

2009 H1N1

PANDEMIC IN UTAH

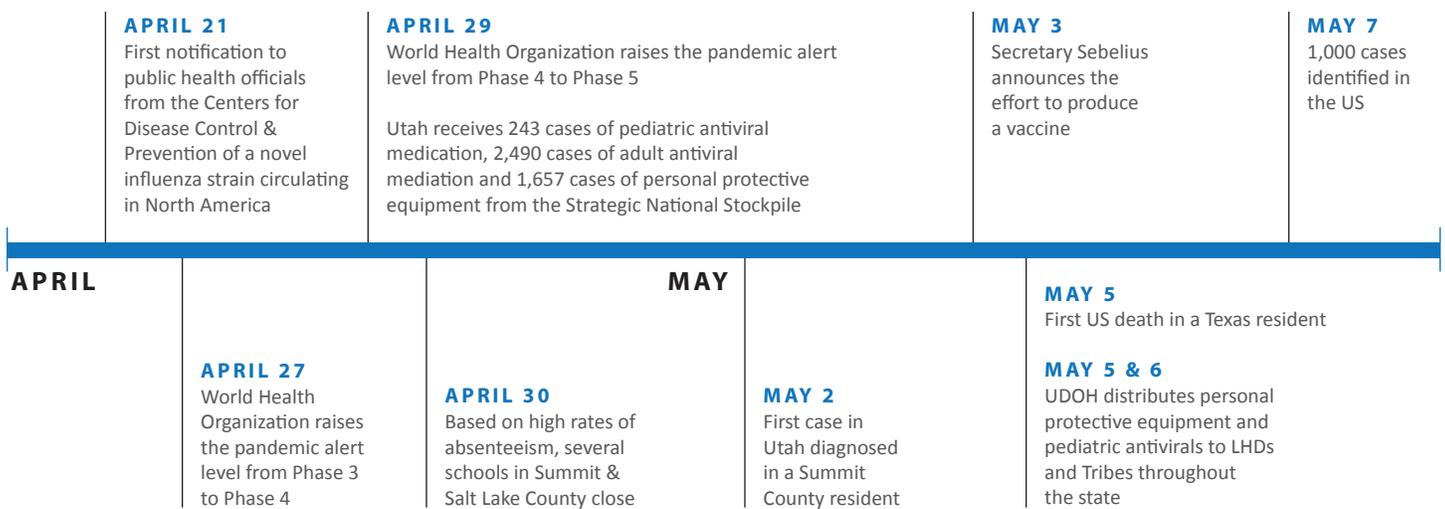
The 2009-2010 influenza season in Utah was the most active influenza season recorded in recent history. Compared to previous seasons, 2009-2010 showed the highest rates of influenza-like illness and influenza-associated hospitalizations. Utah experienced two distinct “waves” of 2009 H1N1 Influenza A (H1N1). The first wave occurred in the spring of 2009, with the first cases of H1N1 being identified by public health in May 2009. The first wave of illness peaked in July 2009. The second wave of H1N1 began in August, was two to three times stronger than the spring wave, and ultimately peaked in late October. As of February 27, 2010, 891 influenza associated hospitalizations (both H1N1 and seasonal flu) have been reported to the Utah Department of Health (UDOH). This compares to 61 influenza associated hospitalizations in 2008-2009 and prior to the outbreak. A total of 46 deaths have been reported since April when H1N1 was first identified as a Novel Influenza strain.

Utah’s public health community launched an unprecedented and far-reaching response to the H1N1 pandemic. The key partnership has been between Utah’s 12 Local Health Departments (LHDs) and the UDOH. Additionally, there has been a strong collaboration with private laboratories, clinicians, health care organizations, education officials, Tribes, media outlets, the 211 information service, faith-based organizations, and community providers and advocates. This report is a snapshot of public health’s efforts to protect the health of Utah’s citizens and to respond to the first influenza pandemic in more than four decades.

MAJOR ACTIVITIES

Disease Reporting & Investigation

Beginning with the identification of the first H1N1 case in the United States in April 2009, local and state epidemiology staff implemented enhanced statewide surveillance to detect H1N1 cases. Specifically, staff tracked influenza cases, hospitalizations, and deaths; volume of visits to emergency rooms and clinics; and school absenteeism rates and school closures. Public health agencies developed daily and weekly reports that were distributed to a broad audience. The Utah Public Health Laboratory (UPHL) rapidly implemented and validated newly developed testing procedures that allowed for the positive identification of H1N1 cases without having to send samples to the CDC in Atlanta. UPHL was one of the first state laboratories in the U.S. to implement the new test. UPHL staff also assisted several private laboratories in Utah to develop commercial versions of the test, substantially increasing the availability of diagnostic testing for clinical purposes.



