Pandemic H1N1 through the Looking Glass

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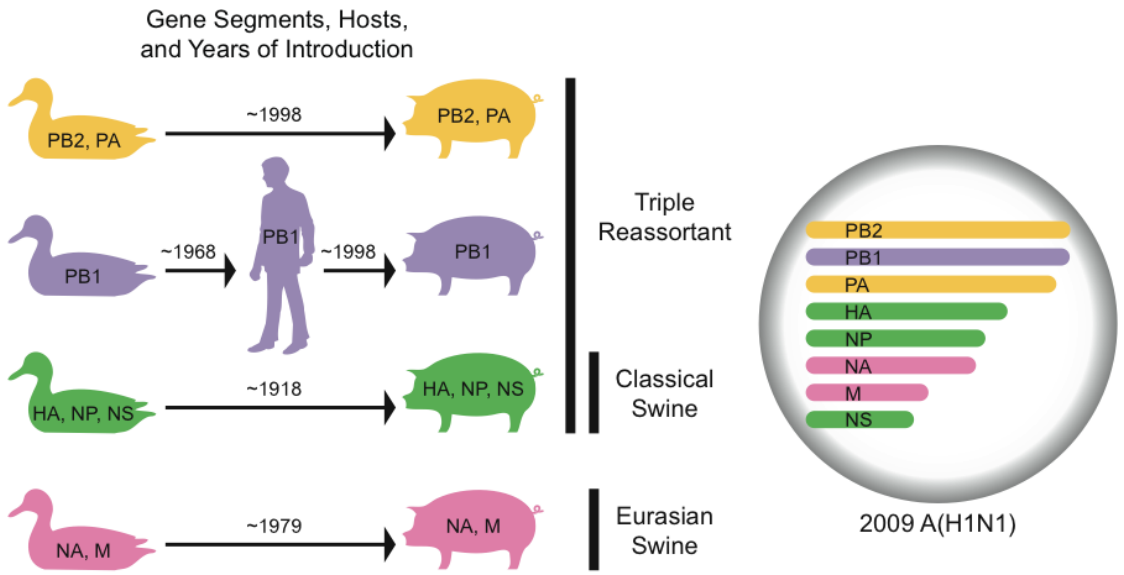
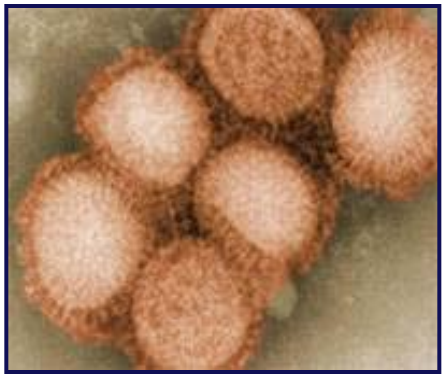
Some Objects in Rearview Mirror Appear Larger

- Surveillance
- Decisions
- Delivery
- Communication

Part 1: You don't need a weatherman to know which way the wind blows

Surveillance and Situational Awareness





First cases in Mexico: Late February–Early March

April 15
First case Identified A/California/4/2009

April 29
First Diagnostic Kits Shipped to State Labs

May 3
First Diagnostic Kits Shipped to WHO Network

May 23
Vaccine Strain Shipped to Manufacturers

Surveillance and Situational Awareness Needs

- **Tell us what is going on**
  - Attributes: Speed, accuracy, locally relevant
- **Best information we gave:**
  - Virus characterization
  - Risk groups and epidemiologic parameters from early field investigations
  - EIP, ILI-net, and AHDRA derived total burden estimates (eventually)
- **Room for improvement:**
  - Assessing severity – initially as well as if/when changes occur
  - Recognizing inflection points faster
  - Matching what we know with what media/public want to know

Part 2: Eenie, meenie, mynie, mo…

Decision-making

Decision-making in a Crisis Environment

The Highs	The Lows	The Open to Debate*
Keeping borders open	School closures (early on)	Antiviral treatment policy
Not attempting containment	Respirator and mask guidance	Not using adjuvants
Immunization target groups		

* By reasonable people

What Made Some Decisions Better than Others?

