

NACCHO

National Association of County & City Health Officials

*NACCHO Annual 2009 Conference
H1N1 Influenza Town Hall Meeting*

*H1N1:
Public Health Systems and
Our Partners Taking Action*

**Orlando, Florida
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H1N1: Public Health Systems and Our Partners Taking Action

SPEAKERS

*Gary Cox, JD
NACCHO Immediate Past President
Director, Tulsa Health Department, Oklahoma*

*Karen Smith, MD, MPH
Public Health Officer and Director of Public Health
Napa County Health and Human Services Agency, California*

*Richard E. Besser, MD
Director, Coordinating Office for Terrorism Preparedness and Emergency Response
Centers for Disease Control and Prevention, Atlanta, Georgia*

*Christine Kosmos, BSN, MS
Director, Division of State and Local Readiness
Coordinating Office for Terrorism Preparedness and Emergency Response
Centers for Disease Control and Prevention, Atlanta, Georgia*

Despite extensive planning and predicting, the outbreak of the novel H1N1 virus in spring 2009 surprised health officials in a number of ways.

“The epidemic didn’t happen during the traditional flu season,” said **Gary Cox**. “It didn’t first appear somewhere else, but was right here in North America, strong. It wasn’t a scourge of the elderly. It was not the virulent nightmare of 1918.”

However, the spring outbreak did provide public health officials with what Cox called “an excellent real-time opportunity to put all our evaluation and planning to work.” The early surge offered health officials a chance to strengthen relationships, offer help, and build networks that Cox expects to be an invaluable “base of strength” as the fall flu season gets under way.

As Acting Director **Dr. Richard Besser** was at the helm of the Centers for Disease Control and Prevention (CDC) during the spring outbreak. Dr. Besser has since returned to his position as director of the CDC’s Coordinating Office for Terrorism Preparedness and Emergency Response (COTPER). Cox praised Dr. Besser’s handling of the public health response to the outbreak.

“Every principle of risk communication was put into play,” Cox said. “Dealing with agencies, dealing with the media and the masses. The CDC did an admirable job.”

Looking toward fall, Cox said, "We hope the virus fizzles out, but we want to be prepared."

Dr. Karen Smith said the goal of this Town Hall Meeting was "peer-to-peer communication," rather than a question-and-answer session with representatives from the CDC. She encouraged participants to "think about what [they] want our partners at federal and state levels to read and hear about the concerns of this group."

Dr. Besser introduced **Christine Kosmos**, who was recently appointed director of the Division of State and Local Readiness at COTPER.

"Christine is new to CDC," Dr. Besser said. "We wanted someone with experience at the state and local level, someone who understands the challenges they face. We're now looking at how we do business, how we deal with state and local health departments, and how we can build and support preparedness."

Dr. Besser said, "If you follow the mass media, you would think that the flu has gone away, but that is not the case. There is a lot of H1N1 activity around the globe, and we are seeing continuing outbreaks in summer camps, which is a harbinger of school-year activity."

Dr. Besser said public health officials should anticipate a period of "tension and great uncertainty" as fall flu season approaches.

The CDC is monitoring H1N1 activity worldwide, particularly in the southern hemisphere, to predict what health officials may face this fall. Dr. Besser said he anticipates that the fall challenges will be greater than those faced by public health officials in the spring because the magnitude of the outbreak will be much greater.

"The spring outbreak showed us how important exercises and preparedness are," he said. Officials had believed an outbreak elsewhere in the world would give them several weeks to "rev up" in North America. Instead, the outbreak began here almost immediately.

Dr. Besser said the work done at the local level during the spring outbreak made the CDC's job much easier, and gave the public a good sense of what public health organizations do. The spring outbreak illustrated why it is important to support a robust public health system.

"The work we had done in advance got us out of the gates much faster," Dr. Besser said. "We had already been living with these questions for a number of years and had answered many of them in advance, so we never had the goal to 'quench' this virus. We ruled out containment right away. We just wanted to minimize the social disruption."

Minimizing community disruption remains a “key goal” for fall. Dr. Besser said officials at the CDC would continue to base their actions on the best available science, just as they did during the spring outbreak.

“We knew we would change our guidance and change what we did as we learned more,” he said. “We also determined we would share what we knew. We wanted to communicate a sense of shared responsibility, the idea that it is not just the government’s job to take care of this.” For that reason, communications emphasized what businesses, communities, schools, and individuals could each do to minimize the spread of the virus.

One of the CDC’s chief goals, and one Dr. Besser felt they achieved during the spring outbreak, was to enhance communication among public health organizations and with the public.

“Communication was a deliberate part of our strategy. We wanted to be first, right, and credible. We wanted people to turn to the CDC and public health officials for information, not just the talking heads on TV.”

For that reason, the CDC decided as early as the second day of the outbreak that they would not turn down any invitation to speak with the media. The CDC remained in touch with the White House, with those in public health, and with the public.

“You can do everything right in public health, but if the public and the elected officials don’t know what you’re doing, you will fail,” Dr. Besser said. “We will fail this fall if we don’t let people know what we’re doing.”

