

NACCHO

National Association of County & City Health Officials

*NACCHO Annual 2009 Conference
H1N1 Influenza Town Hall Meeting
Survey Responses*

**Orlando, Florida
July 29, 2009**

**HOW WAS NACCHO HELPFUL TO YOU DURING THE H1N1 EPIDEMIC
LAST SPRING?**

- Your summaries were comprehensive – all I needed to prepare for talks, media, next day except for local data.
- We could trust your guidance – information was easy to read and use.
- Giving out via email new information and resources.
- Naccho wasn't helpful but we didn't think to even go to the website.
- Sending out updates in a timely fashion.
- No involvement
- Provide an alternative source of information some information from the CDC conference calls was omitted (unintentionally I'm sure.) from the notes prepared and sent by the state.
- Provide additional content to what we were already getting
- The NACCHO/CDC phones calls were helpful. Notification about these calls needed to be more widespread. I only heard about the call because I had been on a previous email list from NACCHO work.
- More health department and staff would join NACCHO if they knew about these calls. These calls were a resource no one else was offering (at least not that we knew.
- A good advocate for additional resources however, we went 24/7 for 3weeks. No matter how big your department, you still needs bodies/capacity. Lets make capacity a realty.
- Emails updates were very helpful
- I appreciated summaries of conference calls. Thank you
- Sharing CDC/ASTHO/NACCHO weekly conference call minutes
- The regular email updates on a range of H1N1 response issues.
- Advocating for funds to assist with response
- Advocating for the critical role of local pubic health in the response and containment of flu.
- During depression years, CCC was very active – I suppose MRC is a modern day form of that let's try to make major push to get all citizens involved in this – asking for money that isn't there people that have regular jobs – use the general population – Get entire population involved president is pushing volunteering.
- Compiling information and communicating with congress and federal officials
- Forwarding daily information via email.
- We need continue to reinforce what we really need –staff- for a response. As local budgets are cut, we lose staff resources and our “surge capacity.

- The identification of the student in NYC by a school nurse – bring forth the importance of school nurses – a first point access in schools for students, faculty, staff, family members and community members.
- School nurses are being cut from budget across the nation – though may be me
- Informational emails were useful
- Provision of information
- NACCHO as the conduct to CDC has and was very helpful to us. Whenever we have had question or concerns NACCHO made sure they were addressed
- Source of many valuable resources and reference for PAN FLU and H1N1 materials.
- Email updates
- Sharing other state experiences – very useful for adopting best practice from others
- Policy, legislative voice in DC
- Regular briefing notes were very helpful
- I really appreciated the updates sent to my email and links to other information on the internet
- Daily brief summaries were very helpful
- Good representation in the dialogue and response at the local level
- Daily email updates were great!
- Not really – depended on CDC and State Health Department
- Regular information (Distilled and concise)
- How to sustain case reporting even five more away from end cases to aggregate reporting
- N/A – I cannot say I was/was not affected any NACCHO'S actions. I work for federal government – Department of Health and Human Services
- NACCHO's minutes of vaccination calls between CDC, ASTHO and NACCHO were extremely helpful, as were notes on a couple other meetings that occurred less regularly.
- We shared our school closure information & policy with others via NACCHO, and made use of others materials as well.
- Resources from concurrence statement in preparedness dollars, Pan Flu, and CRI
- Resources from website and materials received from past NACCHO conferences.
- Yes. Conference call and web resources
- Planning Tool Resources Good, --- School Tool Kit helpful NACCHO website easy to navigate – useful
- Emails
- Website information on H1N1; updates
- I really found the minutes/notes with CDC helpful
- Distribution of CDC/ NACCHO conference call notes were helpful but sporadic. Perhaps need a standing committee/ staff “response team” to public health

emergencies of national scale to some as official link to federal government agencies

- Advocacy for local role in response planning with CDC/HRSA was excellent. Voices of LPHA must be heard in federal policy-making discussions. Cannot have top down planning

HOW COULD NACCHO HAVE BEEN MORE HELPFUL?

