

# **Report to the Governor on H1N1 Influenza Preparedness and Response Activities**



**Arizona Department of Health Services  
Office of the Director  
150 N. 18<sup>th</sup> Avenue, Ste. 500  
Phoenix, AZ 85007-3247**

# Table of Contents

<b>A.</b>	<b>EXECUTIVE SUMMARY .....</b>	<b>3</b>
<b>A.1</b>	<b>Background .....</b>	<b>3</b>
<b>A.2</b>	<b>Goals .....</b>	<b>3</b>
<b>A.3</b>	<b>Key Assumptions.....</b>	<b>3</b>
<b>A.4</b>	<b>Key Activities .....</b>	<b>4</b>
A.4.1	Immunizations .....	4
A.4.2	Communications.....	4
A.4.3	Surveillance .....	5
A.4.4	Planning and Community Partnerships.....	5
<b>B.</b>	<b>H1N1 RESPONSE ACTIVITIES AND INCIDENT COMMAND.....</b>	<b>6</b>
<b>B.1</b>	<b>Operations .....</b>	<b>6</b>
B.1.1	Immunizations .....	6
B.1.2	Surveillance .....	10
B.1.2.1.	Arizona State Public Health Laboratory.....	10
B.1.2.2.	Human Surveillance and Epidemiology.....	11
B.1.2.3.	Medical Electronic Disease Surveillance Intelligence System and Electronic Laboratory Reporting.....	13
B.1.2.4.	Unexplained Death Investigations .....	13
<b>B.2</b>	<b>Public Communication and Communications Plans .....</b>	<b>14</b>
<b>B.3</b>	<b>Community Mitigation .....</b>	<b>15</b>
<b>B.4</b>	<b>Community Partnership and Outreach .....</b>	<b>17</b>
B.4.1	State Medical and Pharmaceutical Boards .....	17
B.4.2	Tribes and Indian Health Services (IHS).....	17
B.4.3	Arizona Department of Education .....	18
B.4.4	Border Health .....	18
B.4.5	Office of Vital Records (OVR) .....	19
B.4.6	Emergency Medical Services and Trauma System .....	20
B.4.7	Division of Licensing Services.....	20
B.4.8	Women and Children’s Health.....	21
B.4.9	Refugee Health.....	21
B.4.10	HIV/AIDS Populations .....	23
<b>B.5</b>	<b>Planning and Legal Requirements .....</b>	<b>24</b>
B.5.1	ADHS Mass Vaccination Plans .....	24
B.5.2	Alternate Care Site Planning.....	24
B.5.3	Biohazardous Medical Waste.....	24
B.5.4	Strategic National Stockpile (SNS) Planning .....	24
B.5.5	Public Readiness and Emergency Preparedness (PREP) Act .....	25
B.5.6	State Government Business Continuity .....	25
B.5.7	Trainings and Exercises.....	26
<b>B.6</b>	<b>Logistics .....</b>	<b>26</b>
<b>B.7</b>	<b>Finance .....</b>	<b>27</b>
<b>C.</b>	<b>RESOURCES AND APPENDICES .....</b>	<b>28</b>
<b>C.1</b>	<b>Appendices.....</b>	<b>28</b>
<b>C.2</b>	<b>Resources.....</b>	<b>33</b>

## **A. Executive Summary**

### **A.1 Background**

The 2009 H1N1 Influenza Strain is expected to cause an increased number of illnesses during the upcoming fall influenza season. The Arizona Department of Health Services (ADHS) is partnering with stakeholders in both the public and private sector to reduce the impact of influenza during the upcoming influenza season by establishing and promoting mass vaccination programs and public education campaigns. In addition, ADHS will continue to lead the state in monitoring the impact of the 2009 H1N1 influenza to target intervention strategies and identify populations at unique risk of severe infection.

### **A.2 Goals**

To minimize the public health impact of H1N1 influenza in Arizona by:

- Reducing the spread of influenza in Arizona communities.
- Minimizing disruption to critical infrastructure, including healthcare facilities.
- Developing evidence –based recommendations for institutions and businesses to reduce the impact and spread of influenza.

### **A.3 Key Assumptions**

- Cases of influenza are expected to increase in September, triggering the start of the influenza season.
- H1N1 vaccine is anticipated in mid-October and will be available in limited shipments until later in the influenza season.
- Only one dose of H1N1 vaccine will be recommended for immunity for healthy adults. Sub populations (i.e. children) may require two doses for immunity.
- H1N1 vaccinations will need to be prioritized early in the vaccination campaign until adequate supplies are available.
- Seasonal influenza will continue to circulate and cause disease as in non-pandemic years.
- Seasonal vaccine supplies will meet previous demand and shipments are anticipated beginning in early September.

## A.4 Key Activities

The following is a summary of actions being undertaken to lead the response to 2009 H1N1 in Arizona:

### A.4.1 Immunizations

- ADHS convened the Vaccine Prioritization Advisory Committee to determine the priority groups for H1N1 vaccination. Participants included:
  - ✓ Arizona Local Health Officers Association representative
  - ✓ Arizona Medical Association representative
  - ✓ Arizona Hospital and Healthcare Association representative
  - ✓ Emergency Medical Services representative
  - ✓ Arizona Pharmacy Alliance representative
  - ✓ Arizona Academy of Pediatrics representative
  - ✓ Governor's Office representative
- The Immunizations Office is developing protocols for ordering and distributing H1N1 vaccine to local health departments and private providers.
- ADHS and local health departments are developing plans to prioritize vaccine distribution based upon public health needs and the populations served by each facility.
- The Department is partnering with Local Health Departments, Tribal Governments, and Indian Health Services to identify and register community healthcare providers to participate in vaccination campaigns.
- ADHS is revising the mass vaccination plan and engaging key stakeholders and local health departments to increase the number of vaccination sites for H1N1.
- Legal changes are being initiated to pharmacists to provide H1N1 vaccinations.
- Seasonal influenza vaccine is being disseminated to county health departments and Vaccines for Children (VFC) providers.

### A.4.2 Communications

- Mass media campaigns are being developed to inform citizens of steps they can take to prevent influenza and prepare for absences from school or work due to influenza illness in the community.
- A Joint Information System has been established to integrate public information between local health departments and state agencies.
- The Health Alert Network system is being utilized to distribute guidance and updates to healthcare providers and local health departments.

- The Department is developing an influenza webpage and recorded 1-800 number hotline to share the most recent information of H1N1 influenza epidemiology, vaccinations, educational materials, guidance, and preparedness tools.

#### **A.4.3 Surveillance**

- Acquiring laboratory equipment to increase influenza testing capacity at the Arizona State Public Health Lab by 400%.
- ADHS will continue to monitor the morbidity and mortality of influenza to identify the communities being most impacted by influenza and to guide community mitigation strategies.

#### **A.4.4 Planning and Community Partnerships**

- Leading weekly communications with medical and hospital associations across the state to share the latest information on H1N1 in Arizona.
- Establishing recommendations for medical and educational institutions to minimize the impact and spread of influenza.
- Developing plans for continuity of operations for the Arizona Department of Health Services.
- Securing almost \$30M in additional federal funding to implement vaccination activities and respond to H1N1.
- Improving participation in public health campaigns by ensuring that legal issues are resolved.
  - ✓ Tort liability protection for the administration of the vaccine is covered under the Public Readiness and Emergency Preparedness (PREP) Act.

## **B. H1N1 Response Activities and Incident Command**

The Arizona Department of Health Services has implemented an Incident Command Structure to support H1N1 response activities in Arizona. Incident Command is used to maximize coordination among programs and to engage all programs under a unified response structure. Response activities are divided into four major components: Operations, Planning, Logistics, and Finance.

### **B.1 Operations**

#### **B.1.1 Immunizations**

The Centers for Disease Control and Prevention (CDC) have established a blended public-private strategy for ensuring that novel H1N1 influenza vaccine is made available nationwide. Vaccine will be distributed to public health departments and private providers for providing vaccinations to individuals in priority groups. Public health departments will ensure that vaccine priorities are addressed at the local level by assessing local needs and working closely with partners. County health departments may conduct mass vaccination clinics and/or other public health activities to ensure that their vulnerable populations are being reached. These public health activities may be conducted in coordination with private partners, such as community influenza vaccinators.

- H1N1 vaccine is anticipated to be shipped in mid-October. Arizona is expected to receive 900,000 doses in October and will continue to receive vaccine throughout the season, with an estimated 400,000 doses expected to be shipped each week.
- Eventually, enough vaccine is expected to be available for all individuals who desire to be vaccinated. Initial vaccine will be prioritized for those at highest risk of complications.
- CDC will provide vaccine free-of-charge and essential vaccination supplies, including syringes, will be provided with the vaccine. Vaccine can only be shipped in 100 dose allotments.
- Counties offering large-scale vaccination clinics will be prohibited from billing third party payers or charging patients for vaccine administration.
- The vaccine that arrives in Arizona in October will be prioritized for those at highest risk of severe disease or at risk of spreading disease to high risk persons, including:
  - Children 6 months through 4 years old;
  - Children 5 through 18 years of age who have chronic medical conditions;
  - Pregnant women;
  - Caregivers of newborns; and
  - Health care and emergency medical services personnel with direct patient contact.

- Once the demand for vaccine for the prioritized groups has been met at the local level, providers should begin vaccinating the remainder of the population beginning with persons 25 through 64 years of age. Once vaccine demand among younger age groups has been met, providers should offer vaccination to persons 65 and older.
- Since seasonal influenza is expected to circulate in conjunction with the 2009 H1N1 Influenza Strain, ADHS is encouraging seasonal influenza immunizations to reduce the impact of influenza-like illness in the population and within the health system. Seasonal flu vaccinations are scheduled to begin in September and will target young children, the elderly, and individuals who are immunocompromised or have underlying medical conditions.

### Activities

- ADHS is working with partners including county health departments and medical and nursing boards and associations to disseminate key messages to providers. In preparation for vaccine distribution, ADHS is educating pre-registered providers on:
  - ✓ vaccine safety and adverse events reporting;
  - ✓ the vaccine ordering and re-ordering process;
  - ✓ vaccine storage and handling;
  - ✓ priority groups for vaccination;
  - ✓ background information on the vaccine;
  - ✓ best practices for vaccine administration; and
  - ✓ financial, reimbursement, and legal issues.
- ADHS is conducting weekly conference calls with key stakeholders to maintain continuity of messaging, disseminate clear guidance, and assist in determining state and local vaccine strategies. Participants include:
  - ✓ County and Tribal Health Officers
  - ✓ Public Health Emergency Preparedness Coordinators
  - ✓ Immunization Coordinators
  - ✓ Directors of Nursing
  - ✓ Indian Health Services Area Offices
- Arizona Immunization Program Office (AIPO) staff participate on the National Association of County, City, and Territorial Health Officers (NACCHO) and the Association of Immunization Managers (AIM) calls discussing vaccine updates and addressing H1N1 vaccine planning.
- The Department is establishing plans for vaccine distribution and brokering of vaccine to ensure adequate supply of vaccine statewide.

