



Pandemic Influenza

Get Informed...Be Prepared

A newsletter for Minnesota organizations preparing for a possible influenza pandemic.

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Focus on local pandemic planning efforts

This month's newsletter highlights some of the remarkable pandemic planning activities spearheaded by local partners across the state.

The activities range from exercises involving community clinics and schools, to unique mass vaccination storage and transportation methods, to skits that bring laughter and audience participation to what might otherwise be rather dry personal and family preparedness presentations.

Look for the stories on pages 2-4 and consider following up with the contact persons listed if you'd like further details about these activities.

Item of note regarding the new publication schedule of this newsletter.....

Beginning this month, the Pandemic Influenza Newsletter will convert to a bimonthly (every other month) publication. Look for the same timely and useful information delivered six times per year.

Thank you for your continued support of this newsletter.

Draft guidance on allocating and targeting pandemic influenza vaccine

The U.S. Department of Health and Human Services (HHS) and the Department of Homeland Security (DHS) are seeking public comment on the draft Guidance on Allocating and Targeting Pandemic Influenza Vaccine, just released October 17, 2007.

In a pandemic, until there is enough vaccine for everyone, determining which individuals and groups should have priority access to available vaccines is one of the more challenging problems planners face.

The federal government has been soliciting advice from influenza experts, state and local public health officials, homeland security experts, ethicists, private-sector stakeholders, and the public. In a series of meetings held last fall and winter, experts and the public identified the most important vaccination goals as protecting those who will first respond to the pandemic and care for the sick, those who keep vital community services working, those who have increased exposure due to their jobs, as well as pregnant women and children.

In response to this input, a federal interagency working group has developed draft guidance to assist state and local governments, communities, tribal and territorial governments, and the private sector in allocating a limited supply of pandemic vaccine.

Public comment is the next step. It's important now to get more people engaged in this discussion.

Comments may be submitted on or before December 31, 2007. Links to the draft documents and for submitting comments are provided below:

<http://pandemicflu.gov/vaccine/prioritization.html>

<http://www.aspe.hhs.gov/panflu/vaccinepriorities.shtml>

MDH Pandemic
Influenza
Newsletter

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"Good Idea" from Carver County Public Health



Carver County's ReadyCarver Trailer

In December 2006, Carver County Public Health (CCPH) held a flu shot clinic at a mass dispensing site in Chaska. Valuing every chance to practice their emergency plans, CCPH decided to treat the clinic as a mass dispensing exercise. Employees loaded vaccines, medical supplies, signs, barriers, radios, informational materials, and other supplies into their vehicles and drove to the clinic. While many lessons were learned, the most important one was that employee vehicles are not the best way to move supplies and equipment efficiently or safely.

Public health staff used creative problem-solving in regard to the transportation issue identified and a number of possible solutions were considered, including hiring an outside company, working with other Carver County departments to haul equipment, or purchasing a vehicle for transport. Following the principle of YOYO (You're On Your Own) in a large-scale emergency, CCPH decided it needed the ability to move its own equipment. In consultation with Carver County Emergency Management, the Carver County Sheriff's Office and a local CERT team, it was decided that an enclosed trailer would be the most effective and cost efficient fix.

This solution, however, created a new predicament. Trailers must be pulled by something. The problem was solved with help from Carver County Public Works, as they just happened to be retiring a one-ton cargo van. Not only could the van pull the trailer, it actually increased the amount of cargo that could be transported in an emergency.

The ReadyCarver trailer is customized to be safe and effective. To make loading and unloading of the trailer easy, it was equipped with a ramp door which allows equipment to be rolled in and out with very little lifting. The interior is fitted with a tie-down system configured

to hold three rolling medical carts, three large rolling security trucks, and other equipment. The security trucks look like large lockable cages on wheels. The trailer is equipped with interior fluorescent lights and electrical outlets, and the combination of van and trailer holds virtually all of the mass dispensing equipment that CCPH owns. Climate controlled parking allows for both the van and trailer to be preloaded with equipment and supplies.

Less than a year after the previously described incident, the van and trailer were successfully used for a flu immunization clinic. Preloaded carts and supplies were placed and secured in the trailer in less than 15 minutes and unloading at the clinic site took only five minutes. And best yet--not a single employee had to carry equipment or supplies in their personal vehicle.

Want to learn more about the ReadyCarver van?
Contact Josh Carlyle at 952-361-1303 or
jcarlyle@co.carver.mn.us

Exercises

Olmsted County school tabletop exercise

On October 11, Olmsted County Public Health Services facilitated a pandemic school closure tabletop exercise with leadership from the six school districts in Olmsted County. The tabletop used the scenario and materials developed by MDH for the school closure tabletop they hosted in January 2007. It included three scripts depicting three different timeframes in the unfolding of a pandemic: 1) plan for school closure given a three-week notice by the governor, 2) process of closing the schools, and 3) plan for reopening the schools.

A primary objective was to raise awareness among the districts about the issues the schools and community might face during a pandemic. Olmsted County was fortunate to be part of the MDH exercise in January, but the local districts and other emergency preparedness partners were only partially represented. Holding a similar exercise locally allowed the county to expand participation and discuss local coordination issues in more depth. It also provided an opportunity to discuss how schools connect into the overall community response and the county's emergency operation plan.

Many lessons were learned. Among the key areas for the districts was the importance of sharing ideas and plans to help in the coordination of the response and also avoid "re-inventing the wheel" since each district is at a

Exercises (cont. from page 2)

different point in the planning process.

A key next step is to develop a system for ongoing communication with the districts to help keep pandemic planning at the forefront. This may include the use of the county's school public health nurses serving as liaisons to each district (which could also be their role during a response).