- Consider establishing a way LHD's can share tools they have developed such as case management forms.
- Also timely sharing processes that are working in clinics.
- Do not know.
- I don't know if this was available:
- Basic information on H1N1 – mitigation, signs and systems etc in major languages on websites i.e. Spanish...
- As a small health department we didn't have time to translate the specifics of H1N1, we have general Pan Flu...
- Having the tools and sample plans printed the event.
- No involvement
- In spite of their attempts, neither CDC or states really understand/appreciate working at the local level and at the local level, during an event we don't have the time to provide the information, knowledge and understanding they need to make a appropriate guidance/recommendations. NACCHO must fill this gap.
- NACCHO will have to gather information from the experience in the field and get the CDC to influence decisions.
- Health departments need an online forum where we can brainstorm with each other. We need to be able to post questions as well as a way to attach documents we want to share as templates. During H1N1, our health department spent a lot of time developing letters, information sheets, etc that other health departments were developing at the same time. Having a forum to share such documents would have conserved resources (staff time and money). Too often, state health departments filter out many questions that local health departments ask. Local health departments need more direct contact with national resources.
- Get stories of the stress health districts were under plus how that impacted normal operations out more quickly. Work with all our partners – especially schools.
- In the future if H1N1 does call upon us for a greater response and mass vaccination, NACCHO could lead a discussion and implementation of new partnership opportunities with insurance companies and pharmaceutical companies in a way that doesn't compromise public health values but helps the situation it is in their best interest to help resource public health
- Continue all of the above in the fall

- Conduct surveys of what is working and what is not in the national response. something quick and to the point would be appreciated, with results shared with ASTHO, CDC and the NACCHO membership. Work with ASTHO and CDC. to get the necessary approvals to allow staff on categorically funded grants, to exchange our surge capacity beyond the 5% current threshold. Thanks for asking!
- Anyway! OK!
- Time to federally mandate and fund school nurses on an essential member of the public health team.
- By getting control over CDC who confused everybody by changing guidance almost hourly.
- Continuing communication of best practice related to planning and response.
- Push for coordinated and explicit direction from federal agencies on use of staff funded by categorical funding
- Secure funding from “core” public health capacity
- Not sure – maybe suggestions on how to recruit volunteers/register them/and complete appropriate background checks/license check etc. and track all of this with no staff that has time for this responsibility as most of our staff have multiple roles in emergency response as it is..
- I think Red Cross should step up with this responsibility. They are already dropping the ball in shelters and saying public health should do it for public to understand ad well as others service organization
- No change – appropriate voice for local public health
- N/A
- You want real world answers? You need real-world problems /response! Studies and experiments only go so far! Generalizations only
- Sometimes it would be helpful to specify whom to contact at NACCHO or CDC if we want an issue brought to the discussion of these meetings between CDC/NACCHO/(ASTHO)
- Next time (now) – provide a rapid clearinghouse (including brief summaries of materials) to/which LHDS may post their materials for each other to use. Examples might include PSA and other brief videos, letters to parents, educational materials, etc.
- Pushed for more \$ (ask for what we really need. Not low ball the request).
- Maybe provide alerts highlighting relevant resources materials
- Host teleconference on issue – difficult to get into CDC conference calls. Some duplicate emails from CDC and NACCHO information overload!
- Real-time daily emails blasts listing activities and practices LHDs are implementing
- Assist local counties with recruiting and training volunteers.
- Assist with canned power points or brief education on H1N1 we can send a deliver to local groups including law makers, emergency managers.

- Getting CDC to come out strongly allowing state staff and federally funded grants be able to be utilized for H1N1 REPOSE. This will enable states to utilize skilled staff funded for other public health programs
- Work with CDC to create and maintain social networking site (facebook, etc.) for novel H1N1 and seasonal flu. This might help on reaching youth understand the importance of social distancing, precaution etc.
- A standard PR campaign that will be used nationally.
- Advisory for local role in response planning with CDC/HRSA was excellent. Voices of LPHA must be heard in federal policy-making discussions. Cannot have top down planning
- Advisory for funding/resources very helpful and effective.
- Need must better communication/conditions believe CDC and Department of Defense
- Military –base-specific needs, but also a community resource.
- Providing a list of tools would be very helpful.
- Much of the information forwarded to us from NACCHO was because of membership on committees. Probably more of this should have gone to entire membership.