- Built on stronger evidence base
- Used pre-established decision-making bodies
- Incorporated long term experience with implementing constituencies
  - feasibility, acceptability, likelihood of success

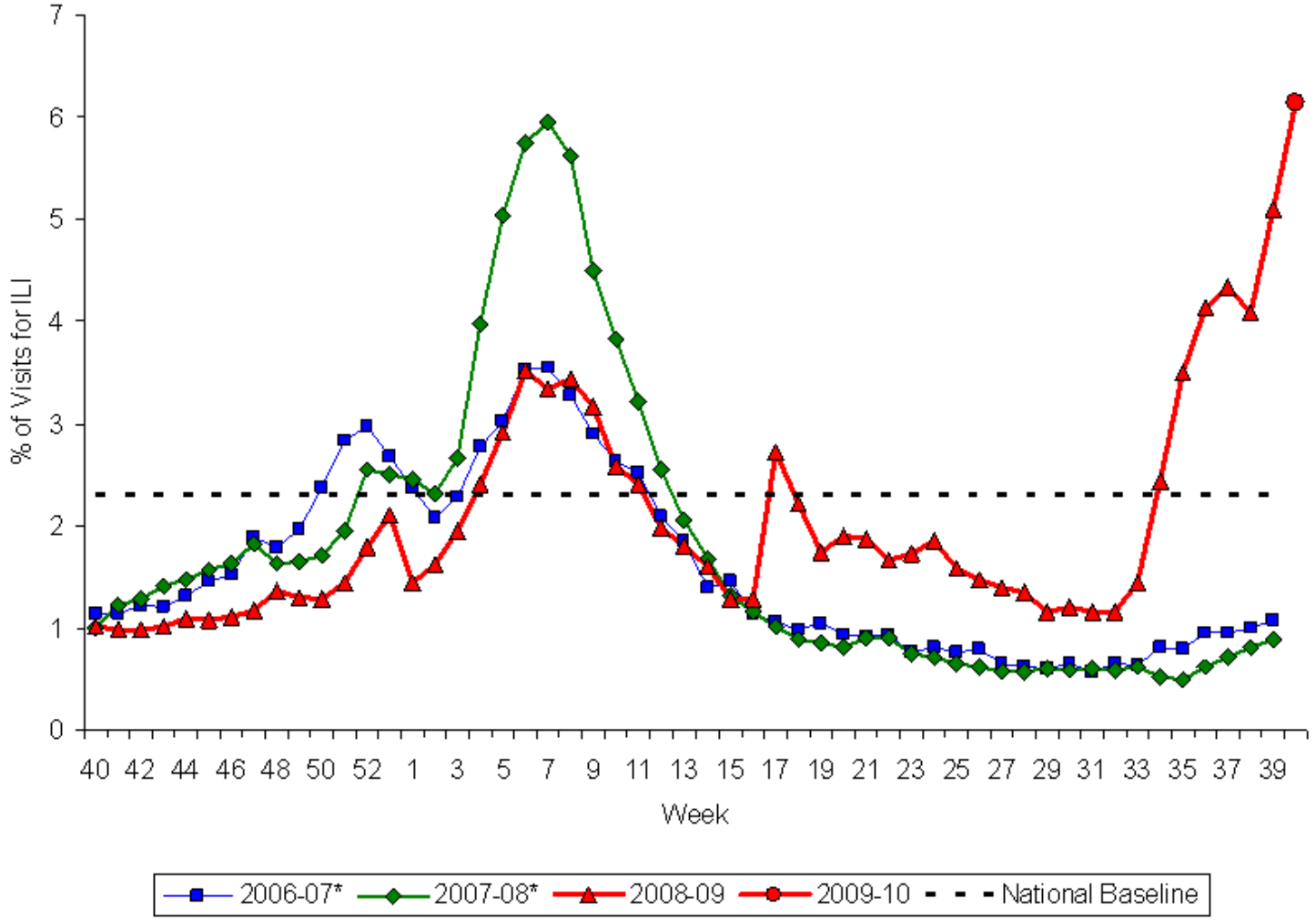
Implications for future:

- Don't just exercise scenarios for disease response
- Map day-to-day decision-making processes to emergency decision needs

Part 3: Don't Know Nothin Bout Birthin Babies

Delivering countermeasures

Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, October 1, 2006 - October 10, 2009



*There was no week 53 during the 2006-07 or 2007-08 influenza seasons, therefore the week 53 data point for those seasons is an average of weeks 52 and 1.