- ADHS, in collaboration with county health departments and other partners, is providing H1N1 vaccine related information to the general public, which includes the media, policy makers, and government employees. Messages are communicated to the public through press releases, news media interviews, ADHS social media sites (Facebook, Twitter), and the ADHS website. These messages encourage H1N1 vaccination and cover a number of topics including:
  - ✓ where to get vaccinated;
  - ✓ vaccine background information;
  - ✓ vaccine safety;
  - ✓ priority groups for vaccination;
  - ✓ infection control precautions; and
  - ✓ links and resources for more information.
- ADHS is working with local health departments to define vaccination planning activities related to novel H1N1 influenza immunization. These include:
  - ✓ Meeting with school nurses to prepare for school mass vaccination clinics;
  - ✓ Meeting with healthcare workers to discuss H1N1 vaccine delivery;
  - ✓ Delivering informational and educational presentations in their communities on surveillance, vaccination, and vaccine target groups;
  - ✓ Working with school districts on preparedness plans for their schools;
  - ✓ Collaborating with childcare consultants to pass H1N1 vaccine information to child care centers;
  - ✓ Communicating and collaborating with community vaccinators, such as private/mobile clinics, public fire departments, and occupational health businesses, to assist with vaccine delivery in their communities;
  - ✓ Educating community groups to prevent influenza illness, identify where to get vaccinated, and share information about how to manage H1N1 illness if infected;
  - ✓ Encouraging hospitals and health care providers to register for H1N1 vaccine; and
  - ✓ Developing plans including staffing plans for mass vaccination clinics.
- The ADHS Immunizations Program Medical Officer will monitor adverse events following H1N1 immunization.
  - ✓ All providers will be encouraged to report clinically significant adverse events following H1N1 vaccination directly to the Vaccine Adverse Event Reporting System (VAERS).
- ADHS staff will participate in the CDC's Vaccine Safety Datalink (VSD) to monitor adverse events related to H1N1 vaccination.

- ✓ VSD is a collaborative effort between CDC and eight large managed care organizations (MCOs) representing approximately 3% of the U.S. population to monitor managed care data for selected medical conditions that could be associated with vaccination.
- Vaccine safety updates will be disseminated to provider and partner organizations as necessary, using the current Health Alert Notice communication network.
- The 2009 H1N1 Influenza Vaccination Operational Plan is included in Appendix A.

## Timeline

### September

- Pre-registration of H1N1 vaccine providers.
- AIPO will review the reports to identify and obtain missing information, verify contact information provided, remove duplicate registrations, and determine which providers are registered with the Vaccines for Children (VFC) program.
- Develop and distribute H1N1 ordering paperwork and supporting documentation to registered providers. This includes:
  - ✓ Ordering form
  - ✓ Provider Agreement
  - ✓ Dose administration reporting form
  - ✓ Vaccine storage and handling requirements
  - ✓ Vaccine safety information
  - ✓ Instructions for enrolling in the Arizona State Immunization Information System (ASIIS)
- ADHS must review, sign and submit an Assurance of Conformance form to CDC assuring that the provider agreement meets CDC requirements.
- Distribute weekly updates on H1N1 vaccination program to registered providers
- Begin seasonal influenza immunizations.

### October

- Finalize vaccination plans and prioritization scheme for available vaccine, based on current epidemiology and distribution of priority groups.
- Initiate plans for mass vaccination clinics.
- Based on availability, order and distribute vaccine to local health departments and selected health care providers.
- Send aggregate reports on total doses of vaccine administered in Arizona to CDC.

## November

- Continue to monitor the demand and administration of vaccine to identify the need for vaccine brokering.
- Providers can re-order vaccine using the same ordering process.
- As supply of vaccine increases, expand vaccine priority groups to adults with underlying conditions (and eventually to the general public).

## December

- Mass vaccination clinics for general public, including state employees.

## **B.1.2 Surveillance**

### **B.1.2.1. Arizona State Public Health Laboratory**

The Arizona State Public Health Laboratory (ASPHL) is continuing to conduct surveillance for influenza under the Food and Drug Administrations Emergency Use Authorization (EUA) for H1N1 influenza. The laboratory is preparing for an additional surge in influenza testing by conducting the following activities:

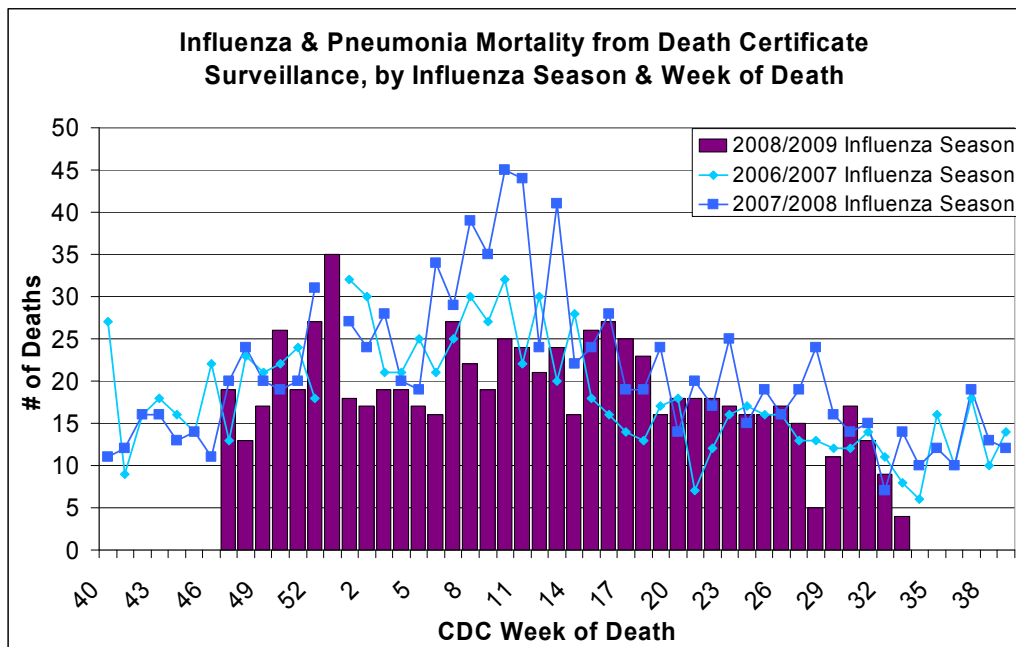
- The Laboratory is ordering additional equipment to increase our testing capacity from 80 to 400 tests per day as part of a multi-shift testing protocol.
- The Laboratory is identifying laboratory staff at other agencies and providing cross-training on influenza testing methods to provide continuity of operations during staff absences and to increase testing capacity.
- Data entry staff across ADHS are being trained on ASPHL protocols to provide additional resources for specimen processing and entry of results into the state lab database (StarLIMS) .
- The Laboratory is initiating electronic test results reporting to providers in Arizona and partnering with Maricopa County to ensure healthcare providers receive laboratory results as soon as possible.
- Materials for influenza specimen collection have been acquired to provide to healthcare providers, since demand for commercially supplied collection kits exceeded available supply during the last flu season.
- The Laboratory is working with the Translational Genomic Institute (TGen) North in Flagstaff for assistance with antiviral resistance testing for positive H1N1 samples.
- ADHS is developing protocols to restrict to more severe cases if the number of test requests exceeds available resources (this includes plans for potential rationing of federal testing supplies).

- The Arizona State Public Health Laboratory will be working with with 3 clinical laboratories to validate their newly developed molecular testing for H1N1 influenza. These labs can provide additional H1N1 testing in Arizona during peak periods of illness.

#### **B.1.2.2. Human Surveillance and Epidemiology**

The statewide influenza disease surveillance system is coordinated and maintained by the ADHS Office of Infectious Disease Services (OIDS). While some parts of the surveillance system are designed to discern information on confirmed cases of H1N1, the majority of influenza cases are not diagnosed or tested. Therefore, surveillance for all influenza-like illness is critical to understanding the impact of influenza in the state. The following activities are being conducted to identify the impact of H1N1 influenza and to characterize the current epidemiology in Arizona.

- Monitoring influenza-like illness (ILI) using sentinel providers around the state who provide weekly reports on the number and percentage of patients who are visiting their site with ILI.
- Investigating hospitalized H1N1 cases to monitor populations at greatest risk of severe disease and changes in severity.
- Continue to work with local health departments to monitor and investigate reported H1N1 deaths for changes to patterns of mortality and to identify presence of underlying conditions.
- Pediatric influenza-associated deaths are identified from VSIMS and followed up for confirmation. ADHS works with local health departments to investigate any reports of pediatric influenza-associated illness.
- ADHS is monitoring the number of influenza and pneumonia deaths weekly to compare the number of deaths for the current influenza season compared with previous influenza seasons.
  - ✓ ADHS will determine whether the mean number of deaths for that period is within, lower, or higher than the historical (previous influenza seasons) mean limits to identify changes in severity.



*Influenza & pneumonia mortality from death certificate surveillance, by influenza season & week of death. Information for the 2008/2009 influenza season is through August 29<sup>th</sup> 2009.*

- The Office of Border Health and CDC are initiating a Border Infectious Disease Surveillance (BIDS) project to conduct active surveillance for patients hospitalized with severe acute respiratory infections in sentinel hospitals in the border region, initially in Pima County. This effort will determine the proportion of confirmed influenza cases among these patients and the strains of influenza causing illness among hospitalized patients.
- A program called “BioSense” is used to detect aberrations in the number of respiratory admissions in eight hospitals in the state. Data from these hospitals are sent weekly to CDC as one indicator of influenza activity in the state.
- OIDS analyzes data for influenza-like illness visits to the school nurse’s office in approximately 320 schools in the state and looks for changes in the pattern of visits for influenza-like illness.
- Distributing H1N1 surveillance reports to healthcare providers and local health departments. These reports include the number of confirmed cases and deaths, age distribution, measures of severity, and other surveillance indicators.

### **B.1.2.3. Medical Electronic Disease Surveillance Intelligence System and Electronic Laboratory Reporting**

ADHS's Medical Electronic Disease Surveillance Intelligence System (MEDSIS) is an instrumental component of Arizona's H1N1 response. MEDSIS is a web-based system used by ADHS, Local Health Departments, hospitals, and the State of Sonora, Mexico to report, investigate and track many of Arizona's reportable infectious diseases, including influenza. The MEDSIS database is analyzed to monitor changes in the number of people reported with influenza, which populations in Arizona are affected, and the severity of the disease. These factors are tracked over time and provide important information for Arizona's H1N1 response activities.

- Influenza reports for Mexican residents or Arizona residents tested in Mexico are entered into MEDSIS and can be reviewed in real-time by ADHS and the Ministry of Health in Sonora.
- Local Health Departments can review information on H1N1 cases tested at the state lab as soon as they are entered in MEDSIS.
- ADHS is initiating Electronic Laboratory Reporting (ELR) which will allow labs to transmit data directly into MEDSIS, which will decrease the time required to identify and report cases to Local Health Departments.

### **B.1.2.4. Unexplained Death Investigations**

Health care providers (including hospitals and medical examiners (ME)) are required to report unexplained deaths with a history of fever (UNEX) to their local health department within 24 hours of detection (A.A.C. R9-6-202), after which the local health agency must notify ADHS and initiate an investigation (A.A.C. R9-6-384). The purpose of these UNEX investigations is to identify deaths that might be of public health significance in order to prevent the spread of disease. This could include deaths that are due to infectious diseases transmitted person-to-person, those that require a public health intervention, that represent a new or emerging infection or that are due to an act of terrorism. These investigations involve close collaboration and coordination with outside health agencies including healthcare facilities and the medical examiners (ME) in various counties.

- ADHS is holding quarterly meetings with MEs and hospital pathologists to discuss H1N1 influenza virus and share updated guidance regarding notification of suspect deaths to public health agencies and specimen collection and transport guidance.
- ADHS is using this UNEX surveillance system as a means for detecting acute respiratory deaths due to the 2009 H1N1 influenza virus.
- The department has updated resources for MEs, including developing recommendations for specimen collection and laboratory testing .
- ADHS UNEX epidemiologist within the Infectious Disease Epidemiology and Investigations Program sends out monthly UNEX reports to MEs and local health departments/tribes.

- ✓ Report includes general statistics for the current year, web resources, upcoming conference calls, and a special monthly topic, such as guidance regarding surveillance for deaths suspected to be due to the 2009 H1N1 influenza virus.
- Developing H1N1 influenza webpage for medical examiners to receive the most up-to-date information and guidance for detection and response to suspect H1N1 influenza deaths.