Part of the communication strategy was repetition: at every opportunity, CDC officials reinforced that there was uncertainty, and that, as officials learned more, they would update the information provided to the public. Dr. Besser said his policy was to state what officials knew, what they did not know, and what they were doing to find answers.

“We also told people that as soon as we had answers, we would tell them,” he said.

Dr. Besser emphasized the importance of “foreshadowing” in public communications. “If there is a chance you are going to have to close schools in the future, tell people,” he said. Finally, the CDC sought to empower individuals by telling them what they could do to protect themselves.

Opening the floor for the Town Hall portion of the meeting, Dr. Smith outlined five topics for consideration: Epidemiology / Surveillance, Laboratory / Testing, Medical Countermeasures, Community Mitigation, and Communication. She asked participants to identify their planning

issues for each topic and to state what their organization's response needs would be in each area.

Epidemiology / Surveillance

A participant from Florida asked the CDC to explain clearly how the funds designated for local epidemiology were to be used, and whether there would be any effort to expand training in departments where funds did not permit the hiring of additional surveillance staff. Dr. Besser said that as officials moved away from case counts and toward population-wide surveillance efforts, it would be important to help people understand the purpose of tracking. Christine Kosmos encouraged officials to use the Gap Assessment Tool to determine where the holes are in their epidemiology surveillance, so they could develop a work plan to direct the funds toward those gaps.

A Michigan participant requested guidance from the CDC on how best to use volunteers. He also noted that while public health departments can ask that hospitals take certain actions, they have no authority to enforce these requests.

In light of recent recommendations that all persons under the age of 25 be immunized against the novel H1N1 virus in coming months, one Oregon participant asked that the CDC make clear how much of the target populations it expects health departments and organizations to successfully immunize.

"We're aiming for 100%, but we need to know if 60% is an acceptable level of vaccination. What is good enough, and when do we pull back after the initial surge?" she said. "We need to find a balance between crying 'wolf' and getting people to listen to us."

She said the issue was tied to the sustainability of their effort. "We have a large department, but even our department was exhausted. I'm worried about overload."

Dr. Besser agreed that officials need to plan with sustainability in mind. "We need the ability to surge. We also need to evaluate which functions can slow down in the event of a pandemic," he said. "Are there approvals we can get now to make it possible to sustain the effort in the fall? In small departments, it may not be possible."

A public health official from California expressed concern over the "message that this is a 'mild' virus, not like the one in 1918 but more like the Asian or Hong Kong flu." He said the medical

community may still be overwhelmed by the sheer number of cases, and plans may need to be made now for alternate care sites.

Dr. Besser said the CDC had been careful to avoid terms like “mild,” opting to refer to the novel strain of H1N1 as “not as virulent” as some other influenza viruses. Still, Dr. Besser said he expects an enormous impact based on the large percentage of the population without immunity.

“Planning now is the right thing to do. It’s great to plan and not necessarily use it. But it would be a real nightmare not to plan and to get the call from hospitals that there aren’t enough beds,” he said.

An Illinois health official requested more web-based reporting tools to ease the burden of surveillance placed on schools. “We’re looking for ways to share resources with schools, because a lot of the reporting labor gets done with school nurses, and we may be looking at some push-back,” he said. Dr. Smith agreed that “gross-level” tracking does occur at schools.

Dr. Besser said, “One of the lessons we learned this spring is that certain things are pure science and are therefore in our domain, such as the recommendation for antiviral treatment. Others are science-informed, such as deciding how to do school closures meaningfully, and how to keep kids in their chairs, learning what they need to learn, while protecting them. We had to engage with Departments of Education, school boards, and PTAs so that they were part of those decisions.”

Laboratory / Testing

A Missouri participant asked the CDC to consider issuing guidance for the release of laboratory test results.

“Some state labs feel like they have to report test results to physicians first,” he said, “and that can create a challenge to our ability to get the information out to the media and the public.” Dr. Smith agreed that often the public health officials are the last people to get the results, especially as more of the testing is done in the private sector.

A Colorado participant requested that, as surveillance moved toward population-wide data, information on the numbers of hospitalizations and deaths still be tracked and retained. A participant from Texas asked that the CDC communicate to health care providers that public health laboratories are for surveillance, not diagnosis.

Medical Countermeasures (Personal Protective Equipment, Antivirals, Vaccines)

An Arizona official said his school district was already back in session, and given the fact that they had seen sustained transmission throughout the summer, he was concerned that the second wave could begin in just a few weeks. His department is considering the advisability of using seasonal flu vaccine before the H1N1 vaccine becomes available. He expressed concern that members of the public who receive the seasonal flu vaccine and thereafter contract the H1N1 virus might contribute to a public perception that the vaccine “doesn’t work.”

Dr. Besser said it is more important than ever to get the seasonal flu vaccine. While it will not protect against H1N1, it will make it more likely that the recipient will not get another, possibly more debilitating virus. He urged public health officials to “get seasonal flu vaccinations done early.”

