



NATIONAL ASSOCIATION OF  

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Community Health Centers



America's Voice for Community Health Care



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## *America's Voice for Community Health Care*

### **The NACHC Mission**

To promote the provision of high quality, comprehensive and affordable health care that is coordinated, culturally and linguistically competent, and community directed for all medically underserved people.



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CHCANYS Monthly EP Call

# Pandemic Influenza

The Time to Prepare is NOW

Mollie Melbourne

April 11, 2008

# Pandemic Influenza

“The pandemic influenza clock is ticking. We just don’t know what time it is.”

Dr. Ed Marcuse, former member  
Advisory Committee on Immunization Practices





# Presentation Objectives

- Provide overview of Influenza - seasonal, avian, and pandemic
- Discuss planning considerations for health centers
- Summarize Pan Flu Plan components

# Bird Flu Hits Florida





# Influenza 101

- Highly contagious respiratory disease
- Symptoms
  - Sudden onset
  - High fever (100.4° or higher)
  - Chills, cough, headache, sore throat, stuffy nose, muscle aches
  - Weakness and/or exhaustion
  - Diarrhea, vomiting, abdominal pain



# Influenza Cycle

Day 0	Become Infected
Day 1-4	Disease Incubation (2 day average)
Day 1-6	Contagious (1 day before symptoms to 5 days after symptom onset)
Day 2-9	SICK (typically 2-5 days)
Day 4-14	Fatigued (1 week+)

# Spread of Influenza





# Seasonal, Avian or Pandemic?

- Seasonal
  - November through March in US
  - 5-10% attack rate
  - 30,000 - 50,000 deaths
- Avian or Bird
  - Primarily affect birds
  - Limited or no illness in humans
- Pandemic
  - New influenza strain that causes illness in humans
  - Little or no human immunity
  - Higher than seasonal attack rates - possibly 25% - 35%
  - Pandemics typically last about 18 months
  - Two to three distinct waves



# History of Pandemics

- Reports back to 412 BC
- Earliest recorded in 1580
- 10 pandemics recorded in past 300 years
- Average of 24 years between pandemics
- 20<sup>th</sup> Century:
  - 1918-1919 Spanish Flu (550,000+)
  - 1957-1958 Asian Flu (70,000)
  - 1968-1969 Hong Kong Flu (34,000)



# World Health Organization Phases

- Phases 1&2 - No new viruses subtypes detected in humans
- *Phase 3 - Human infection(s) with a new subtype but no or very limited human to human spread*
- Phase 4 - Small clusters with limited human to human transmission
- Phase 5 - Larger clusters but human to human spread is still localized
- Phase 6 - Efficient and sustained human to human transmission



## Why worry about H5N1?

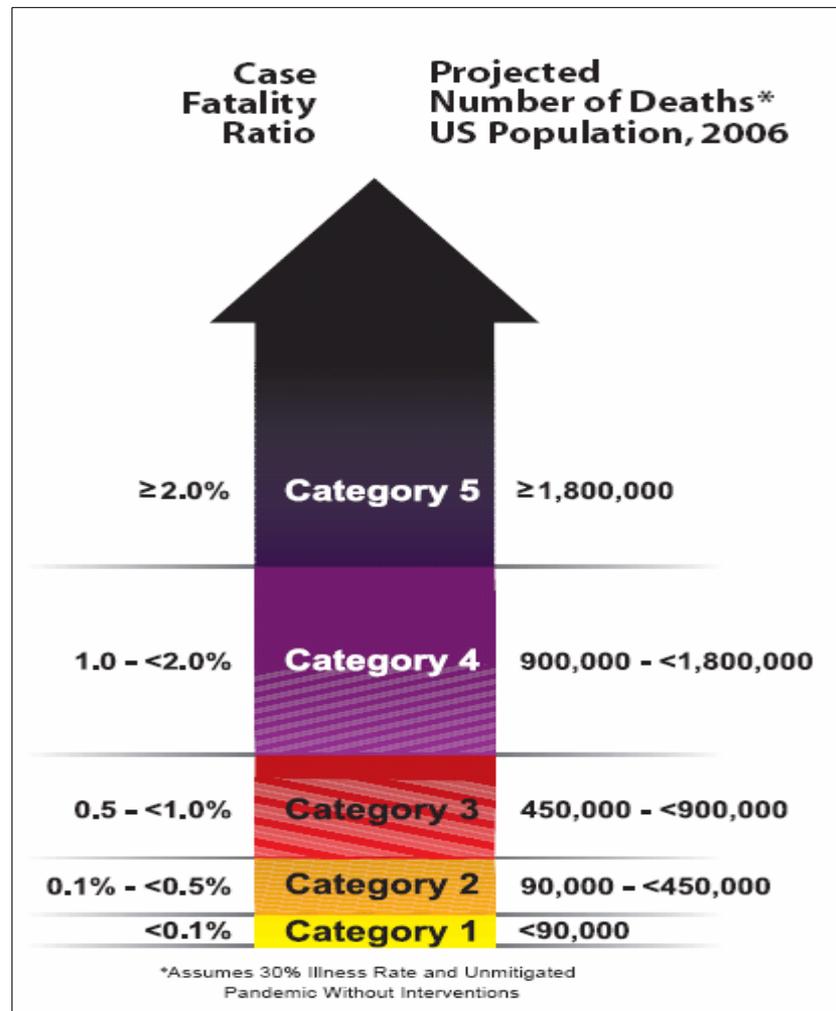
- High CFR
- Novel Strain - people have no immunity
- 'Out of Control' in bird populations in some areas - Indonesia, Egypt, China, Vietnam?