## **B.2 Public Communication and Communications Plans**

- ADHS is working with counties, tribes, and the Arizona Hospital Association on the “Stop the Spread AZ” campaign, which was initiated by the Maricopa County Public Health Department.
  - ✓ Materials produced for the campaign will direct the public to the [www.stopthespreadaz.org](http://www.stopthespreadaz.org) website.
  - ✓ This webpage will serve as a landing page for ADHS, county public health websites, and other agencies in Arizona with online content relating to the H1N1 pandemic.
- ADHS is using social networking sites and the media to distribute the latest information and updates on H1N1 influenza. Media tool allow ADHS to be more specific and flexible in our messaging and has the ability to reach out to specific populations through the media. ADHS is using the following methods to distribute public messages through the news media:
  - ✓ News Conferences – important information relayed by key newsmakers
  - ✓ News Releases – important information with specific details – can be used alone or in conjunction with news conference
  - ✓ Website updates, Tweets, Facebook, and RSS - tools to get out small changes in information quickly
- A Joint Information System (JIS) has been established to coordinate public information and messaging strategies for H1N1 responses across the state.
  - ✓ The JIS includes representation from various state and county agencies as well as representation from the healthcare field. Public information officers from state, county, and tribal agencies are invited to participate in the JIS.
  - ✓ The following types of messages are being developed by the H1N1 JIS: speaking points for interviews/news conferences, news releases, public service announcements (radio, television), posters, flyers, billboards, and newspaper ads.
  - ✓ The Arizona Hospital Association is taking a key role in the H1N1 JIS to ensure that hospital and healthcare issues are addressed.
  - ✓ Approval teams, which will serve a two week shift, will be comprised of six representatives from a variety of agencies. This rotating approval team will

ensure that a wide variety of partner agencies will have an opportunity to participate in the H1N1 JIS.

- ✓ State and county agencies participating in the H1N1 JIS will be allowed to modify materials as needed, but will be encouraged to keep changes to a minimum in order to achieve consistent messaging across the state.
  - ✓ See the attached Concept of Operations for more information on the H1N1 JIS (Appendix B).
  - ✓ See the attached ADHS H1N1 Communications Flowchart, which diagrams the flow of information from ADHS through the JIS and to the general public. Note: The flow of information to the general public from other agencies may or may not resemble the ADHS flowchart, and will be based on communication plans at individual agencies (Appendix C).
- A research project and workshop is being developed to address public information strategies for H1N1 outreach efforts.
    - ✓ The goal of the research and workshop is to alleviate medical surge in the health care system by investigating optimal risk communication strategies.
    - ✓ The project will include public opinion surveys and an analysis of various risk communication strategies that may or may not be used to during the upcoming pandemic wave.
    - ✓ The preliminary results of the project will be presented at the workshop, which will be conducted during the first week of November.

### **B.3 Community Mitigation**

In response to the need for clear communications to our government and non-government partners regarding community (non pharmaceutical) mitigation strategies to prevent the spread of influenza, ADHS formed a multi-jurisdictional Community Mitigation Task Force. The objectives of this Task Force include the following:

- Provide clear and concise science-based recommendations to our partners regarding non-pharmaceutical strategies to respond to the H1N1 influenza pandemic that are feasible and acceptable.
- Reach out to special-needs populations and other groups that may be difficult to reach, such as tribes.
- Utilize existing infrastructure to communicate with stakeholders, such as medical professional organizations, business communities, churches, and other religious groups.

## Activities

- Developed and disseminated the following guidelines for the prevention of influenza H1N1 spread in Arizona based on modified CDC guidelines.
  - ✓ Guidelines for K-12 schools
  - ✓ Guidelines for higher education institutions
  - ✓ Guidelines for long-term care facilities
  - ✓ Guidelines for outpatient medical facilities
  - ✓ Guidelines for child care facilities (in review)
- Continued to educate stakeholders regarding community mitigation strategies and prevention planning efforts for H1N1 influenza with over 20 in-person presentations conducted by an infectious disease physician or epidemiologist.
- Reviewing guidelines for businesses to respond to increased worker absenteeism and illness at work.
- Established direct communications between ADHS and the Department of Education to respond to ongoing issues regarding H1N1 influenza and schools.
- Worked directly with ADHS Licensing; Women, Infants, and Children; Maternal and Child Health programs; and the ADHS Native American Liaison to ensure these populations are receiving clear and accurate guidance.
- Provided assistance to multiple county and tribal health departments with their response to outbreaks in schools, including whether and how long to close them and how to re-open them.
- Participate in weekly CDC community mitigation calls with other state and local health departments to stay informed about their community mitigation strategies.
- Developed a matrix summarizing of current H1N1 recommendations by population groups and settings (Appendix D).
- Worked and continue to work with ADHS Information Technology to post all guidelines in easy-to-locate areas on the website.

## **B.4 Community Partnership and Outreach**

### **B.4.1 State Medical and Pharmaceutical Boards**

- ADHS met with several state boards and associations on Friday, August 28th to discuss H1N1-related regulatory issues. State boards and others represented included:
  - ✓ Arizona Medical Board
  - ✓ Arizona Healthcare Cost Containment System (AHCCCS)
  - ✓ Arizona State Board of Pharmacy
  - ✓ Arizona Hospital and Healthcare Association
  - ✓ Arizona Osteopathic Board
  - ✓ Arizona Attorney General's Office
- Regulatory issues discussed included:
  - ✓ Rule and statute changes to allow pharmacists to administer vaccines;
  - ✓ Alternate Care Site planning issues;
  - ✓ Emergency Medical Treatment and Active Labor Act (EMTALA);
  - ✓ Nursing students providing vaccinations; and
  - ✓ Hospitals developing alternate standards of care for ventilator use.

### **B.4.2 Tribes and Indian Health Services (IHS)**

- ADHS's County and Tribal Coordination continues with the following:
  - ✓ Assist all counties and tribes in completing and executing their pandemic influenza and mass vaccination plans.
  - ✓ Host and conduct weekly conference calls for all H1N1 matters.
  - ✓ Assist counties and tribes with H1N1 preparedness coordination and related activities.
  - ✓ Assist tribal coordination with Indian Health Services (IHS).
  - ✓ Ensuring H1N1 grant funds are dispersed and properly utilized for all counties and tribes.
  - ✓ Assist in coordinating the Tribal Collaborative Team.

### **B.4.3 Arizona Department of Education**

- ADHS has been assisting in planning a conference sponsored by the Arizona Department of Education (ADE) on September 29<sup>th</sup>. The conference will be geared toward school administrators and will provide topics on H1N1 Fall Preparedness and other school safety and prevention topic areas.
- ADHS is also continuing the ADE partnership throughout the grant year to:
  - ✓ Close gaps in K-12 school planning;
  - ✓ Coordinate school preparedness guidance dissemination to K-12 schools;
  - ✓ Disseminate messaging on new or updated CDC/ADHS guidance documents; and
  - ✓ Prepare plans to provide distance learning materials to schools.

### **B.4.4 Border Health**

- The Office of Border Health and the CDC are initiating a Border Infectious Disease Surveillance (BIDS) project to conduct active surveillance for patients hospitalized with severe acute respiratory infections in sentinel hospitals in the border region. This collaborative surveillance effort will determine the proportion of confirmed influenzas among these patients and the deaths attributable to each virus type.
  - ✓ This will be piloted initially in a large hospital in Pima County and may be expanded to additional sentinel sites in border counties, contingent on funding and resources.
- Liaising with the CDC, Canada and Mexico Federal Secretariat of Health for international updates.
  - ✓ Participate with the Security and Prosperity Partnership of North America (SPP) initiative.
  - ✓ Disseminate information to ADHS & partners.
- Meeting with the Sonora Secretariat of Health for collaboration and cooperation and the Instituto Nacional del Migrante in Sonora Ports of Entry to provide and/or obtain information on H1N1 activities in Mexico.
- Maintaining communications with the Sonora State Secretariat of Health and with California, New Mexico and Texas Offices of Border Health to receive updates on H1N1 along the border.
  - ✓ Exchange regular situational briefings.
  - ✓ Disseminate information to ADHS & partners.
- Arizona and Sonora use Arizona's Medical Electronic Disease Surveillance Intelligence System (MEDSIS) to share case information and surveillance details securely and electronically.

- ✓ Epidemiologists in Sonora have been trained on and use the bilingual application of MEDSIS for Binational cases of H1N1 and other diseases.
- ✓ The Sonora State Public Health Laboratory in Hermosillo, Sonora, Mexico has been validated to perform H1N1 testing and Arizona residents tested by the Mexican lab are included in surveillance data.
- Working with Customs & Border Protection, Border Patrol, Immigration & Customs Enforcement, and the CDC Quarantine Stations in San Diego & El Paso for Point of Entry and border crossing public health issues related to H1N1.

#### **B.4.5 Office of Vital Records (OVR)**

- Develop and implement policy and procedure defining the role of vital records offices in issuing death certificates due to H1N1 influenza.
  - ✓ Draft and distribute to county vital records offices for review and input
  - ✓ Post policy and procedure to the funeral home resource web site and the medical examiner and county vital records web sites.
  - ✓ Prepare and distribute a written handout for distribution to funeral homes. Handout will be sent to all county vital records offices to be added as an insert for all death certificate orders going out to funeral homes.
- Complete implementation of the web-based electronic death registry system (EDRS) throughout Arizona.
  - ✓ Bring remaining county vital records offices (Greenlee, Santa Cruz, LaPaz and Mohave) onto the system.
    - \* Greenlee County scheduled for training 09/14/09 – 09/17/09.
    - \* Mohave County on-site training to be completed by 10/16/09.
  - ✓ Bring remaining medical examiner offices on-line (Apache, Gila, Graham, Greenlee, La Paz, Mohave, Navajo, Santa Cruz, and Yuma).
    - \* Mohave County on-site training to be completed by 10/16/09.
  - ✓ Complete development of the recorded trainings to be used to conduct on-line trainings for funeral homes and their staff.
  - ✓ Bring all Arizona funeral homes on-line.
    - \* As of 08/31/09 all funeral homes in Cochise, Coconino, Pima, Pinal, and Yavapai are using the EDRS.
    - \* As of 09/30/09 all funeral homes in Maricopa will be using EDRS.
    - \* Beginning 01/01/10, all remaining funeral homes will be trained using the recorded, on-line training methodology.
- Provide protective items for OVR staff that have direct customer contact.
  - ✓ Ordered gloves, masks and hand sanitizer.

#### **B.4.6 Emergency Medical Services and Trauma System**

- Reviewed existing rules governing the emergency medical transport of patients and identified rules that may need to be lifted given a declaration of emergency at state and/or federal level.
  - ✓ Developing draft orders for requirement waivers.
  - ✓ Defining signature authority for rule suspension .
- Communicating with partners and stakeholders to promote awareness of vaccination recommendations and participation in pre-registration for H1N1 vaccine distribution.
- Updating H1N1 personal protective equipment and infection control recommendations for first responders.
- Evaluating existing requirements regarding the ability of emergency medical technician to perform vaccinations.
- Reviewing definitions of “health care facility” and working with licensure to define the regulations regarding patient transport to alternate care sites.

#### **B.4.7 Division of Licensing Services**

The Division of Licensing Services (DLS) licenses over 7500 healthcare (hospitals, nursing homes, behavioral residential settings, assisted living facilities, developmental disabled group homes and inpatient and outpatient medical and behavioral health settings) and childcare facilities as well as individuals (speech language professionals, hearing aid dispensers and midwives). H1N1 will have implications to these licensees, both to the clients they serve as well as to the staff and visitors of each inpatient and outpatient setting.

DLS has taken an aggressive and proactive approach to assist their licensees. The following activities are currently underway and as new information is learned, these activities may be expanded, improved upon or maintained.

- Continued to update contact information for current licensees and has provided contact information to the Health Alert Network for emergency communications.
- Coordinate with Centers of Medicare Medicaid Services Survey and Certification Division (CMS) on updates to healthcare regulations, including any waivers from CMS rules and regulations for healthcare facilities.
- Developed and disseminated the following guidance for licensed facilities:
  - ✓ Nursing homes, assisted living facilities and residential behavioral healthcare facilities.
  - ✓ Outpatient medical and behavioral healthcare facilities.

