

NATIONAL

- 99% of all subtyped influenza A viruses being reported to CDC continues to be the H1N1 viruses.
- From August 30-September 19, 2009, 10,082 hospitalizations and 936 deaths associated with influenza virus infection. In a one week period this is an increase from **14,569 hospitalizations and 364 deaths**.
- Widespread influenza activity was reported by 26 states.
- Regional influenza activity was reported by 11 states which includes Iowa. This means that Iowa has moved from localized spread to regional.

IOWA

- The virus has affected disproportionately young adults and children, people ages 5 to 24 which is demonstrated in Iowa as well as 70% of all h1n1 hospitalizations have been in this age category.
- Iowa had their 2nd & 3rd deaths this past week both of whom were adult males.

POLK

Surveillance:

- The PCHD web-based surveillance system indicates increased school absenteeism in certain schools. We are plotting the absenteeism rates into districts and currently the increased rates are occurring in southern and western Polk County.
- One school reporting 50% of children out ill were diagnosed with influenza.
- Staying home when you are sick for at least 24 hours after your fever has subsided without fever reducing products is critical to stopping the spread of illness.

Mitigation – Vaccine Distribution

- Today or tomorrow the State will receive information from CDC on the number of doses released to the State for the first shipment and they will be placing an order with CDC – it is anticipated this will be a very small shipment and will be in the form of flu mist only. Larger shipments of injectible flu vaccine is still predicted to roll out in mid to late October. We will have more concrete information on this initial small shipment at next week's briefing.
- The past few weeks I have given a list of our proposed menu of strategies for dispensing vaccine. There are 9 strategies that we will be utilizing depending on the availability of vaccine. I expect that all of these strategies will be utilized in our vaccination campaign. Which strategies are utilized and when will be dependent on the availability of vaccine on a week to week basis. Today we will discuss these strategies in some detail and let you know where we are in the planning stage.

1. **Drop Sites:** These are selected agencies, clinics, hospitals and/or health systems that will receive the vaccine and supplies directly from the distributor for administration to their patients or clients that meet the target populations. These entities were selected based on the sites ability to store the vaccine, ability to utilize the IRIS (Immunization Registry Information System) for data entry and based on their number of patients or clients in the target population. There are currently 19 sites identified. The sites have been submitted to the State and Federal/State Provider Agreements were sent to the sites two days ago. Once we start receiving vaccine the Health Department will designate the amount of vaccine shipped to each site on a weekly basis.
2. **Distribution Sites:** These are sites that will receive the vaccine and supplies directly from the Health Department. Distribution sites are smaller clinics and agencies than the drop sites but serve a significant amount of the target populations and have the capacity to dispense the vaccine and the ability to store the vaccine – they may utilize IRIS or return the consent forms to PCHD for data entry in IRIS. The fire departments in the suburban areas will serve as distribution sites to provide vaccine to the Emergency Service Personnel in their community. The distribution sites are in the process of being finalized and will be submitted to the State by the end of the week. Federal/State Provider Agreements will be sent to the sites by IDPH by the end of next week.

NOTE: No drop sites or distribution sites will receive vaccine until they have returned their Federal/State Provider Agreements to the State. There will also be Memorandums of Understanding coming from the Polk County Health Department which we will be working on in the next week.

NOTE: The next 3 strategies are mass clinic models. Mass clinics remain the best way in which to push out vaccine rapidly to large amounts of people.

3. **PCHD Vaccination Clinic at 1907 Carpenter** – we have expanded to the vacant part of our building and we will run a daily small scale mass clinic for the general public who fit the target population. All target populations including insured, under-insured and uninsured will be served. This is set up and ready to go.
4. **School-based Mass vaccination clinics** – we will be running mass vaccination clinics for school staff in the target populations and school-aged children enrolled in school. These will be based on vaccine availability. Some of these clinics could serve other groups in the community based on the capacity of the schools and vaccine availability. We cannot have mass clinics in every school building so these will be based out of select school buildings in the district. We are still in the

process of finalizing sites and transportation plans for these school-based clinics. We currently have 7 sites finalized.

5. Community Vaccination Clinics – large-scale immunization clinics with sites chosen to impact all areas of the county east, west, north, south and central. Potential sites have been identified, partner interest has been identified and we are working through the logistical issues.
6. Community Vaccination Rounds: The County will be divided up in sectors and Public Health nurses will be assigned to each sector. These nurses will go to specific community locations such as shelters, day cares, non-profit agencies, and correctional facilities to give individuals in the target populations vaccinations. These partners and locations do not have the ability to store or administer vaccine but serve large numbers of target populations. This strategy is still in the process of being developed with partner agencies/facilities.
7. School-Based Rounds: These rounds are designed to specifically target schools with high absence rates; vaccinate children with special needs and/or chronic medical conditions who may not manage well at mass clinics; and reach children that missed the mass vaccination clinic site. This strategy provides an alternative to mass clinics in case of the limited availability of H1N1 vaccine by reaching children with priority based on the CDC target groups. This strategy is still in the process of being developed with school districts.
8. Corrections Clinics: Corrections clinics are critical as they have ESP and target populations at high risk in a setting that is very similar to schools. These clinics will be provided thru the drop sites, distribution sites and community rounds strategies. Plans are complete for all correctional facilities in Polk County.
9. Community Contacts: These agencies/entities have been identified in the planning process to receive notification of sites to where vaccinations can be obtained for their clients or patients.

We are also working with community partners to assure access for people that need transportation or special transportation to vaccination clinics. These plans will be in place prior to mid October and before the arrival of the vaccine.

Based on community need, the PCHD has been offering Master Trainer Fit Classes which are specific to those agencies that must utilize N95 masks. These classes have been held once a week since early September. The class enables agencies to conduct their own fit testing. Attendees leave the class with a turn key program for an ongoing organizational fit testing program. The last class will be next Wednesday.

Education/Communication

Our medical director, Dr. Alarcon, and Physician's Assistant, Aimee Abben, have submitted a communication to physicians through the Polk County Medical Society newsletter. They also have a communication that will be going out to ob/gyn physicians regarding pregnant women and vaccination and where they can refer their patients if they are not a provider of the vaccine.

Today at Noon our PA, PIO and myself will be at the Des Moines Register to be on a live chat with the general public.

Next Monday, October 5th, at 1:00 p.m. there will be a conference call with schools to address absenteeism rates and other school-related topics.

Also a communication will be going out to the hospitals by the end of today which will include a form for the hospitals to report back their organizational and systems vaccination plans.

Just a reminder: Although people sometimes think of the flu as a mild illness, in fact, having the flu is no picnic. Even in an average case, it can knock you flat on your back for a few days. You can miss school and work, have some difficult days and in severe cases, it can put you in the hospital and tragically some people have died with h1n1 and we will inevitably see death in the future. Our challenge is to minimize the number of people who have become severely ill or who die from h1n1 influenza.

One of the real challenges with communicating about dealing with h1n1 this season is encouraging people to contact their doctors or do self-care in most cases, but in certain cases to get care promptly. If you're severely ill, such as having trouble breathing or you have an underlying condition like heart disease or lung disease, diabetes, women who are pregnant, it's important to get treated promptly because treatment in the first 48 hours is most helpful.

October may be a bit rough in terms of there being a demand for vaccine that can't always be met. We do know that by mid to late October, there will be lots of vaccine available and that will be continuing to receive substantial amounts of vaccine every week for the rest of the year. And one of the challenges here is making sure that people who could benefit from it have every option to get vaccinated because doing so is the best way we have of reducing the amount of illness and death from influenza.