TIMELINE 2009

Immunization Campaign

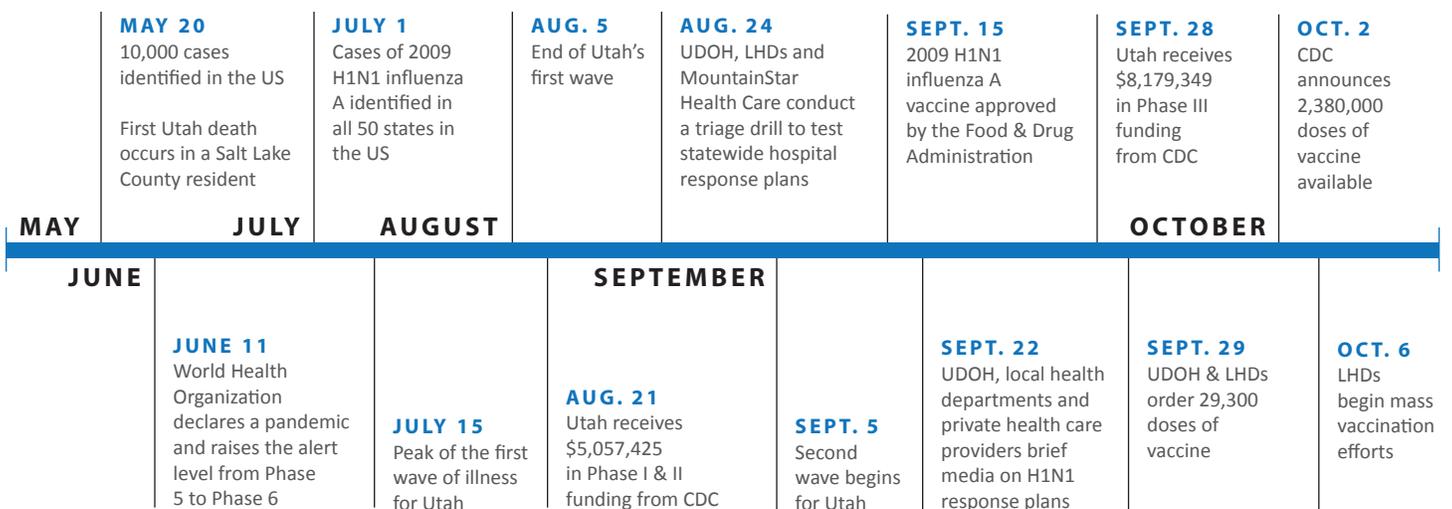
More than 925,000 doses of H1N1 vaccine have been distributed statewide since Utah first began receiving the vaccine in October 2009. LHDs worked continuously within their individual communities to coordinate and assure that the vaccine was offered first to those who were at the highest risk. Eventually, more than 400 providers statewide provided access to the free vaccine. Public health’s efforts paid off, and Utah boasts one of the highest vaccination rates in the United States at nearly 23 percent, with the national average being 19 percent. Immunization clinics, organized and staffed by LHDs, were held across the state at local health clinics, schools, shopping malls, parking lots, fairgrounds, pharmacies, the Salt Lake International Airport and convention centers.

Communication & Public Information Effort

Providing accurate, timely public information from trusted experts was the central challenge for communication professionals. Each local health department used a variety of tools to reach specific audiences including traditional media outlets, social media tools such as Twitter and Facebook, public health websites and reverse-911 dialing capabilities. These communication tools were critical in informing the public about H1N1 vaccination efforts and general disease prevention guidelines. State and local public health communicators also worked with their counterparts in the private health care sector to develop a statewide campaign using the web, news media and paid advertising to get the message out. Another successful partnership was forged with the statewide 211 Information Hotline, armed with information from state and local health departments, 211 operators were able to provide accurate information to callers from all over the state.