- ✓ Childcare facilities (pending final approval).
- DLS will provide current guidance to licensed facilities during surveyor visits and new provider orientations.
- Licensing is establishing routine meetings with stakeholders and licensing programs to share H1N1 updates and the most recent guidance.
- Identified additional staff to participate in H1N1 response activities and trained staff in incident command and emergency operations procedures.
- Developing protocols for ADHS licensing staff on the most current H1N1 guidance and operations.

#### **B.4.8 Women and Children's Health**

- The Bureau, in coordination with the ADHS preparedness planners, is developing H1N1 prevention and mitigation messages tailored for women, infants and children participating in the Arizona WIC Program and for seniors participating in the Arizona Commodity Supplemental Food Program.
- ADHS is developing messaging directed toward WIC local agencies which address the actions to be taken in case of disaster or emergency. The message content will be tailored in accordance with communication guidance provided by ADHS and federal agencies. Currently, a message addressing actions to be taken with regards to the H1N1 flu is being developed.
  - ✓ The Bureau is also working to encourage WIC local agencies to develop disaster response plans which are coordinated with the plans of their own agencies and insure the continued delivery of services to WIC participants in areas affected by the emergency.
- Working with stakeholders and partners to distribute outpatient healthcare and childcare guidelines and to develop recommendations for oral health settings
- Compiling a list of professional organization and professional boards for notification and guidance, such as Board of Nursing, Board of Medical Examiners, and Dental associations.
- The Office for Children with Special Health Care Needs (OCSHCN) will communicate guidelines and other related material to the Children's Rehabilitative Services (CRS) contractor, and to community partners.

#### **B.4.9 Refugee Health**

The ADHS Refugee Health Coordinator (RHC) serves as a public health liaison that is responsible for coordinating and planning aspects of refugee health needs with the Arizona Refugee Resettlement Program (RRP) (located at the Arizona Department of Economic Security), county public health departments, medical providers, refugee resettlement agencies, other non-profits serving refugees and local ethnic community organizations. Of primary focus, is the task of assisting in the process for each refugee, entrant, asylee,

parolee, or other eligible client entering Arizona receive a comprehensive health screening within 30 days of arrival. Other tasks include facilitating access to health information and trainings for refugees and the resettlement community and identifying areas of improvement in the current system. The following activities comprise the H1N1 plan for communicating and engaging the refugee resettlement community in the endeavor of helping to manage this influenza pandemic.

- Attend monthly calls with federal agencies to discuss recommendations for refugees impacted by H1N1 influenza.
- The refugee health coordinator has established an electronic mail distribution list of key refugee service providers and ethnic community leaders which is used to share information on public health issues including H1N1 influenza. The following is a list of some of the participants:
  - ✓ Arizona Refugee Resettlement Program
  - ✓ Arizona Department of Education – Refugee Education Coordinator
  - ✓ AHCCCS H1N1 Specialists (Director’s Office)
  - ✓ Arizona Health Disparities Center
  - ✓ Arizona Refugee Advancement Coalition
  - ✓ Tucson-based Refugee Integration Service Providers Network
  - ✓ University of Arizona Refugee Primary Care Listserv
  - ✓ Community Outreach and Advocacy for Refugees (ASU campuses)
  - ✓ Maricopa Integrated Health Systems – Refugee Women’s Clinic Coalition
  - ✓ Area Agency on Aging
  - ✓ County Health Departments
  - ✓ Local Health Clinics
  - ✓ School Nurses Association of Arizona
  - ✓ School Nurse Consortium
  - ✓ Resettlement Agencies
  - ✓ Ethnic and Community Groups (Mutual Assistance Associations – MAAs)
- The refugee health coordinator is providing presentations and updates on H1N1 to the Refugee Health Provider Outreach and Collaboration meeting and the Quarterly Refugee Public Consultation Meeting.
- Discuss and identify future needs with regard to education and management of the H1N1 pandemic in the refugee community.

## B.4.10 HIV/AIDS Populations

Human Immunodeficiency Virus (HIV)-infected adults and adolescents, and especially persons with low CD4 cell counts or AIDS, can experience more severe complications of influenza, including the H1N1 influenza virus. Persons living with HIV/AIDS should take precautions to protect themselves from H1N1 flu and should consult their health care provider to assess the need for evaluation and for the possibility for anti-influenza treatment or prophylaxis. Persons with immunosuppression, including that caused by medications or by HIV infection are among the priority groups that should get flu shots. HIV-infected adults and adolescents with novel influenza A (H1N1) virus infection and their should receive empiric antiviral treatment or chemoprophylaxis.

The Arizona AIDS Drug Assistance Program (ADAP) Formulary Committee provides guidance to the Arizona Department of Health Services, Office of HIV, STD and Hepatitis Services regarding HIV/AIDS medications included on the ADAP formulary. The purpose of the committee is to identify, research and advise the Department about the type, background, and uses of new and current drugs for the ADAP formulary. H1N1 vaccine and treatments are included in the scope of work of the formulary committee.

- ADAP Formulary Committee is meeting monthly and will review and provide guidance for vaccine and treatment recommendations for persons living with HIV/AIDS in Arizona.
- Staff are participating in the “H1N1 Preparedness and HIV, A webinar for Federal staff and grantees who serve people living with AIDS”, on September 2, 2009.
- ADAP staff are participating in the H1N1 Community Mitigation Workgroup to discuss the needs of the HIV/AIDS infected population in Arizona. The goal of the meeting is to help determine the prioritization level and distribution plan of H1N1 influenza countermeasures for individuals with HIV/AIDS.
- Staff are communicating with pharmacists, health care providers, case managers and ADAP clients regarding H1N1 vaccine prioritization and treatment as it becomes available. All healthcare providers serving HIV clients are being urged to enroll as H1N1 vaccine providers.

## **B.5 Planning and Legal Requirements**

### **B.5.1 ADHS Mass Vaccination Plans**

- ADHS is updating the 2008 Arizona Pandemic Influenza Operational Plan appendix B.6, Mass Vaccination for submittal to the U.S. Department of Health and Human Services (HHS) on September 15<sup>th</sup>. ADHS will include a separate attachment with H1N1-specific mass vaccination planning components.
- ADHS has updated the Mass Vaccination Clinic Plan. This is a standard operating guide (SOG) for use by local immunization coordinators or clinic operators on how to run a mass vaccination clinic. The plan was updated and vetted through the Arizona County Directors of Nursing Association and County Immunization Managers.

### **B.5.2 Alternate Care Site Planning**

- ADHS is continuing to plan for alternate care sites (or influenza care centers) in Arizona. This includes outreach to Arizona hospitals, clinics, local health departments, and local emergency management programs. ADHS will continue to identify and address licensing regulatory issues. ADHS will also continue to work with local health departments and hospitals on alternate care site locations, pending addressing licensing regulatory issues.

### **B.5.3 Biohazardous Medical Waste**

- ADHS is working with the Arizona Department of Environmental Quality (ADEQ) on preparing for the surge in medical waste from mass vaccinations (medical sharps waste).

### **B.5.4 Strategic National Stockpile (SNS) Planning**

- In the event that the Federal Government/CDC makes the decision to push out Arizona's allocation of the SNS stockpile, ADHS is updating all of their SNS plans to include the following:
  - ✓ Organizational diagram for SNS team;
  - ✓ Updated plans for Receipt, Storage, Staging & Distribution of SNS material;
  - ✓ Updated plans for shipment of stockpile to counties and tribes
  - ✓ Inventory control and tracking; and
  - ✓ Security of all operations and material.

### **B.5.5 Public Readiness and Emergency Preparedness (PREP) Act**

Tort liability protection for the administration of the vaccine is covered by the Public Readiness and Emergency Preparedness (PREP) Act. The PREP Act authorizes the Secretary of the Department of Health and Human Services (“Secretary”) to issue a declaration (“PREP Act declaration”) that provides immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures. A PREP Act declaration is specifically for the purpose of providing immunity from tort liability, and is different from, and not dependent on, other emergency declarations. Further information can be found at: <http://www.hhs.gov/disasters/discussion/planners/prepact/index.html>

### **B.5.6 State Government Business Continuity**

- The Division of Operations team is currently revising the Division of Operations Business Continuity Plan to reflect essential and administrative processes from Business and Financial Services, ITS, Procurement, HR and Director’s Office.
- Plans are in place to use the Living Disaster Recovery Program Software (LDRPS) to capture the Division of Operations Business Continuity Plan as well as the Agency’s Continuity of Operations Plan and its seven critical business processes.
- The Arizona Immunization Program is currently identifying their program’s essential business functions and comprising a program Business Continuity Plan.
- The Women, Infants, and Children (WIC) Program Disaster Policies and Procedures to provide guidance to local contracted agencies.
- ADHS will continue to work closely with the Arizona Department of Administration (ADOA) to prepare Arizona state agencies for H1N1 fall planning. This will include:
  - ✓ Disseminating updated frequently asked questions (FAQs) to state agency human resources directors and state agency directors.
  - ✓ Disseminating guidance to state agencies on how to assess occupational risk.
  - ✓ Establishing policies and procedures for preventing the spread of influenza, including return to work policies.
  - ✓ Reviewing and revising leave policies.
  - ✓ Identifying and disseminating information on how employees can access mental health services.
  - ✓ Reviewing relationships with vendors, contractors, shippers/suppliers to identify continuity of government contingencies.

### **B.5.7 Trainings and Exercises**

The Bureau of Emergency Preparedness and Response, Education and Exercise Section is working on two exercises for H1N1 preparedness.

- The first of these exercises focuses on community mitigation strategies such as school closure and social distancing, and how to minimize the impact of these measures on society.
- This exercise will be conducted at three or four locations across the state.
- The first of these exercises was held in Prescott, AZ on August 17, 2009.
- Attendees included school representatives, public health, emergency management, tribal stakeholders, as well as representation from Arizona State University and Yavapai College.
- This same exercise will also be conducted in Sierra Vista on September 17 and in Kingman on September 30.
- ADHS staff is currently working to schedule another similar exercise in either Maricopa County, or in the northern part of the state.

### **B.6 Logistics**

- Established an electronic report to review the list of providers who have pre-registered to receive H1N1 vaccine.
  - ✓ This report is updated and emailed to Local Health Departments on a weekly basis (Fridays).
- Developing a reporting form to monitor adult and pediatric influenza in hospital Intensive Care Units using the EMResource web application from emergency departments statewide.
- Working with the Department of Health and Human Services to monitor bed and medical supply availability using the HAvBED program for situational awareness
- Verifying contact and registration information for volunteers registered in the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP).
- Continue to send out Health Alert Notifications from Operations as necessary
- Established a moderated conference call system for weekly H1N1 updates with Local Health Departments.
  - ✓ Weekly conference calls are moderated and recorded for archival and distribution amongst specific partners.
  - ✓ All participants names and agencies are recorded.
- Conducting training classes for ADHS staff on:

- ✓ Secure Integrated Response Exchange Network – a secure electronic platform for sharing e-mail and documents with external partners.
- ✓ Health Emergency Operations Center - training on incident command structure and the planning process.
- ✓ Data entry support – training staff to enter lab specimens and cases into state surveillance systems.

## **B.7 Finance**

- Developed documents for ADHS staff to track H1N1 response activities for potential reimbursement.
- Securing almost \$30 million in additional funds for H1N1 vaccine administration and response activities under the CDC Public Health and Emergency Response Agreement.