Delivering Antiviral Medicines

- Rapid release of 25% of Strategic National Stockpile
- Commercial supply >> most planning scenarios
- Blended product supply (private and public sources)
- Limited clarity of use policies for public supply
- No systematic approach to delivery and monitoring use
- Only limited data can be obtained from EUA IV antiviral

Implications for future:

Update policy and plans for countermeasure use (especially when commercial supplies exist)

Review EUA and contracting


FLU
SHOTS
4PM-
8PM
LINCOLN SCHOOL H1N1 VACCINE CLINIC
K-12

Delivering Monovalent H1N1 Influenza Vaccine

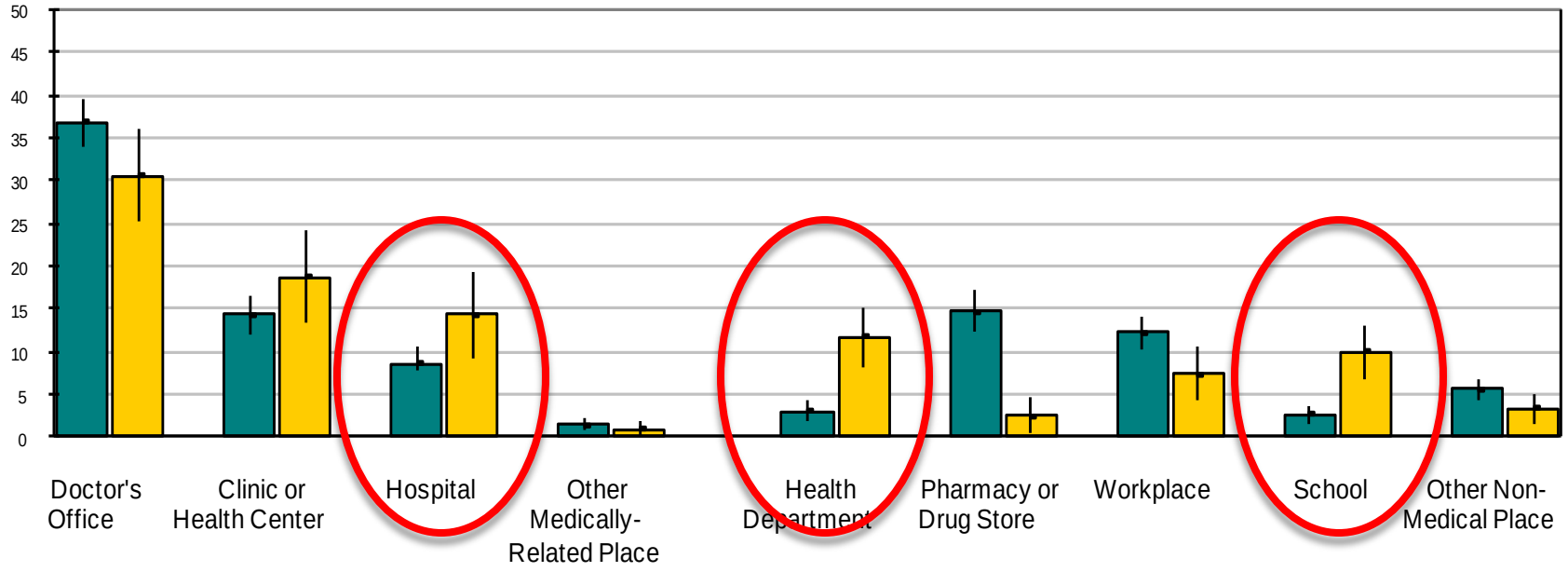
- Phenomenal state, local, private, public effort
- Intensified tracking of delivery (CRA, BRFSS, NHFS, Polls, PRAMS)
- Intensified tracking of safety (EIP GBS, VSD, VAERS, DOD, PRISM)
- Delivery model built on day-to-day system that is a public-private partnership
  - VFC-317 central distributor
  - State and local vaccine ordering of allocated doses
  - Delivery at mix of public and private venues