In response to a question from a Kansas participant about known triggers, Dr. Besser said that the virus is still new, and that there is still “a lot of uncertainty.” He said the CDC has learned that there are risk groups it hadn’t anticipated.

“We need to do continual surveillance,” he said. “In spring, the denominator was driving us nuts. We couldn’t get a handle on it. Because the information is still fluid, our guidance is going to change, and there may be conflicts in guidance as new information comes out.” He said that even when new guidance is issued, it takes time for hospitals to update practices based on earlier guidance.

Dr. Smith said, “It is important to understand the basis of guidance, so that we can understand what is likely to change.”

One participant said it would be important to eliminate confusion about key variables such as the amount of vaccine being released and the plan for its distribution, because these factors could cause a public perception that there is a shortage of vaccine. He said the logistics of implementing a broad vaccination program are daunting, and knowledge of federal plans would help local departments determine their responsibilities.

Dr. Besser said he couldn’t delve into the specifics of release amounts and availability, but he recognized the need for such information and agreed that being aware of public perceptions was crucial.

“In the spring, we engaged with Harvard to provide rapid-turnaround polling, asking people about the steps they were taking to protect their health, and getting an idea of public perception,” he said. “That information is important for community mitigation.”

One Colorado official asked that the CDC reconsider its decision to exclude the purchase of seasonal flu vaccine with stimulus funds. Another from the same state said that if Public Health Emergency Response (PHER) fund guidelines continued to allow only a \$0.33 reimbursement per vaccine, the CDC should then consider authorizing local health departments to accept payment for the vaccine from those individuals who can afford it.

“We also need permission from the federal government to use funds granted to us for other purposes for H1N1 instead,” she said. “We need explicit permission so we don’t suffer ramifications later.”

Christine Kosmos said the funding available now is for planning purposes. “There is another source of money out there for implementation, when we get to the point of vaccinating,” she said. “Those funds are based on a dollar amount per head.”

Community Mitigation

Following a question from a Washington state official regarding the advisability of using antivirals as prophylaxis, Dr. Besser said that while the CDC has advised against the use of prophylactic antivirals in this year’s summer camp outbreaks, it had not been ruled out in other settings.

A Texas participant said, “When we closed the elementary schools, we found that after-school programs stayed open and kids congregated at malls, so we didn’t do as much good as we thought we had.” She said it was important not to raise public expectations that the virus could be stopped.

Dr. Besser said that when the CDC indicated early on that schools should be closed for 14 days if H1N1 had been confirmed, it didn’t work. “People were dropping off kids at the community center. People were losing their jobs and their benefits. The information we got from you led us to back away from rapid school closures,” he said.

A participant from the state of Washington requested the development of “real evidence of what works in public health systems during emergencies.” She said current evidence is primarily peer-reviewed anecdote, and additional research funds are needed in amounts similar

to those available for medical comparative-effectiveness research. Dr. Besser had hoped that Congress would approve funding for community-based intervention research, but said that legislators had approved funds for clinical treatment only.

Communications

Two participants, one from Missouri and one from New York, commented on the need to counter misleading or incorrect public health information transmitted through social networking sites and other news sources. In recent budget cuts, many local health departments lost community liaisons who monitored such sources, but NACCHO often serves as a watchdog, preparing talking points that can be used to respond to incorrect information.

A representative from the Surgeon General's Office said the Medical Reserve Corps, a cadre of civilian volunteers, is available to assist local health departments with day-to-day and emergency operations. More information on the MRC is provided at www.medicalreservecorps.com.

A health official from California requested guidance from the CDC on what types of information should be released following a death from H1N1. "We have already had 11 deaths in Orange County, and we get a lot of pressure to release age and other personal information. We need to know what to release to balance protected individual information with what the public needs to know in case of pandemic," he said.

A Wisconsin participant raised the issue of inequity with respect to publicly available health information.

"Normally, I refer people to our website, but folks without Internet access, particularly in the inner city, don't have the same access to our information. We also have the challenge of getting information to people whose first language isn't English. I'd like to suggest the possibility of using the emergency warning system for public health purposes," she said.

A California participant said that between the spring outbreak and July 1, his department lost over 900 public health positions, and he anticipated further budget cuts. In view of these cuts, he requested that funds from the pandemic flu supplement be released.

"We're not going to get back where we were before [the cutbacks], but we need to try to fill the gaps," he said. Christine Kosmos said those staff cuts are one of her biggest worries.

“The issue of whether we are putting money on a broken system keeps me up at night,” she said. “Emergency preparedness alone is difficult in these circumstances, let alone keeping up a surge.” She said that while the CDC could not assist directly with departmental furloughs, other options might be possible, including GSA contracting and federal hiring of employees to be deployed to state locations.

A participant from Florida requested that the CDC beef up its vaccine registry and other aspects of its public information network, in view of the growing importance of health information technology.

Dr. Smith said one of the things NACCHO does best is disseminate local solutions, options, and suggestions to its nationwide base.