## **C. Resources and Appendices**

### **C.1 Appendices**

- A. 2009 H1N1 Influenza Vaccination Operational Plan

## B. Concept of Operations for the Joint Information System

C. ADHS H1N1 Communications Flowchart

D. Matrix of Current H1N1 Reccomendations by Population Groups and Settings

## E. Incident Command Chart

## **C.2 Resources**

Arizona Influenza Pandemic Response Plan

[http://www.azdhs.gov/pandemicflu/pandemic\\_flu\\_plan.htm](http://www.azdhs.gov/pandemicflu/pandemic_flu_plan.htm)

Arizona Pandemic Influenza Operational Plan

<http://www.azdhs.gov/phs/edc/edrp/pdf/08apiop.pdf>

Arizona Mass Vaccination Plan

[http://www.azdhs.gov/pandemicflu/pdf/az\\_mass\\_vaccination\\_clinic\\_plan.pdf](http://www.azdhs.gov/pandemicflu/pdf/az_mass_vaccination_clinic_plan.pdf)

### Arizona's Novel H1N1 Influenza Vaccine Estimate Worksheet

Resource: All population estimates are based on [Guidance on Allocating and Targeting Pandemic Influenza Vaccine](#), released in 2008, unless otherwise specified.

Assumptions: Arizona population is 2% of US total based on 2008 census population estimates

Priority Level	Priority Groups	U.S. Pop.	Arizona Pop.	Arizona Winter Pop./ Seasonal Workers
1	Pregnant Women	3.1 million	113,756 <sup>1</sup>	
1	Household contacts and caregivers of children < 6 months	4.3 million	86,000	
1	Healthcare and emergency medical service personnel	10.7 million <sup>2</sup>	214,000	
1	People 6 months through 24 years of age	103.7 million <sup>3</sup>	2.1 million	
	6 months through 35 months	10.3 million	257,955	
	3 years through 4 years	10.3 million <sup>4</sup>	257,955	
	5 years through 9 years	19.7 million <sup>5</sup>	471,857 <sup>6</sup>	
	10 years through 14 years	20.6 million <sup>5</sup>	445,791 <sup>6</sup>	
	15 years through 19 years	21.5 million <sup>5</sup>	444,319 <sup>6</sup>	
	20 years through 24 years	20.9 million <sup>5</sup>	431,287 <sup>6</sup>	
1	Persons 25 to 64 years of age with high risk conditions	36 million <sup>7</sup>	720,000	
2	Healthy persons 25 through 64 years	107.4 million <sup>3,8</sup>	2.2 million	90,000 <sup>9</sup>
2	Persons 65 years and older	39 million	780,000	300,000 <sup>10</sup>

<sup>1</sup>Estimate from [ADHS pregnancy data, all races/ethnicities, 2007](#):

<sup>2</sup>Includes public health personnel, inpatient health care providers, outpatient and home health providers, health care providers in LTCFs, community support and emergency management, pharmacists, and emergency services sector personnel.

<sup>3</sup>Data from [2008 census population estimates](#)

<sup>4</sup>Estimated by subtracting total of 6 months to 35 months found in [Guidance on Allocating and Targeting Pandemic Influenza Vaccine](#) from total under 5 years found in [2005-2007 American Community Survey estimates](#)

<sup>5</sup>Data from 2005-2007 [2005-2007 American Community Survey estimates](#)

<sup>6</sup>Data from [2008 Arizona population estimates](#)

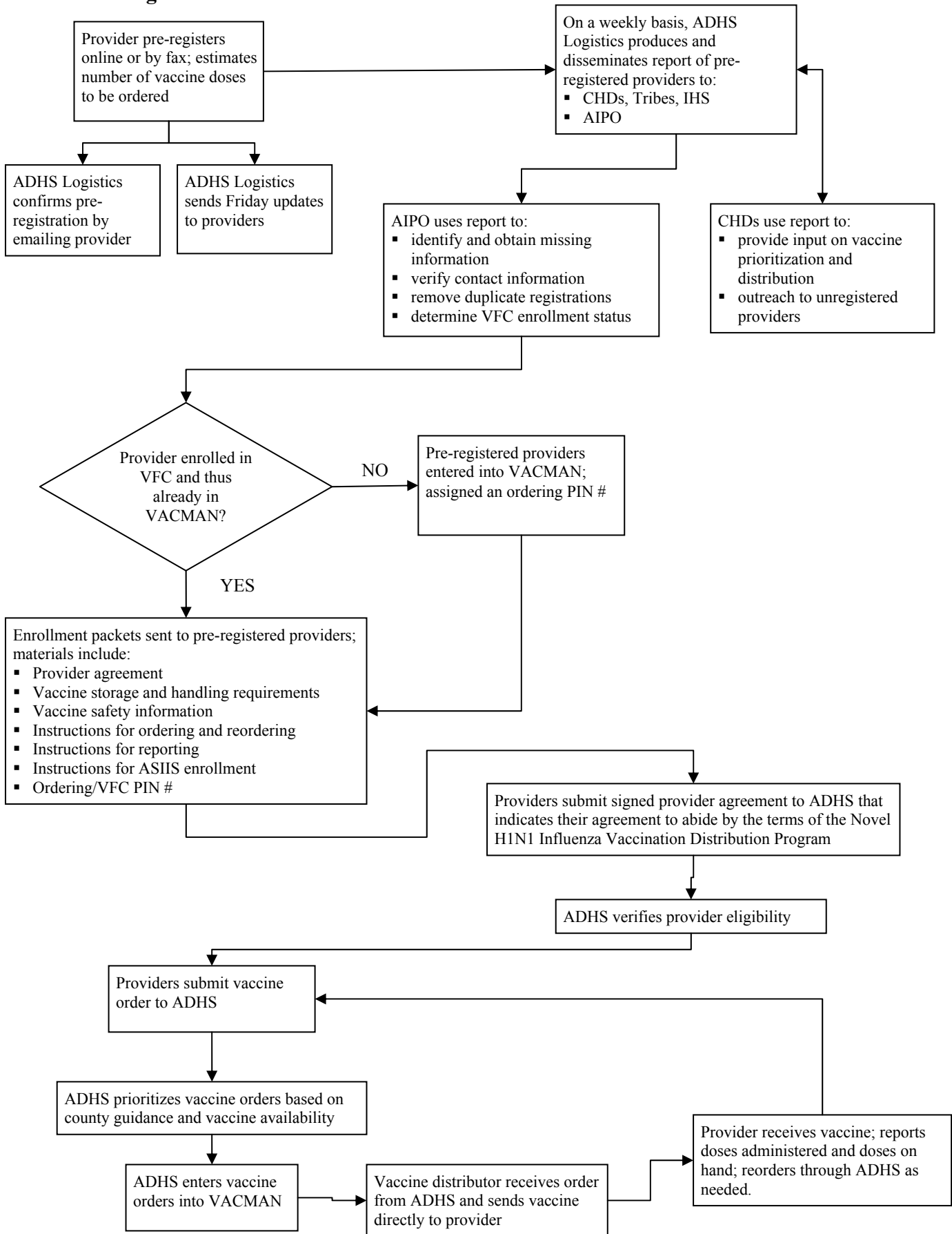
<sup>7</sup> Estimated from age 19-64 – possible overestimate for 25-64 years group

<sup>8</sup> Excludes individuals from priority level 1 (pregnant women, household contacts, healthcare personnel, persons 25-64 years with high risk conditions).

<sup>9</sup>Estimate of Yuma County only, taken from: Torres, E. (2007). Futuro Claro: A culturally competent Promotora program serving migrant and seasonal farmworkers and the Latino population in the rural and border communities of Yuma County Arizona. Available at [http://www.tobaccofreeaz.org/ctfa/docs/2007%20conference/10%20Emma%20Torres\\_futuro%20claro%20Need%20to%20confirm%20permission.pdf](http://www.tobaccofreeaz.org/ctfa/docs/2007%20conference/10%20Emma%20Torres_futuro%20claro%20Need%20to%20confirm%20permission.pdf).

<sup>10</sup>Estimate from: Hogan, T, Happel, SK, Walls, KS. (2003). State's 'snowbird' count estimated at 300,000 or more. *Arizona Business*. Available at [http://wpcarey.asu.edu/seidman/ccpr/AZBpdfs/AZB\\_0306.pdf](http://wpcarey.asu.edu/seidman/ccpr/AZBpdfs/AZB_0306.pdf).

## Vaccine Ordering Process



## Arizona Novel H1N1 Influenza Vaccine Distribution Program 2009-2010

### Pre-Registration Form

All Arizona healthcare providers interested in participating in the novel H1N1 Influenza Vaccine Distribution Program must complete this form. Pre-registration information will be used to estimate vaccine needs and establish a shipping address. Providers are not committed to receive vaccine by completing this form. When the vaccine becomes available for distribution, providers will receive a provider agreement and order form that must be returned to ADHS in order to receive vaccine. **Submit only one pre-registration form per practice site.** Call (602) 364-3895 for further questions.

[Vaccine Distribution Background Document \[PDF 93K\]](#)

[Vaccine Distribution Pre-Registration Instructions \[PDF 41K\]](#)

**Practice Name:**

**Contact:**

Last Name

First Name

Title

Backline Phone Number

**E-mail address:**

**Vaccine Delivery Street Address:**

**Delivery City:**

**Delivery Zip:**

**Delivery County:**

**Mailing Address:**

Street or PO Box

City

Zip

County

**Phone Numbers:**

Area Code

Main

Fax

**Hours/Days when office is open:**

**Closed for lunch?**

- Yes
- No

**Hours closed for lunch:**

**Do you have a high-speed Internet connection?**

- Yes
- No

**Classification of Practice:**

**Please choose one from the list below:**

- Practice, Individual or Group
- Hospital
- Other Private Facility
- County Health Department
- Community Health Center (FQHC)
- Rural Health Center (RHC)
- Other Public Facility (IHS, Fire, etc.)

**Type of Practice:**

**Please choose one from the list below:**

- Family/General
- Pediatrics
- OB/GYN
- Hospital
- Pharmacy
- Other Specialty (describe below)
- County Health Department
- Indian Health Services (IHS/Tribal Health Center)
- FQHC/RHC
- School Based Clinic
- Other Public Specialty (describe below)

If you selected "Other Specialty" or "Other Public Specialty", please describe:

**The section below must be completed: If you need help, call Arizona Immunization Program Office at (602) 364-3895.**

**Estimate number of patients and staff by target group for whom you plan to order novel H1N1 vaccine.**

Children 6 months through 18 years of age

Young adults 19-24 years of age

Pregnant women

Adults living with or caring for children under 6 months of age

Health Care Workers and Emergency Services Personnel

Chronic Health Conditions 25-64 years of age

All Other Patients

Total



**Arizona Novel H1N1 Influenza Vaccine Distribution Program 2009-2010  
Background Document to accompany “How to Order Novel H1N1 Influenza  
Vaccine” and “Novel H1N1 Influenza Vaccine Preregistration Form”**

**Epidemiology of novel H1N1 influenza**

Novel H1N1 influenza virus continues to cause influenza-like illness in Arizona and the US. In Arizona, the median age for novel H1N1 influenza cases is 15 years, for hospitalizations is 17 years, and for death is 49 years (as of 8/5/09). Only 2% of cases have been in people over 65 years. Patients at increased risk of novel H1N1 influenza-related complications are similar to seasonal influenza: pregnant women, and those with asthma, COPD, diabetes, chronic cardiovascular disease, and immunocompromise.

**Novel H1N1 influenza vaccine manufacturing**

Novel H1N1 vaccine is being purchased by the U.S. government from five vaccine manufacturers. Both inactivated and live attenuated novel H1N1 vaccines will be made. Inactivated vaccine will come in both single-dose syringes and in multi-dose vials. Vaccine in single-dose syringes and live-attenuated vaccine will be thimerosal-free.

**Novel H1N1 vaccine purchase and allocation**

Novel H1N1 influenza vaccine will be made available to vaccinators at no cost in increments of 100 doses. Syringes, needles, sharps containers and alcohol will also be provided. Vaccine will be allocated across states proportional to their population. Arizona Department of Health Services (ADHS) will be the ordering location for the novel H1N1 influenza vaccines allocated to Arizona.