*HIPAA –local EMS wanted addresses of all patients with H1N1 – we did not give out but had to give lot resources stating privacy rules

WHAT ARE YOUR DEPARTMENT'S PLANNING ISSUES AND RESPONSE CAPABILITY NEEDS FOR ANY OR ALL OF THE FOLLOWING?

EPIDEMIOLOGY/SURVEILLANCE

*Guidance from CDC

- Better communication with lab and LHD's.
- Will there be guidance based on surveillance done in Southern Hemisphere?
- Timely reporting
- Staffing
- Active surveillance conducted at Sunfest Celebration
- Recommendation on school surveillance – we have to be able to help them understand how this helps them.
- We need a mechanism to track # of hospitalizations and # of vents being used. Most cities can not do this yet. We also want school absenteeism data, but this is currently labor – intensive and also a political issue.
- My epidemiologist is very busy with normal illnesses – this is area that cannot be increase quickly –epi's are made, not born.
- During depression years, CCC was very active – I suppose MRC is a modern as NY form of that let's try to make major push to get all citizens involved in this –

asking for money that isn't there people that have regular jobs – use the general population – Get entire county general population – get entire county involved – president is pushing volunteering.

- At this time in MN, all of the funding for this activity will remain at the state level this may present issue for local planning abilities
- Need \$480,000 more per year for adequate EPI staff
- Staffing/training; lab send results to physicians first; need hospitalized data.
- Countywide coordination school/government collaborations
- A national public health data system not only available but approachable i.e. LDS's can afford and learn to use the system
- # of staff available due to being a small rural department for EPI, case follow-up /insurance –when we utilize existing staff other entire system jeopardizing entire systems overburdening entire system jeopardizing grant funds/outcome of normal operations
- Additional staff to conduct Epi follow-up of hospitalized influenza cases
- School surveillance important but school resources are limited to sustain
- We have a Type II team headed by a Type I Epidemiologist we have a hospital at our command.
- How to sustain case reporting –even if we move away from end, to aggregate reporting
- Although unscientific, we are looking at going our county residents the ability to self report (anonymously) information about their flu-like illness through a website to give us a better sense of what's happening in the community.
- Very thinly staffed – all other disease control ceased temporally (e.g. did not follow-up on an on initial measles report – as hoped, was a false – positive)
- Inadequate data base requiring extensive use of time – consuming paper process.
- All based on population of 475,000.
- Short at least 5 staff
- Limited staff
- Limited private providers – look to public health for all the answers
- The fact that there is insufficient capability to identify all cases of H1N1 and thus have a correct denominator for all disease attributable to H1N1, can lead to a false impression about its virulence since the number of serious cases/deaths are better known.
- Timelines in confirmation of cases
- Our LHD will be stressed by large numbers
- Should we try to recruit additional sentinel _____
- Guidance regarding the type of school surveillance that is really necessarily
- Outline all surveillance activities local health departments should be engaged in.
- Staff/workforce – lack of adequate numbers of staff to respond.

- Differentiating seasonal with H1N1 for public would be easier if lab confirmation for each is possible. What case would state HDs be doing with the funding allotted for Labs and Surveillance?
- Development of tool for reporting and analyzing school absenteeism.
- Maxed out disease investigation capacity in the spring, borrowed from STD and hired part time extra staff. That was only for two weeks. We could not sustain that much longer.