Place of Vaccination

NHFS, Interviews Conducted November 2009

Seasonal

H1N1

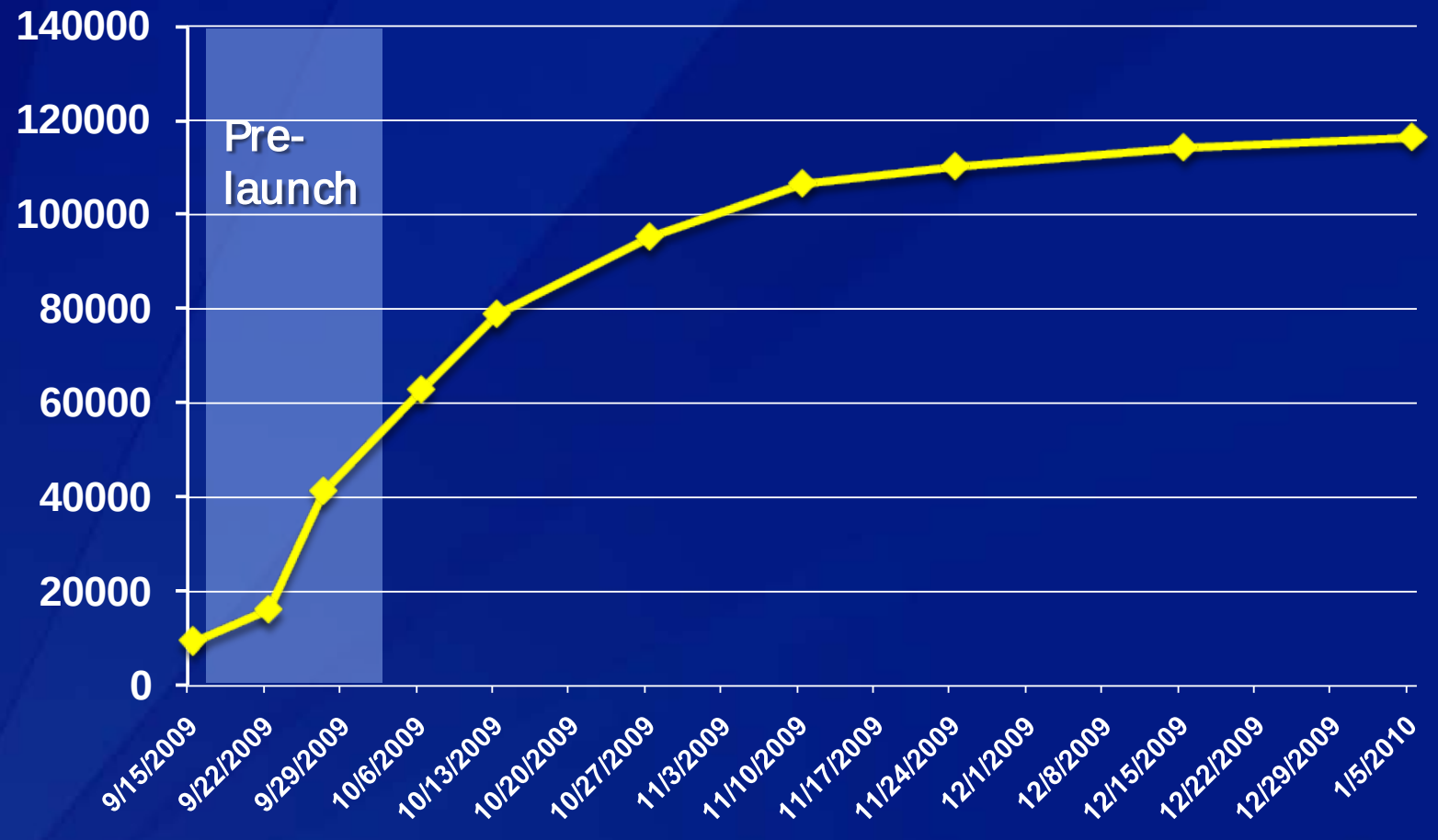


Medical Location

Seasonal 61%, H1N1 65%

Non-Medical Location

Cumulative Number of Provider Agreements, H1N1 Program, Sept 2009–Jan 2010



Part 4: What we talk about when we talk about pandemics

Communication


150 YEARS
ST. FRANCIS PREP
St. Francis Prep:
The swine flu aftermath


SCHOOL
CLOSED
MONDAY
AND
TUESDAY
UPDATES
WWW.SFPONLINE.ORG


DOW JONES
SWINE-FLU FEARS


SEE PAGE 10
SWINE FLU
SPREADS!
Feds fear virus could turn deadly in U.S.
Mayor says don't panic as cases confirmed