Emergency Response Funding

Utah received \$13,236,774 from the CDC for H1N1 response efforts. Funding was received in three different phases as the response effort progressed. Overall, 83 percent of this funding (\$10,986,522) has been passed directly to LHDs and Tribes. Utah received its first phase of funding in July 2009. Phase 1 money helped the UDOH, LHDs and the UPHL prepare for the second wave of illness and the impending vaccination campaign. It also covered the purchase of additional stockpiles of antiviral medications and laboratory supplies and equipment. LHDs used the funds to purchase critically needed refrigeration units for storing vaccine, complete website upgrades and purchase other supplies. This pandemic stretched the staffing capacity of LHDs. Without federal funding to hire temporary staff, many LHDs would not have been able to respond at the desired level. Phase 2 & 3 funds have been used exclusively for the statewide mass immunization campaign (staffing, supplies, marketing and equipment) that began in September 2009 and continues through today.



TIMELINE 2009

LEARNING FROM THE EVENT

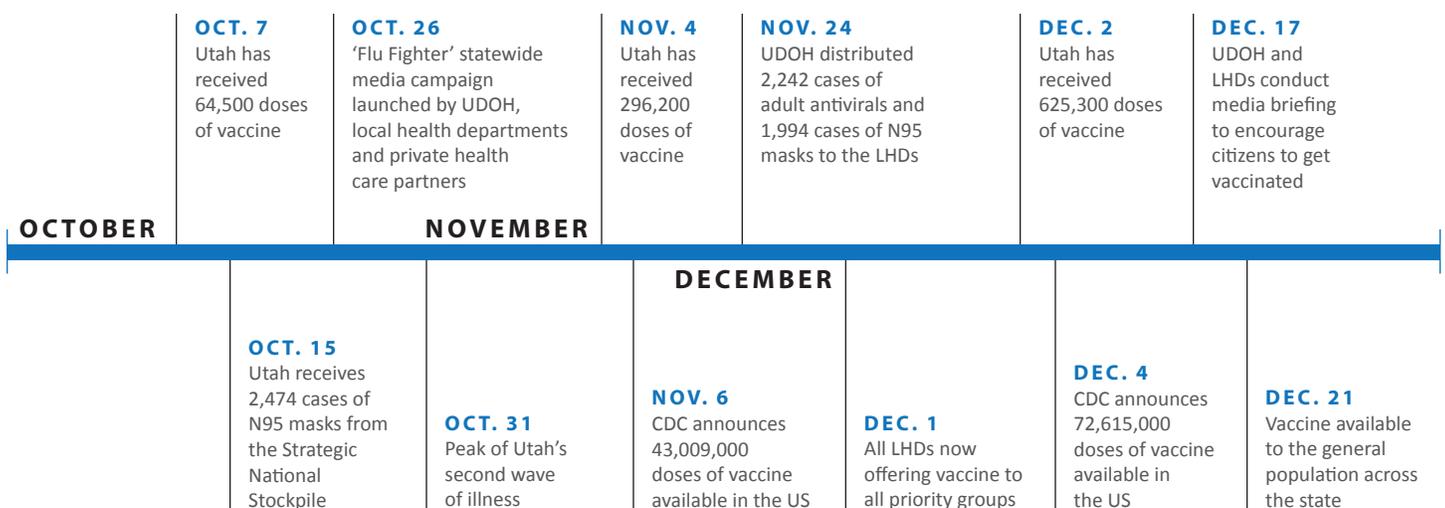
In January 2010, a select group of local health officials and key leadership from the UDOH met to conduct a ‘hot wash’ of the response activities from the past 10 months. The information below is a consensus of the greatest successes, most important overall challenges and principle lessons learned.

Greatest Overall Successes

- Vaccinated nearly 25 percent of the population effectively and quickly
- Huge constituent building success—more people either called, viewed a website or visited a local health department than ever before
- Pandemic response planning has been ongoing for the past eight years and was very valuable in responding
- Flexibility to meet diverse local needs was stressed at all levels
- Enhanced ability to respond to a public health event in the future
- Brought staff together as a group and created opportunities for team building and cross training
- Built confidence as a public health system
- Successfully dealt with anti-vaccine constituencies
- Quality of communication effort to constituents—used social media (Facebook, Twitter, etc) to quickly communicate directly with the public
- Used science based, not politically based, decision making processes
- Healthy dependence on local public health by both the state and private health partners
- Mass clinics helped to rapidly vaccinate many citizens, previous practice with these types of clinics helped improve the response
- Use of community-based providers helped ease the congestion in some local health departments

Overall Challenges

- Failure to clearly communicate the availability of vaccine, the different vaccine types and who should be vaccinated
- Overpromising by the federal government as to when the vaccine would be available
- Limited public awareness campaign budget
- Initial coordination with constituents
- Internal public health system communication
- Long lines at mass clinics in the beginning may have caused some lost opportunity to vaccinate those at risk
- Direct pharmacy delivery by CDC late in the process caused relationship issues with local pharmacies in some local health departments