**Planning assumptions**

The projected date of availability of novel H1N1 influenza vaccines continues to change. The most recent projection is that the first shipment of 20 million doses may be released in late September, with 100 million doses shipped in October, 80 million in November, and 80 million in December. For Arizona, that would translate into 400,000 doses at the end of September, 2 million in October, and 1.6 million in November and December.

At the present time, the assumption is that the novel H1N1 influenza vaccine will contain 15 µg of antigen and that people will only need one dose of vaccine. Clinical trials are being conducted to determine which age groups, if any, will need only one dose. The majority of vaccine will come as multidose vials but about 20% of the shipments will be thimerosal-free single-dose syringes and live attenuated vaccine.

Local health departments throughout Arizona are organizing efforts to give novel H1N1 influenza vaccine in public health clinics, in schools, and through mass vaccination clinics. However, there are not enough public health vaccinators to be the sole vaccinators to deliver novel H1N1 influenza vaccine throughout Arizona if it is to be done in a timely fashion. Therefore, nonpublic health entities such as private providers, hospitals, occupational health clinics, companies providing vaccination services, and pharmacies will need to play a large role in administering vaccine.

## **ADHS Novel H1N1 Influenza Vaccine Background Document p. 2**

### **Novel H1N1 vaccine ordering**

ADHS will broker the ordering and distribution of novel H1N1 vaccine in Arizona. Providers who want to give novel H1N1 vaccine to their patients will need to pre-register (see attached documents or go to <http://www.azdhs.gov/flu/h1n1/index.htm>). **There is no cost to the provider to pre-register.** Pre-registration will not obligate the provider to administer novel H1N1 influenza vaccine, but will provide ADHS with the necessary information to contact providers and arrange for shipping.

Providers who pre-register will subsequently receive instructions on how to order and reorder novel H1N1 influenza vaccine. They will also be sent a provider agreement outlining the terms and conditions of administering novel H1N1 influenza vaccine, and vaccine storage and handling requirements.

Providers who give novel H1N1 vaccine will be asked to report to ADHS on a regular basis the number of administered doses by age groups, the type of vaccine given, and the number of unused or wasted doses. In addition, providers giving novel H1N1 vaccine to children will need to also record the novel H1N1 influenza vaccine dose in Arizona's electronic immunization registry (ASIS).

CDC has developed a provider agreement, which will need to be signed by all providers administering H1N1 vaccine. In this agreement, providers will need to consent not to charge for the vaccine, and to maintain proper handling and storage measures.

### **Financial issues and novel H1N1 vaccine**

The novel H1N1 influenza vaccine will be provided free of charge to providers. Providers can not charge recipients for the vaccine. However, providers can charge an administration fee. This could either be through fee-for-service or by billing insurance companies.

The question as to whether a provider can turn away a patient if they are unable to pay is still under discussion. Private providers will likely not be obligated to administer novel H1N1 influenza vaccine if the patient cannot pay the administration fee, but this issue has yet to be finalized as part of the provider agreement. Public health providers will not be able to turn patients away for inability to pay the fee, but they can request payment of an administration fee from insurance companies or the patient.

The Centers for Disease Control and Prevention (CDC) asked AHIP (America's Health Insurance Plans) whether insurance plans would reimburse private providers for administration and received the following answer: *"Every year health plans contribute to the seasonal flu vaccination campaign in several ways: a) Health plans communicate directly with plan sponsors and members on the current ACIP recommendations and encourage immunization; they also provide information on where to get vaccinations, and who to contact with any questions; b) Just as health plans have provided extensive coverage for the administration of seasonal flu vaccines in the past, public health planners can make the assumption that health plans will provide reimbursement for the administration of a novel*

### **ADHS Novel H1N1 Influenza Vaccine Background Document p. 3**

*(A) H1N1 vaccine to their members by private sector providers in both traditional settings e.g., doctor's office, ambulatory clinics, health care facilities, and in non-traditional settings, where contracts with insurers have been established.”*

#### **Vaccine delivery**

ADHS will order vaccine when ADHS receives an order form and a signed provider agreement from the provider. **Vaccine will be shipped directly to the provider.** At times providers may only receive part of their order depending on availability of vaccine from the distributor as well as state and county prioritization guidance. In this case, providers will need to reorder more vaccine from ADHS.

Shipments will be in increments of 100 doses with a minimum shipment size of 100 doses for each type of vaccine (i.e. nasal spray, single-dose syringes, multidose vials). Providers can reorder more vaccine through ADHS as needed. Providers should develop an office communication plan to inform their patients about when novel H1N1 influenza vaccine is available in their offices and how to schedule an appointment to get it.

#### **ACIP recommendations for novel H1N1 influenza vaccine target groups**

There will eventually be enough novel H1N1 vaccine to give to everyone who wants a vaccine. However, at first, the vaccine should be given to those who are most likely to get sick and have serious complication. CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain target groups receive the novel H1N1 influenza vaccine first. (See <http://www.cdc.gov/h1n1flu/vaccination/acip.htm>) These recommended target groups are:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Healthcare and emergency medical services personnel
- All people from 6 months through 24 years of age
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

Once the demand for vaccine for the prioritized groups has been met at the local level, providers should also begin vaccinating everyone from the ages of 25 through 64 years. Finally, once vaccine demand among younger age groups has been met, providers should offer vaccination to people 65 or older.

In situations where vaccine is in limited quantities, ACIP recommends that the following groups receive the vaccine before others:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Healthcare and emergency medical services personnel with direct patient care
- Children ages 6 months through 4 years of age
- Children 5 through 18 years of age who have chronic medical conditions.

## **ADHS Novel H1N1 Influenza Vaccine Background Document p. 4**

### **Legal protection for providers giving H1N1 influenza vaccine**

Under authority from the Public Readiness and Emergency Preparedness (PREP) Act, the Health and Human Services (HHS) Secretary has issued a declaration that gives providers immunity from tort liability (except for willful misconduct) for claims of loss caused, arising out of, relating to, or resulting from administration or use of countermeasures to diseases, threats and conditions determined by the Secretary to constitute a present, or credible risk of a future public health emergency to entities and individuals involved in the development, manufacture, testing, distribution, administration, and use of such countermeasures such as the novel H1N1 influenza vaccine. More information is available at [www.hhs.gov/disasters/discussion/planners/prepact/index.html](http://www.hhs.gov/disasters/discussion/planners/prepact/index.html)

### **Seasonal influenza vaccination**

Seasonal influenza vaccine will be available beginning in August or September 2009. The seasonal influenza vaccine is expected to be available earlier than the novel H1N1 vaccine, but the availability of the two vaccines is expected to overlap. The process for ordering seasonal vaccine is unchanged from previous years.

Providers should give patients the seasonal influenza vaccines **as quickly as possible** in order to free up staff time and refrigerator space for novel H1N1 influenza vaccine that will arrive later in the season. **Do not delay** seasonal influenza vaccination in hopes of getting a longer lasting immune response. Contrary to a commonly held belief, protective immunity in most people (even in the elderly) does not decline rapidly and will persist for at least a year.

### **Monitoring vaccine safety**

Vaccine safety is an important part of any vaccination program. Ongoing clinical trials are studying side effects of novel H1N1 vaccine. These side effects are expected to be similar to those from seasonal influenza vaccines. However, for any vaccine, rare side effects can only be detected by monitoring for adverse events after vaccination. This will be done through the Vaccine Adverse Event Reporting System (VAERS), through the Vaccine Safety Datalink (VSD) that analyzes clinical data from large health maintenance organizations, and through active surveillance for Guillain-Barré Syndrome (GBS).

GBS will be looked for because the 1976 swine influenza vaccine was associated with an increased frequency of GBS (estimated at one additional case of GBS per 100,000 persons vaccinated with the 1976 swine influenza vaccine). However, it is important to inform patients that influenza virus infection itself can serve as a trigger of GBS, with the frequency of influenza-related GBS estimated at four to seven times higher than the frequency that has been estimated for influenza-vaccine-associated GBS (MMWR July 31, 2009, p.17 <http://www.cdc.gov/mmwr/PDF/rr/rr5808.pdf> )

**Call Arizona Immunization Program Office at (602) 364-3895 if you need additional information on novel H1N1 influenza vaccine pre-registering, ordering, delivery, or handling.**



## ***Division of Public Health Services***

*Office of the Assistant Director  
Public Health Preparedness Services*

150 N. 18<sup>th</sup> Avenue, Suite 120  
Phoenix, Arizona 85007-3237  
(602) 364-3642  
(602) 364-3232 FAX

JAN BREWER, GOVERNOR  
WILL HUMBLE, INTERIM DIRECTOR

### **How to Order Novel H1N1 Influenza Vaccine**

Aug. 13, 2009

The federal government is providing novel H1N1 influenza vaccine to the states at no charge. The Arizona Department of Health Services (ADHS) will be the central ordering location for vaccine in Arizona.

#### **ADHS will pre-register providers who are interested in administering novel H1N1 influenza vaccine.**

- There is no cost to the provider to pre-register.
- Pre-registration does not obligate the provider to administer novel H1N1 influenza vaccine.
- The novel H1N1 influenza vaccine will be provided free of charge to providers. Providers can not charge recipients for the vaccine. However, providers can charge an administration fee.
- Providers who want to order novel H1N1 influenza vaccine will need to sign a provider agreement that they will adhere to recommended priority groups, follow minimal reporting requirements, and adhere to vaccine storage and handling requirements.

**To pre-register, please fax the attached pre-registration form to Arizona Immunization Program Office as soon as possible but at least by Friday, September 14th to (602) 364-3232. Alternately, electronic submission of pre-registration can be done at <http://www.azdhs.gov/flu/h1n1/index.htm>**

- The pre-registration form will ask for the provider's contact information and shipping location
- Providers will be asked to estimate the total number of persons that they would realistically intend to vaccinate this season with the novel H1N1 influenza vaccine
- Providers need to have an active Arizona license
- Providers who are signed up with ADHS for VFC or ASIIS still need to pre-register
- **Submit only one pre-registration form per site even if there are multiple providers at the site**

#### **Pre-registered providers will later receive:**

- Instructions on how to order and reorder novel H1N1 influenza vaccine
- A provider agreement that will need to be signed outlining the terms and conditions of administering novel H1N1 influenza vaccine

#### **Novel H1N1 Influenza Vaccine Distribution and Reporting Process:**

- ADHS will order vaccine for the provider once ADHS receives an order form and the signed provider agreement
- Vaccine will be shipped directly to the provider from a vaccine distributor. Shipments will be in increments of 100 doses with a minimum shipment size of 100 doses
- The arrival date and size of individual novel H1N1 influenza vaccine shipments will depend on vaccine availability from the distributor and state and county prioritization guidance
- Providers can order additional doses of novel H1N1 influenza vaccine through ADHS as needed
- In order to fulfill federal requirements, providers will be asked to report to ADHS on a regular basis the number of administered doses by age groups and the type of novel H1N1 influenza vaccine given.

For more detailed information on novel H1N1 influenza vaccine, see the accompanying Background Document. Call Arizona Immunization Program Office at (602) 364-3895 with further questions on novel H1N1 influenza vaccine pre-registering, ordering, delivery, or handling.

**Subject:** Health Information: Confirmation email information

Dear Healthcare Provider:

This email confirms that we received your preregistration with the Arizona Department of Health Services (ADHS). Thank you for your interest in administering H1N1 vaccine.

**The preregistration form is not an order form, and does not guarantee vaccine orders.** Preregistration is designed to give ADHS an estimate of the providers interested in administering the H1N1 vaccine, the location of these providers, the approximate number of doses they anticipate needing for the H1N1 season, and the populations they serve. This information will be used by ADHS and local health departments to determine vaccine prioritization and distribution plans.