Olmsted County would highly recommend other counties replicate the exercise using the MDH materials. Though the length of the exercise was shortened and some of the materials were modified slightly, it was a relatively easy tabletop to organize and carry out. The video clips effectively grabbed the attention of the participants and also provided educational messages about the many issues and challenges of a pandemic response.

Interested in finding out more about this exercise experience? Contact Pete Giesen at 507-328-7434 or giesen.pete@co.olmsted.mn.us

HealthPartners pandemic drill experience



On October 13, 2007, HealthPartners Como Clinic held their first pandemic drill.

Over a year ago, HealthPartners Como Clinic held a tabletop exercise with a pandemic influenza scenario. During that test, clinic staff designed triage and patient flow for a pandemic surge and began to think about drilling the plans to see if they would actually work.

Pitching the drill idea

Como Clinic put together a small team and made a proposal to HealthPartners management. Considering the work that had been done with business continuity plans, a drill was the logical next step. The goals were to test patient flow, triage, and a behavioral health component. Behavioral health was included because research and

experience suggests that its health impact in such an event could be much greater than the physical impact alone.

It was also extremely important that the lessons learned from the drill benefit all the clinics and that the findings be shared with the community as well through the Metro Clinic Coordination Workgroup (MCCW).

With a budget of \$2000, recruiting volunteers was essential with a goal of soliciting 100 patient volunteers and 40 clinic volunteers.

The drill

During the drill, symptom cards were given to each patient volunteer. The cards were coded so it could be determined if patients were triaged appropriately. Triage forms were used to separate out influenza patients, and color-coded cards and signs directed patients through the clinic along flu and non-flu pathways.

Highlights

- 105 people were triaged.
- The patient flow started with a greeting station outdoors, which worked nicely.
- Four nurses staffed triage, which averaged 24 seconds for a single person to over two minutes for a family.
- Triage forms worked well.
- Color coding was successful at helping people move through the clinic.
- Elevators caused a bottleneck during the patient surge.
- Escorts were available to help people along the way but more were needed.
- There was a shortage of wheelchairs and people to get them back to the triage area.
- Communication was a struggle and some of it was due to lack of training on the use of walkie-talkies. Pre-scripted messages for patient care areas would have helped staff.
- It would have been ideal to have behavioral health personnel throughout the patient care areas.
- Triage nurses would like to have been trained in emergency behavioral health prior to the drill.

The drill was designed by a committee led by Jill Thrasher, HealthPartners business continuity project manager, and Janet Dorfman, HealthPartners Como Clinic care delivery supervisor. If you would like to know more about the drill, Jill can be reached at 952-883-7191 or jill.x.thrasher@healthpartners.com

AHRQ issues guide on adapting call centers in emergencies

The Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) recently released a new report that recommends expanding the capabilities of poison control centers, nurse advice lines, drug information centers, and health agency hotlines to assist persons at home or in public shelters in the event of a public health emergency such as an influenza pandemic.

The report, *Adapting Community Call Centers for Crisis Support: A Model for Home-based Care and Monitoring*, includes strategies and tools designed to help community call centers respond to callers concerned about their health risks; collect disease surveillance data; assist with sorting calls according to urgency; assist with monitoring or contacting persons quarantined at home; help callers identify dispensed drugs, provide instructions on how to take them, and explain potential adverse reactions; and train health call center staff to identify callers who may benefit from referral to mental health care providers.

"Community call centers have long been a credible source that people can turn to for health information," said AHRQ Director Carolyn M. Clancy, MD. "Leveraging these existing resources will allow clinics, outpatient departments, and emergency departments to devote their attention to caring for those in most need of help."

View the press release at:

<http://www.ahrq.gov/news/press/pr2007/callctrpr.htm>

Or find the entire report online at:

<http://www.ahrq.gov/prep/callcenters/>

- *The Pandemic Vaccine Puzzle*. A CIDRAP seven-part series investigating the prospects for development of vaccines to head off the threat of an influenza pandemic posed by the H5N1 avian influenza virus:
<http://www.cidrap.umn.edu/cidrap/content/influenza/panflu/news/oct2507panvax1.html>
- HHS releases *Pandemic and All-Hazards Preparedness Act Progress Report (Nov. 2007)*:
<http://www.hhs.gov/aspr/conference/pahpa/2007/pahpa-progress-report-102907.pdf>
- *Influenza Pandemic Planning Guide for Homeless and Housing Service Providers*, developed by Seattle-King County, Washington:
<http://www.metrokc.gov/health/pandemicflu/panflu-guidelines-homeless.pdf>

The Last Word...

Humorous skit brings audience participation to personal and family preparedness

Liz Ballard, Mahnommen County, has a unique way of grabbing the attention of audience members when she educates them on preparedness.

She has developed two short skits that she presents at public information sessions. One is entitled "Unprepared" and the other is "Prepared." Each is about 7-11 minutes long and she changes them slightly according to audience demographics. The presentations are essentially acting monologues--some parts serious but a lot of humor.

Liz believes the live dramatic humor adds fun and individual interest for her audiences on a subject that people sometimes find dry or hard to relate to.

Liz has received positive reviews for her performances. If you'd like to know more about this creative and well-received approach, contact Liz at liz.ballard@co.mahnomen.mn.us

Pandemic Flu Digest

Resources of interest

- HHS releases new toolkit to help community leaders educate their constituents about steps they can take to prepare for an influenza pandemic:
<http://www.pandemicflu.gov/takethelead/index.html>
- *EMS Pandemic Influenza Guidelines* provide a framework for coordinating planning efforts consistent with the National Security Strategy:
<http://www.nhtsa.gov/people/injury/ems/PandemicInfluenzaGuidelines/>

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<http://www.health.state.mn.us/divs/idepc/newsletters/panflu/index.html>