LABORATORY/TESTING

- Diminished lab capacity in some states ties LHD's hands. Can't be consistent?
- Faster turn around
- Testing for uninsured an issue for communities without community health centers or other facilities to serve non-insured and underserved.
- Swabs/ cultures performed on patients meeting clinical criteria sent to special labs for confirmation.
- Recommendations on schools surveillance- we have to be able to help them understand how this helps them.
- Only the state lab can do testing, so at this point, lab testing is only used to confirm H1N1 in a death. We are having problems recruiting CDC sentinel physicians. They don't want to any additional paperwork.
- How long do we test? Australia is seeing 770% more novel H1N1, - when do we start treating vs. testing?
- Issuance of Guidance, etc.
- We utilize our state lab only being from a rural county. Concern about their capacity to respond statewide and through the entire event of H1N1 vs. regular influenza season. How will they handle both.
- Culture media readily available for distributions to private providers
- Data from lab slow to reach LHD's -H1N1 test not widely valid after a certain level - why test?
- Receiving timely reports readily available tests.
- N/A
- I'm assuming little lab testing will occur at height of pandemic. This will likely result in about twice as many antiviral meds being dispensed compared to what would be done with lab confirmation that could be done quickly.
- Inability for State Lab to report results in a timely manner, even after actual lab results have been finalized.
- Transporting specimens to state lab
- There is insufficient capacity to doing testing on all presumptive cases of H1N1 at the State Laboratory in Nevada, Testing a higher percentage of presumptions may give a better idea about the true incidence of the disease.
- NYS ____ few other labs are available

- How are local labs to be trained to do the testing? Waiting to send and receive from state too long
- Differentiating seasonal with H1N1 for public would be evasion if lab confirmation for each is possible. What case would state health departments be doing with the funding allotted for Labs and Surveillance?
- Staffing to run samples to staff lab \$ for rapid fit test
- Need knowledge of submission and results of lab testing at state by local providers
- At local level we don't do rapid tests and we only provide specimen collection units to physician offices

MEDICAL COUNTERMEASURES (PPE, ANTIVIRALS, VACCINE)

- How do you plan for school vaccine with 16 major systems, many charters, many private that don't work together.
- Setting up clinics in school?
- Setting neighborhood board?
- Dealing with parents consents
- Put Dr. off can charge office call and admission fees but LHD are limited
- All LHD to charge \$15.00 admission fee for those who can provide.
- Antivirals for uninsured is a big issue.
- Reimbursement issue for administration fee.
- Having knowledge of who has what counter measures and who they are giving them to
- Staffing to deliver the counter measures.
- Legal and Ethical issues surrounding delivering if limited availability
- Ostelmivin
- Stocking appropriately #.
- Vaccinations priorities as it appears there won't be enough for the recommended priority population.
- Vaccination clinics given state and local funding losses- we have lost the resources to conduct significant seasonal flu clinics to anticipants new money is not enough
- We want to develop a way for physicians to pre-register online to request vaccines.
- We know PPE shortage will be an issue. Medical community expects us. to know where to get more supplies, but that is not something we track.
- Clinicians did not follow CDC guidelines my primary care provider admitted he played. We need to discuss this on a national level.
- Conflicting information of the re-use of N-95s

- We will not have enough PPE stockpiled for community partners – law enforcement, EMS, etc.
- The need to know now what federal funds will be available for operations: how much, who will receive, how will it be received, what constraints and requirements will be attached with these funds. etc.
- Volunteers for staffing POD's is a great concern – not enough in community to sustain a POD if necessary for mass vaccination – need help with volunteer recruitment which we compete with neighboring communities.
- If continue to recommend antivirals for treatment need better understanding of process necessary to get antivirals into private sector and when, how to reach vulnerable/uninsured population, etc.
- Vaccine administration – need more information out now at national level, but _____. Concern with comments in recent calls regarding not prioritizing HC workers first responders and families. All prior planning indicated this would be done. Concern re: loss of trust with our partners
- Sufficient _____ and antivirals have enough for staff
- Clear guidance on PPE and relaxation of NTS fittest requirements
- Prophy guidance re: antiviral
- Appropriate/timely distribution of antiviral and PPE, likely needed sooner than mass vaccination efforts
- Overwhelming logistics of mass vaccination campaign
- LHD's need to have permission to change(these who can afford it) for pandemic vaccine. PHER \$ are not adequate! Working on ability to “schedule” vaccination slots on-line to reduce lines during mass-vaccination clinics, distribute clients evenly over time, reduce exposure to large groups of people. (Even with round II of PHER)
- Difficulty in distributing through retail pharmacies. I.e., can't get agreements in place to abide by Federal rules for distribution without charging.
- Unclear how much to push seasonal flu vaccine prior to availability of novel flu vaccine.
- Need “paid” Medical Reserve Corp like National Guard!
- Providing vaccine to entire community with limited staff and limited community partners
- Availability and affordability issues are high on the list of concerns. Fundamental to the entire topic is the Usefulness of various countermeasures. Let's not forget that all antiviral and vaccines can have side effects.
- Utilization of pharmacists/local community pharmacies to assist with mass vaccination or medication distribution. (Pharmacists have the ability immunization certificates) to assist in a public need – they are under utilized as medical professionals. National/ state/local pharmacy associations can help!
- Plan to provide a POD or school vaccinations.
- We have good relationships with schools and school nurses