**The county health officers will use the pre-registration information, along with guidance from Centers for Disease Control and Prevention (CDC) and ADHS, to determine the best mechanism to distribute and prioritize vaccine within their county, based on strategies that will have the most public health impact.** Once the vaccination strategy for your area is determined, ADHS will notify the providers whether they are authorized to receive vaccine.

**The amount of vaccine a provider will receive will be based upon vaccine prioritization groups, the amount of vaccine allocated to the county, the amount of vaccine your practice/facility is ordering and local health department needs. Orders must be in increments of 100 doses, as the CDC has determined that the minimum shipment size will be 100 doses.** Providers should plan accordingly when filling out the order form, and should be aware that orders may not be completely filled. The minimum shipment size (100 doses) could delay partial orders for specific providers at first, if vaccine is in short-supply. Providers may reorder H1N1 vaccine in increments of 100 doses as needed throughout the season.

**Those authorized to order H1N1 vaccine will be sent information for ordering H1N1 vaccine and other instructions in the near future.** ADHS will order vaccine for the provider once the order form and signed provider agreement have been returned, and the ordering provider's license has been verified. Vaccine will be shipped directly to the provider from the vaccine distributor.

**You will be notified after September 15<sup>th</sup> regarding your registration status.** We appreciate your assistance with our planning efforts. Please call Arizona Immunization Program Office at (602) 364-3895 with further questions on novel H1N1 influenza vaccine pre-registering, ordering, delivery, or handling.

Please see attached.

**\*\*DISTRIBUTED BY THE ARIZONA HEALTH ALERT NETWORK**

**Arizona Department of Health Services (ADHS)  
Novel H1N1 Influenza Vaccine Update  
8/28/09**

ADHS will be sending you weekly updates on novel H1N1 Influenza vaccine status, ordering, handling and delivery. We hope this information will answer some of your questions. The Centers for Disease Control and Prevention (CDC) is continually updating this information and we will stay in touch.

**Vaccine Status**

The date for novel H1N1 influenza vaccine to be available to ship to providers in Arizona is still a moving target, but the current tentative date is around October 15. The vaccine will be in limited supplies at first, and will be distributed according to county health department-determined priorities as to where the vaccine needs to be shipped first. ADHS will let providers know when ADHS has sent the provider's novel H1N1 influenza vaccine order to the distributor. The vaccine will be sent directly to the provider from the distributor in packages of 100 doses per vaccine presentation (prefilled syringes, multidose vials, and nasal spray).

**Vaccine Provider Agreement**

The Centers for Disease Control and Prevention (CDC) has developed a Provider Agreement form for novel H1N1 influenza vaccine that providers will need to sign to be able to order novel H1N1 influenza vaccine. We have been told that the form will specify that the providers agree that they will not charge for the vaccine, that they will store and handle the vaccine correctly, and that they will report to Arizona Department of Health Services the number of patients vaccinated. This agreement will be sent in a few weeks to providers along with a vaccine order form, reporting guidance, vaccine safety information, and vaccine storage and handling directions.

**Vaccination Cards**

Vaccination cards will be part of the accessory materials (along with needles, syringes, alcohol wipes and sharps containers) that accompany shipments of vaccine. The vaccination card is to be given to patients to show when the patient received novel H1N1 influenza vaccine and the lot numbers.

**ACIP Recommendations for Novel H1N1 Influenza Vaccine Target Groups**

There will eventually be enough novel H1N1 vaccine to give to everyone who wants a vaccine. However, at first, the vaccine should be given to those who are most likely to get sick and have serious complication. CDC's Advisory Committee on Immunization Practices (ACIP) has recommended that certain target groups receive the novel H1N1 influenza vaccine first. (See <http://www.cdc.gov/h1n1flu/vaccination/acip.htm> ) These recommended target groups are:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Healthcare and emergency medical services personnel
- All people from 6 months through 24 years of age
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

In situations where vaccine is in limited quantities, ACIP recommends that the following groups receive the vaccine before others:

- Pregnant women
- People who live with or care for children younger than 6 months of age
- Healthcare and emergency medical services personnel with direct patient care
- Children ages 6 months through 4 years of age
- Children 5 through 18 years of age who have chronic medical conditions.

Once the demand for vaccine for the prioritized groups has been met at the local level, providers should also begin vaccinating everyone from the ages of 25 through 64 years. Finally, once vaccine demand among younger age groups has been met, providers should offer vaccination to people 65 or older.

Please refer to the ADHS website for more information and updates: [www.azdhs.gov](http://www.azdhs.gov)



**Division of Public Health Services**

*Office of the Assistant Director  
Public Health Preparedness Services*

150 N. 18<sup>th</sup> Avenue, Suite  
120

Phoenix, Arizona 85007

(602) 364-3630

(602) 364-3285 FAX

JANICE K. BREWER, GOVERNOR

WILL HUMBLE, INTERIM DIRECTOR

**2009 Influenza A(H1N1) Monovalent Vaccine  
Provider Agreement**

PIN: \_\_\_\_\_

Facility Name: \_\_\_\_\_

H1N1 Immunization Provider Names and applicable medical/nursing/other licensure numbers

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your participation in the 2009 Influenza A(H1N1) monovalent vaccine vaccination effort is greatly appreciated as a vital service that will protect individuals and the public against 2009 H1N1 influenza. The 2009 Influenza A (H1N1) monovalent vaccine has been purchased by the federal government as a means of protecting the public against 2009 H1N1 influenza. It is being made available to immunization providers working in partnership with state and local public health departments to vaccinate individuals for whom the vaccine is recommended. This Provider Agreement specifies the conditions of participation in the 2009 Influenza A(H1N1) monovalent vaccine vaccination effort in the U.S. and must be signed and submitted to the immunization program prior to receipt of the vaccine.

**The immunization provider agrees to:**

1. Administer the 2009 Influenza A(H1N1) monovalent vaccine according to the recommendations of CDC's Advisory Committee on Immunization Practices as adopted by the Centers for Disease Control and Prevention.
2. Store and handle the vaccine in accordance with the package insert provided with the vaccine including in compliance with cold chain requirements.
3. Provide a current Vaccine Information Statement to each individual before vaccination, and answer questions about the benefits and risks of vaccination, including different indications for live versus inactivated vaccines.
4. Record in the patient's medical record or in an office log the date of administration, the site of administration, the vaccine type and lot number, and the name of the immunization provider for each individual vaccinated. The record must be kept for a minimum of three years following vaccination.

- 5. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (1-800-822-7967, <http://vaers.hhs.gov/contact.htm> ).

**In addition, the provider:**

- 6. Can not charge patients, health insurance plans, or other third party payers for the vaccine, the syringes or the needles as these are provided at no cost to the provider. The provider/facility is also prohibited from selling H1N1 vaccine, syringes or needles.
- 7. May charge a fee for the *administration* of the vaccine to the patient, their health insurance plan, or other third party payer. The administration fee cannot exceed the regional Medicare vaccine administration fee. If the administration fee is billed to Medicaid, the amount billed cannot exceed the state Medicaid administration fee.
- 8. May either administer the 2009 Influenza A (H1N1) monovalent vaccine for free to individuals who cannot afford the administration fee, or refer these individuals to a public health department clinic or affiliated public health provider for vaccination.
- 9. Must report the number of doses of 2009 Influenza A (H1N1) monovalent vaccine administered to individuals as requested by the state or local public health department.
- 10. Must report to the state health department the number of doses of vaccine that were not able to be used because the vaccine expiration date was exceeded or the vaccine was wasted for other reasons. These doses must be disposed of in accordance with state regulations for biological waste.
- 11. Are strongly encouraged to provide an immunization record card to the vaccine recipient or parent/guardian to provide a record of vaccination, to serve as an information source if a Vaccine Adverse Event Reporting System report is needed. Immunization cards will be included in each shipment of vaccine.

Receipt of H1N1 vaccine shall constitute acceptance of the terms of this agreement.

Agreed to on behalf of the above-named providers and facility(ies):

(signed or electronic submission) \_\_\_\_\_

(printed) \_\_\_\_\_

Medical Director

Date



## ***Division of Public Health Services***

*Office of the Assistant Director  
Public Health Preparedness Services*

150 N. 18<sup>th</sup> Avenue, Suite 120  
Phoenix, Arizona 85007  
(602) 364-3642  
(602) 364- 3232 FAX

JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, INTERMIN DIRECTOR

Dear Provider,

The Arizona Dept. of Health requires the following Ordering, Re-ordering, Storage & Handling guidelines to ensure the novel H1N1 influenza vaccine is delivered to the correct practice and remains viable and potent. Decreased potency can result in a poor immune response for patients. More detailed vaccine storage & handling information can be found at [www.azdhs.gov/flu/h1n1/index.htm](http://www.azdhs.gov/flu/h1n1/index.htm) or <http://www2a.cdc.gov/vaccines/ed/shtoolkit/default.htm>.

### **Ordering, Re-ordering, Storage and Handling Novel H1N1 Influenza Vaccine**

#### **Ordering/Re-ordering Instructions for H1N1 influenza vaccine:**

- Use the Novel H1N1 INFLUENZA VACCINE ORDER/REPORTING FORM 2009-2010 (included in this packet). Use this form only to order/re-order H1N1 vaccine (form and instructions are included in the packet)
- Complete all required (\*) sections of the form before emailing, mailing or faxing it to the Vaccine Center
  - Email address: TBD
  - Mailing address: Vaccine Center, 150 N. 18<sup>th</sup> Ave., Suite 120, Phoenix, AZ 85007
  - Fax: 602-364-3232
- Your PIN (Personal Identification Number) must be on all forms

**Note:** During a time of limited vaccine, you may receive all, some or none of your initial order. This will be dependent upon where your patients fit in the priority groups and where the initial supply of vaccine will have the greatest impact. Vaccine will be shipped as soon as it becomes available. You will be notified when your vaccine order is submitted.

#### **Acceptable refrigerators:**

- Standard 2 door household refrigerator
- Commercial refrigerator
- Single door refrigerator (no freezer compartment)

#### **Unacceptable refrigerators:**

- Dormitory style refrigerators

#### **Storage and handling:**

- Thermometers should be placed in the center of the refrigerator
- Refrigerator temperatures should be taken and recorded twice daily – upon arrival in the morning and before leaving in the afternoon/evening
- Store vaccines at **35° to 46° F (2° and 8°C)**
- DO NOT place influenza vaccine in the freezer or store lower than **35°F**
- If temperatures go outside **35° to 46° F (2° and 8°C)**, the vaccine must be discarded.
- Vaccines ONLY should be stored in the refrigerator – no food or drinks
- DO NOT place vaccines against the sides or back of the refrigerator – air must be able to circulate around the vaccine
- DO NOT store vaccines in the door or in crispers
- Place water bottles in the door of the refrigerator to maintain refrigerator temperatures in the event of a power outage or refrigerator failure
- Post a “Do Not Unplug the Refrigerator) sign by the outlet and on the refrigerator
- If possible, use a plug guard or tape the refrigerator cord to the wall to prevent accidental unplugging
- Have an emergency plan in place that includes the name(s) and phone number(s) of who to contact in case of a power outage/refrigerator failure. The plan should also include what to do with the vaccine
- DO NOT pre-draw vaccine before a clinic
- If vaccine was pre-drawn and there is vaccine left at the end of the day, it must be discarded.



