop the vaccine; the CDC will be involved in the distribution, and there will be no charge for the medication.
- The quantity of vaccine delivered will be based on population.
- The vaccine will be shipped in a relatively “large” quantity at first. Small amounts will come at intervals over time after that.
- All vaccine doses administered will need to be entered into the Indiana Immunization Registry, CHIRP, so ISDH can track the data for the CDC.
- The process for administering the vaccine needs to be under the control and management of the Local Health Departments (LHD).

#### Here is what we *think* we know

- There will probably be two injections required, a few weeks apart.
- The vaccine will not be combined with the trivalent seasonal flu vaccine.
- The vaccine will likely be shipped directly to LHDs as directed by ISDH and the CDC.
- The CDC will provide syringes and other necessary supplies which will also be shipped directly to LHD's..
- The vaccine will need to be administered according to priority groups as designated by the CDC.

#### Here is what we *don't* know

- We don't know when the vaccine is coming.
- We don't know if the vaccine will come with an adjuvant that will need to be mixed with the vaccine before it can be administered.

- We don't know how much we will get.
- We don't know what the priority groups are.

Here is what you need *to do*

- Be prepared to receive and properly store H1N1 vaccine in your county. Initial shipments of H1N1 vaccine may be large so counties will need to identify and prepare adequate storage capacity and cold-chain management.
- Expect and be prepared to store additional weekly shipments of H1N1 vaccine
- All doses of H1N1 vaccine are required to be entered into the CHIRP Immunization Registry.
- Develop local knowledge of priority groups in your area based on the CDC guidance at <http://www.pandemicflu.gov/vaccine/allocationguidance.pdf> Be aware these groups may change, but it is a place to start.
- With the first shipment of vaccine you may choose to go to the client instead of having the clients come to you to avoid having to turn people away who do not meet the criteria for first tier vaccination. You may wish to give hospitals and clinics an allotment of vaccine for them to vaccinate their own people. Each of these immunizations still needs to be entered into CHIRP. CHIRP will also allow you to track the second dose if needed.
- Plan for how you will vaccinate the public once enough vaccine is available for everyone.
- Bring in your community partners to help with the planning and administration.

We will keep you posted as guidance from the CDC is developed. For questions, please feel free to contact Beth Hampshire at [bhampshire@isdh.in.gov](mailto:bhampshire@isdh.in.gov) or via phone at 317-233-7570.