- Understanding H1N1 possible side effects esp. for those with health issues or taking various medications; i.e. auto immune diabetes, etc.
- We are spending considerable time recruiting medical personnel to help with school clinics. We have 10 nurses need approximately 200. Probably need to change. Need to know this quickly.
- How to take advantage of private corporations to deliver vaccine and _____the stress on public health.
- Concern about workforce issues – lack of adequate # of staff of volunteers to complete mass vaccinations timely.
- Differentiating seasonal with H1N1 for public would be evasion if lab confirmation for each is possible. What case would state HDs be doing with the funding allotted for Labs and Surveillance?
- Need a federal/CDC “definitive “ _____on N-95 vs. surgical type mask still vague guidelines for community use.
- More information Emergency Use Authorization (EAU) procedure
- Already having public media questions about vaccine priority groups (from ACIP decisions this week)
- Already planning with schools for vaccination clinics
- Where to continue storing antivirals that were not used during the spring event
- What is the actual vaccine amount we are going to get and how will we be able to distribute vaccine

COMMUNITY MITIGATION (PPE, DISTANCING, CLOSURES)

- Comments on effectiveness of home-made PPE.
- Need help from CDC, NACCHO, press to get message of social distancing
- Healthy _____ section “340” declaration _____ _____or small pox
- Legal abilities to issue community mitigation
- CDC messaging
- Public Service Announcements.
- Private sector “standing orders”
- Antiviral expiration date “extension”
- Does closure shift the locus of congregation?
- The health care community still wants guidance from us on who should wear N95 masks, We will ask schools to close if necessary (we closed 2 during the first outbreak).
- Special needs in mass vaccinations
- We need to stress to schools that they follow normal closure guidelines novel H1N1 is relatively mild, and school should follow their normal closure guidelines.
- Distancing is ineffective.

- There has been a lot of planning and attention re: schools. We also need to start thinking about jails, daycares, shelters and other settings.
- We receive many questions/ pushback on the 7- day's exclusion for ill/ exposed children and their siblings. What flexibility do we have? Is this likely recommendation to change
- Workplace closure? How do we intervene with private industry? Are more explicit recommendations coming?
- Guidance of Public education on a national scale.
- Guidance on school closing community events etc. – we have not should during planning – trigger points ok level to anticipate
- Continue to provide information but allow local/state levels to make decisions based on events and disease EPI vs. imposed by CDC
- Yes
- Clear early guidance on school closures, etc.
- School closure issues are very murky; public has little understanding of proactive closure vs. re-active closures. Our triggers were based on CFR, which we still can't measure months into pandemic
- Short, 13+ positions
- Need several FTE's for PIO media, facebook blog monitoring and responding
- Population of 475,000 metro area 1.9 million need at least 3 more positions
- Need positions to liaison with business, faith communications and schools 2 positions 690+ churches at least 2 positions
- 15 public schools districts need one liaison per 5 school districts 3 for public 1-2 for private
- Support for LHD's other community partners think we have the answers
- Public Health Officials in Nevada quickly identified the need to work with schools officials on school closure issues. The State Health Officer, local health officers, and school superintended developed a useful approach for decision – making.
- Need more coordination of MRC with city and county health departments ex. Houston, TX I am with MRC and have not been communicated with regarding volunteer opportunities.
- We have been working closely with schools and community college. Need to do more with business perhaps thru the Chamber Commerce
- Schools are needing any update guidance information ASAP so they can plan to communicate with parents.
- Robust, timely responding/updating will be the greatest asset.
- Wish national guidance for work places would remove the recommendation to inform coworkers for individual cases of novel flu in the workplace.
- Need clear and consistent direction re: type of PPE and use of PPE to defer public confusion and over-expectation
- Work closely with schools re: mitigation