## Who is getting sick?

- Median age of victim is 18 years old
- 52% under 20; 89% under age 40
- 76% of victims between 10-19 have died
- 40% CFR in patients over 50
- 44% CFR under 5
- 49% CFR aged 5-9

# Pandemic Severity Index





# Projections for Next Pandemic

- All Americans:
  - 90.4 million ill
  - 45.2 million seeking outpatient services
- CHC Patients:
  - 5.1 million ill
  - 2.55 million seeking outpatient services
- NY CHC Patients\*:
  - 3.8 million ill
  - 1.9 million seeking outpatient services



# Planning Considerations

- High absenteeism - 30% or more
- Healthcare system will be stressed - broken??
- Social distancing measures may be initiated
- Will likely have less than 6 weeks of warning before pandemic hits US after being announced
- No vaccine for at least 6 months; antivirals will be in short supply; antibiotics may be largely unavailable (secondary bacterial infections)
- 40 years since last pandemic (16 yrs > average)
- WHO Phase 1-3 are for planning; 4-6 are for plan execution
- It's a matter of WHEN, not IF



# Health Center Planning

- Surveillance
- Communications
- Staff Education and Training
- Patient Information
- Triage
- Infection Control



## Surveillance

- Develop/maintain system for monitoring public health advisories and tracking current situation
- Monitor influenza-like illness (ILI) in both patients and staff. Create system for tracking and trending
- Work with local health to define reporting protocol



# Communications

- Get contact lists together - with multiple ways of reaching each person - local health/other healthcare facilities/CHCs
- Create resource contact lists - medical supplies, equipment, utilities
- Assign one person to for official communications (media, elected officials, etc.)
- Create patient contact database
- Enroll in Health Alert Network
- Set up redundancy - HC phone, cell phone, email, text messaging, etc.



## Education and Training

- All staff should be trained on Incident Command System (ICS), infection control, pandemic flu, etc.
- Staff should be trained and tested (drills and exercises) in their roles
- Include in new staff orientation
- Maintain record of staff education and training
- Support personal preparedness for staff



# Patient Information

- Seasonal and pandemic influenza patient education material - in a manner that best suites your patients
- Develop way to educate patients with low literacy
- Incorporate personal & family preparedness into patient education materials and process
- Plan for development, printing and stocking of materials for waiting areas
- Find out what other agencies that serve your patient population are doing in their preparedness activities
- Advocate on the behalf of your patients in community wide planning efforts



## Triage/Management of Patients

- Establish system for phone triage (to limit patient visits to HC)
- Participate in alternative care planning with local health, hospitals - (hospitalize, home health care, family care, etc.)



## Triage/Management of Patients (cont)

- Develop plans for managing patients at peak periods of pandemic:
  - Temporarily cancel non-essential visits
  - Separate waiting areas for influenza patients
  - Separate appt times for influenza and non-influenza essential visits



# Infection Control: Preventive Measures

## Establish:

- Specific waiting room/exam room or area for symptomatic patients
- Signage (language appropriate) to notify receptionist if patient has symptoms
- Signage on handwashing, respiratory and cough etiquette.
- Mask distribution (patients and staff).
- Standard and droplet precaution policies (if don't already have in place).



# Mitigation Strategies

- Implemented by State/local health officials
- Designed to slow spread of infection to reduce burden
- Isolation and Quarantine
- Social Distancing



# Isolation and Quarantine

- Isolation - Used for those **already ill**
  - Negative pressure room, separate entrance/exit for ill, separate waiting room/area
- Quarantine - Used for those **exposed but not ill**

# PUBLIC NOTICE

In view of the severity of the present

## Epidemic of Influenza

and in order that all efforts may be concentrated on the stamping out of the disease, the local Board of Health, after consultation with Kingston Medical Society and the Mayor, has enacted that after Oct. 16th, and until further notice,

1. Theatres and Moving Picture Houses shall be closed and remain closed
2. Churches and Chapels of all denominations shall be closed and remain closed on Sundays.
3. All Schools, Public or Private, including Sunday Schools, shall close and remain closed.
4. Hospitals shall be closed to visitors.
5. No public shall be admitted to courts except those essential to the prosecution of the cases called.
6. The Board advises the public most strongly not to crowd into street cars and to avoid as much as possible any crowded train or an assembly of any kind.

Provisions have been made by the Kingston Medical Society whereby all cases applying for assistance will receive the same either by registered practitioners or by final year medical students acting under instructions. Therefore every case of illness should send in a call to a physician.

A. R. B. WILLIAMSON,  
Medical Health Officer.



# Social Distancing

- Strategy to reduce the frequency and closeness of contact between people
- Cancellation of mass gatherings, etc.
- Avoid face-to-face meetings
- Avoid unnecessary travel, public transportation, crowded gatherings
- How does this impact providing services to your patients?

- Emergencies happen - including pandemics
- Health centers WILL be involved in EM response - whether prepared or not
- EM process is time-consuming - be patient, ask for help, seek resources
- Knowledge is power



# Questions?

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