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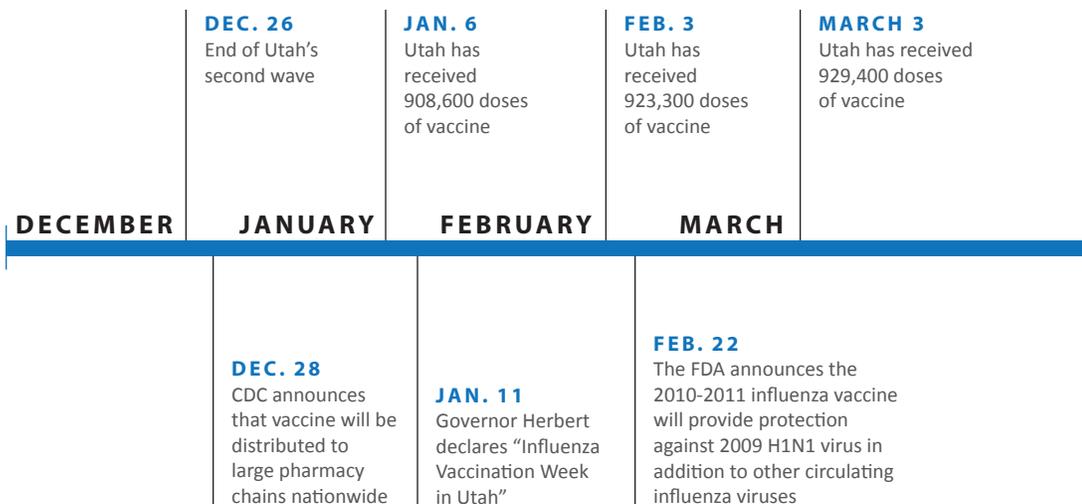
Lessons Learned

- Ability to adapt is strong across the public health system in Utah
- Use an appointment system for mass vaccination clinics to avoid lines
- Are mass clinics the best approach or should we consider more interaction with the private sector for future efforts?
- Keep the public informed step by step, using a variety methods
- Remain calm, expect the unexpected, know that we can rely on ourselves and our staff in an emergency
- LHDs can perform to meet the expectations of the public they serve
- Keep staff better informed on events, activities, progress and issues
- Some legal issues around the ability to distribute medications during an emergency remain unanswered
- Meet with and respect those individuals and groups who are concerned about or oppose vaccination

NEXT STEPS

Influenza circulation in Utah is currently low and the vaccination campaign to date has been a success in preventing a third wave of illness. It is critical that public health professionals across the state continue efforts to monitor for changes in the influenza activity. This is also a crucial time to evaluate the major activities undertaken in the past 10 months. To that end, local, state and private providers will focus on the following goals:

- 1) Continue immunization efforts & disease surveillance activities
- 2) Conduct an analysis of 2009 H1N1 vaccination campaign strategies in Utah
- 3) Evaluate the effectiveness of public information efforts in Utah
- 4) Complete debriefing activities in each LHD, with the Public Health Emergency Preparedness Advisory Committee and with UDOH staff



CDC announces that 126 million doses of 2009 H1N1 vaccine have been shipped. Utah has received nearly 930,000 doses of H1N1 vaccine. It is now widely available across Utah at doctor's offices, health departments, clinics and pharmacies. Cases of 2009 H1N1 influenza A illness continue to occur in small numbers across the state. To date, there has not been an indication of a third wave of illness. Modeling by CDC of immunization and infection rates estimate that over 70% of Utahns are immune to the 2009 H1N1 virus.

TIMELINE 2009-2010

BEAR RIVER HEALTH DEPARTMENT
CENTRAL UTAH PUBLIC HEALTH DEPARTMENT
DAVIS COUNTY HEALTH DEPARTMENT
SALT LAKE VALLEY HEALTH DEPARTMENT
SOUTHEASTERN UTAH DISTRICT HEALTH DEPARTMENT
SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT
SUMMIT COUNTY PUBLIC HEALTH DEPARTMENT
TOOELE COUNTY HEALTH DEPARTMENT
TRICOUNTY HEALTH DEPARTMENT
UTAH COUNTY HEALTH DEPARTMENT
UTAH DEPARTMENT OF HEALTH
WASATCH COUNTY HEALTH DEPARTMENT
WEBER-MORGAN HEALTH DEPARTMENT