MASS FATALITY

- Special needs center tour and disaster preparedness meeting / discussions
- Involvement with community partners in planning for man causalities.
- We will very rapidly exceed our capacity, and we have very limited surge. DMORT will have widespread demand we don't know what we will do.
- We have designated area for mass burial (worst case scenario). We also have contacts with companies that could provide refrigerate space /trucks for body storage.
- Hope we don't get there, but plans are workable.
- Hire a refrigerate truck
- I doubt this will be an issue unless virus changes significantly. We believe our plans are adequate.
- Will need assist from NYS bbasic plan in place
- Planning all needs
- Really? This issue may be a remote possibility, but should be the last priority. Get \$ to LHD's for sustainability. ASAP
- Comments: This was a great session. Lots of good ideas. Thank you for having Dr. Besser – he was very good. Thanks!
- We've got alot of expired Tamflu in our stockpile. Can CDC help explain AV to _____ the public?

COMMUNICATION

- School closure/isolation health education via media and elsewhere demonstrations of proper hand washing.
- This survey should be sent to state level public health associations so they can distribute it to local health departments.
- This is a mild disease. Only normal procedures should be followed. If it mutates – following our panflu guidelines.
- While the information was great, it was almost too much and almost required a FTE to weed through the messaging.
- Wish national guidance for work places would remove the recommendation to inform coworkers for individual cases of novel flu in the workplace.
- Bag this
- One funeral director in one county Medical examiner in another county limited space for casualties.
- If a vaccine for H1N1 becomes available, there will be a need to differentiate between seasonal flu and H1N1 vaccinations. It will be a great challenge to explain to people why they will need two or three vaccinations during the 2009

- fall season. Another major communication challenge centers around school closure decisions – WHEN, HOW, WHY, WHY NOT...
- I would 1st like to converse with Dr. Fox regarding the 3406 program. It will be essential to obtaining low cost vaccines through the prime vendor in coordination with HRSA office of pharmacy affairs.
 - NPHIC conference calls with CDC provided the most useful information. Please continue providing support for NPHIC. They are foundation resources.
 - We hope in the fall 2009, to see much more this may really be for CDC if you feel the ability to influence them more stream-lined communication from national state sectors. Sifting through the plethora of information was itself a huge time-consumer and our local stakeholders were also frustrated by multiple messages. Could you cascade the information from CDC down to us via our DOH's so we have some order and consistency? Perhaps do a daily update to hold information that is not time critical for daily "information dump"? Set time of day expectations for this information to create processes to meet the deadline.
 - Capability to monitor and take advantage of social media to spread information and counter false information. This is particularly important to reach an under 25 target group.
 - We have concern regarding the labeling of the "H1N1" vaccination program. It is not meaningful to the community to call this outbreak "H1N1. In our rural county the Boys and Girls Club closed for a week due to 2 cases of "swine flu" which in what the newspaper, the school district. The hospital all referred to it as. I am worried that our community won't relate to an "H1N1" campaign
 - General
 - Need the federal/state grant programs to allow local PH to use grant funded staff in H.W., response without having to "payback" those funders. At the local level we need to use all staff to respond to PH threats like H.N. and cannot afford to lose grant funded dollars. (Examples: w/c, etc) MCH
 - 15 Public districts need one liaison per 5 school districts 3 for public – ½ for private.
 - Much of our spring response was spent in mass public communication, community questions and guidance for providers, question answering from public call-ins, and media interviews