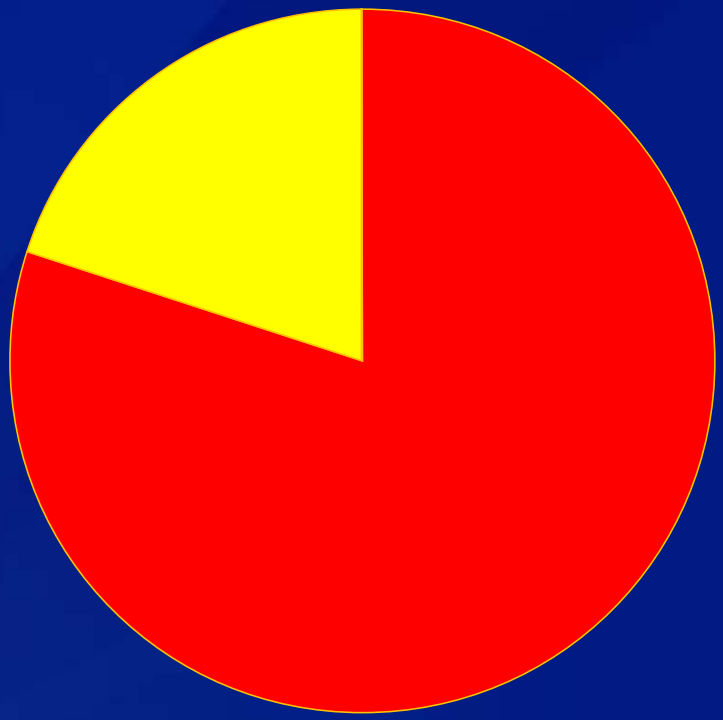
Crisis!!


CDC

What Determines Credibility?
Low Concern Settings

All other factors

15-20%

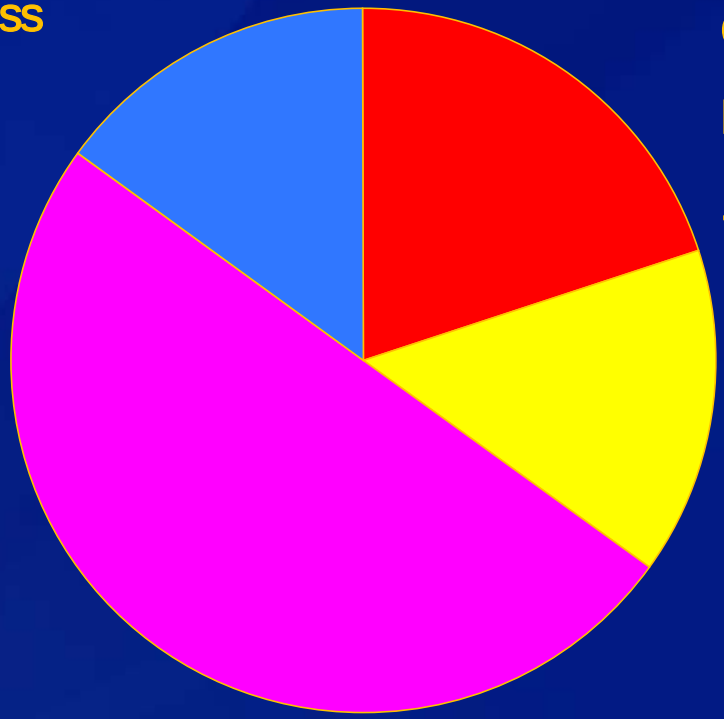


Competence/ Expertise

80-85%

Randall Hyer, National Immunization Conference, 2005

What Determines Credibility?
High Concern Settings



Randall Hyer, NIC, 2005

What Worked

- **Risk communication**
  - Open, honest, empathic
    - What we know, what we don't know, what we're doing about it
  - Getting off to a good start (i.e., Rich Besser)
- **Media outreach – Expectations and Education**
  - Journalist workshop (CDC, Aug 2010)
  - HHS Table-tops with media (DC, NYC, Minneapolis, Aug, Sept, Oct)
  - White House and Secretary background sessions
- **Media access**
  - Just say yes

What We Need to Do Better

- Improve communication and trust building with minority populations
- Motivate adults w/ chronic medical conditions
  - Issue for both pandemic and seasonal influenza
  - Universal recommendation may or may not help
- Get more HCWs to recommend vaccine
- Evaluate and improve use of social media
- Avoid predicting (esp. about vaccine supply…)

The Future

The New Normal?

- Raised expectations
- Competing priorities
- Global economic crisis
- Global conspiracy critiques

The Other New Normal

- **Increased connectivity**
  - Health care and public health
  - Health and education sectors
  - Preparedness and immunization
- **Increased seasonal vaccine supply** *(maybe…)*
- **Increased confidence**
  - Visible, credible public health response