## ***Division of Public Health Services***

*Office of the Assistant Director  
Public Health Preparedness Services*

150 N. 18<sup>th</sup> Avenue, Suite 120  
Phoenix, Arizona 85007  
(602) 364-3642  
(602) 364-3232 FAX

JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, INTERIM DIRECTOR

### **Vaccine Safety Information for Providers Giving Novel H1N1 Influenza Vaccine**

**Any clinically significant adverse event that occurs after any vaccine should be reported to the Vaccine Adverse Events Reporting System (VAERS), even if you are uncertain if there is any causal relationship. Report forms for VAERS are available online at <http://vaers.hhs.gov> or can be obtained by calling 1-800-822-7967.**

#### Important Points

- Influenza vaccines are very safe and rarely have any serious side effects
- There is no information to suggest that the novel H1N1 influenza vaccine will have any more side effects than regular seasonal influenza vaccine
- The novel H1N1 influenza vaccine has been developed using the same technology for production of seasonal influenza vaccines
- The 1976 swine flu vaccine was associated with an increased frequency of Guillain-Barré Syndrome (GBS), estimated at one additional case of GBS per 100,000 persons vaccinated
- Influenza infection can be a trigger for GBS. GBS is four to seven times more likely to occur after influenza infection than after influenza vaccination
- Novel H1N1 influenza can result in serious illness and death, so novel H1N1 influenza vaccine is an important tool to prevent these complications

#### Safety measures

Since the novel H1N1 influenza vaccine is a new vaccine, and in light of the small but statistically significant increase in GBS after the 1976 swine flu vaccine, the following vaccine safety measures will be implemented in the US.

- VAERS will be carefully monitored for adverse events reported after novel H1N1 influenza vaccine to allow investigation for any causal link.
- Vaccine Safety Datalink (VSD) is a data bank of clinical information from large health maintenance organizations in the US that covers about 3% of the US population. Adverse events that could be temporally related to novel H1N1 vaccination will be looked for and investigated
- The Centers for Disease Control and Prevention will conduct active surveillance for patients with GBS. In addition, practitioners who see GBS in patients after any vaccination should report the event through VAERS

#### Some examples of adverse events after vaccination that should be reported to VAERS

- Events listed on the VAERS Table of Reportable Events Following Vaccination (such as anaphylaxis, chronic arthritis, brachial neuritis, encephalopathy, encephalitis, thrombocytopenia, polio-like paralysis or death). See the full list at: <http://vaers.hhs.gov/pdf/ReportableEventsTable.pdf>
- Adverse event with hospitalization, life threatening illness, or disability
- Neurologic illness such as seizures or Guillain-Barré syndrome

**For further questions about VAERS, contact the Arizona Immunization Program Office at (602) 364-3626.**



**Division of Public Health Services**  
*Office of the Assistant Director*  
*Public Health Preparedness Services*

150 N. 18<sup>th</sup> Avenue, Suite 120  
 Phoenix, Arizona 85007  
 (602) 364-3642  
 (602) 364- 3232 FAX

JANICE K. BREWER, GOVERNOR  
 WILL HUMBLE, INTERMIN DIRECTOR

**Novel H1N1 Influenza Vaccine  
 Order/Reporting Form 2009-2010**

<b>*PIN:</b>
--------------

<b>*Practice/Provider name:</b>		<b>*Date started:</b>	<b>*Date ended:</b>
<b>*Name of person submitting form:</b>	<b>*Fax number with area code:</b>	<b>*Phone number # with area code:</b>	
<b>*Email address of person submitting form:</b>			

Vaccine Presentations	Doses Administered	Doses on Hand	*Doses Requested	Doses Shipped <small>For VFC use only</small>
Influenza - Inactivated 6 months through 35 months of age 0.25 mL Pre-filled syringe (Preservative free) 10 syringes/box (May be available in late October)				
Influenza - Inactivated 4 years of age and older 0.5 mL Pre-filled syringe (Preservative free) 10 syringes/box				
<b>Influenza - Inactivated</b> 3 yrs – 18 yrs of age 5.0 mL Multi-dose vial 10 dose vial/box				
<b>Influenza - Live attenuated nasal spray</b> 2 yrs – 54 yrs of age 0.5 mL single-dose sprayers (Preservative free) 10 sprayers/box				

\*Based on availability of influenza vaccines.

Additional doses of both Live and Inactivated Influenza vaccines can be ordered on this form as long as all sections of this form are completely filled out.

To order additional vaccine, use this Order/Reporting Form.

<b>For ADHS Office Use Only</b>
Date Received:
Date Entered in Spreadsheet:

## To order H1N1 Influenza Vaccine:

1. First order: complete ALL sections at top of form (except Start and End Dates)

- a. PIN
- b. Practice/provider name
- c. Start Date
- d. End Date
- e. Name of person submitting the form
- f. Email address of person submitting form
- g. Fax number with area code
- h. Phone number with area code
- i. Doses Requested – in multiples of 100 doses – smaller amounts will not be accepted) for each formulation

Example:

- 1) 100 doses of inactivated influenza vaccine, .25mL, P-Free, pre-filled syringes (6 mos – 35 months of age)
- 2) 200 doses of inactivated influenza vaccine, 0.5mL, P-Free, prefilled syringes (4 years of age and older)
- 3) 100 doses of Live attenuated influenza nasal spray vaccine, 0.5mL single dose sprayers (2 yrs – 54 yrs of age)

If you did not receive all the doses ordered on the first order, you must re-order the doses you didn't receive – in multiples of 100 doses – as indicated below. Each re-order must be for multiples of 100 doses. If you can't use 100 doses, you cannot split an order with another provider.

2. Re-order: complete ALL \*sections at top of the form including,

- a. Start and End date of report i.e. start date: 7/1/09 - end date 7/31/09
- b. Number of doses administered since last order.
- c. Number of doses currently on hand (inventory)
- d. Number of doses requested (in multiples of 100 doses for each formulation)

3. Submit order/re-order by email, mail or fax:

- a. Email address: TBD
- b. Mail: Vaccine Center, 150 N. 18<sup>th</sup> Ave., Suite 120, Phoenix, AZ 85007
- c. Fax: 602-364-3276

(\* required information)



## ***Division of Public Health Services***

*Office of the Assistant Director  
Public Health Preparedness Services*  
150 N. 18<sup>th</sup> Avenue, Suite  
120  
Phoenix, Arizona 85007  
(602) 364-3630  
(602) 364-3285 FAX

JANICE K. BREWER, GOVERNOR  
WILL HUMBLE, INTERIM DIRECTOR

### **H1N1 Vaccine Reporting Requirements**

**ALL practices administering Novel H1N1 vaccine must report simple, aggregate data on a weekly basis using Survey Monkey, as described below:**

**Every Monday before 12 noon, go to**

**[http://www.surveymonkey.com/s.aspx?sm=SEJ\\_2bAl1\\_2bzBpRFkq\\_2bc7WC\\_2bQ\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=SEJ_2bAl1_2bzBpRFkq_2bc7WC_2bQ_3d_3d)**

You will be asked to report the following information:

- County
- Practice and contact name
- Start and end dates of the report (Sunday through Saturday of the previous week)
- Number of doses administered during the week to age groups 6-23 months, 24-59 months, 5-18 years, 19-24 years, 25-49 years, 50-64 years, and ≥ 65 years
- Total number of doses administered
- Number of doses wasted or expired
- If you choose not to respond online, print the reporting form and fax to (602) 364-3285. Results should be reported to ADHS no later than 12 noon each Monday.

If necessary, corrected or updated reports for previous weeks can be submitted. Please be sure to indicate the report dates correctly.

You will receive a weekly reminder email to complete the Survey Monkey tool.

## H1N1 VACCINE DOSES ADMINISTERED AGGREGATE COUNTS WEEKLY REPORTING FORM

*Please send completed forms via fax to (602) 364-3285 on a weekly basis before Monday at 12:00pm.*

### REPORTER INFORMATION

<b>County:</b>	
<b>Clinic:</b>	
<b>Name:</b>	
<b>Telephone:</b>	

### AGGREGATE COUNTS

<b>Report Period Start Date (Sunday):</b>	
<b>Report Period End Date (Saturday):</b>	

VACCINE:  H1N1 INFLUENZA H1N1 2009 – ALL FORMULATIONS

### AGE GROUP

Range	# of Doses Administered
6-23 months	
24-59 months	
5-18 years	
19-24 years	
25-49 years	
50-64 years	
≥ 65 years	
<b>TOTAL:</b>	

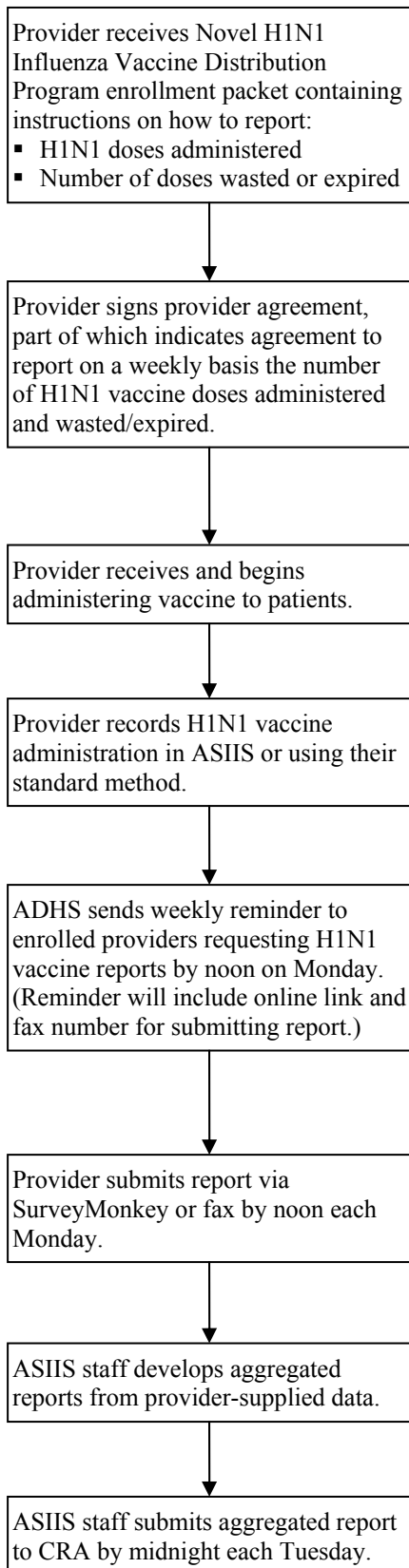
### NUMBER OF DOSES

Dose Type	# of Doses Administered
Number of doses administered to patients	
Number of doses wasted or expired	
<b>TOTAL</b>	

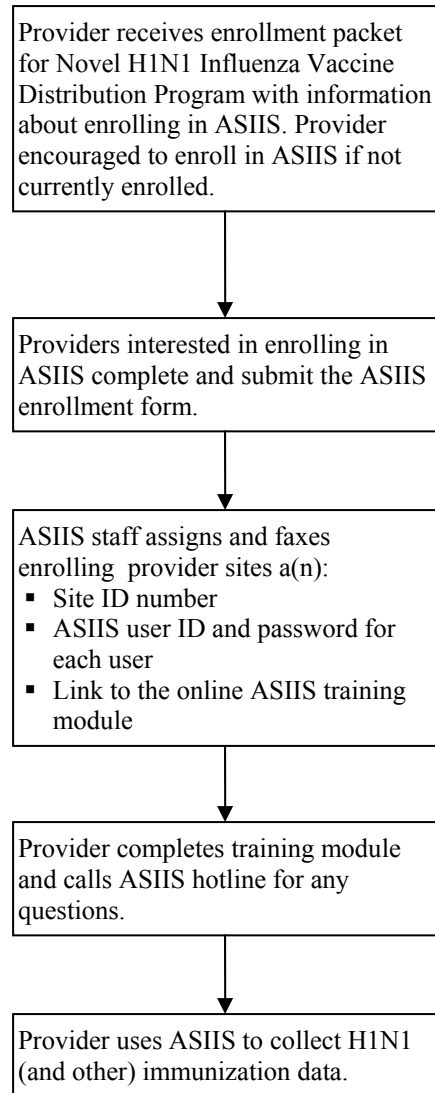
**ARIZONA DEPARTMENT OF HEALTH SERVICES ~ ARIZONA IMMUNIZATION PROGRAM OFFICE**  
150 N. 18<sup>TH</sup> AVENUE, SUITE 120 - PHOENIX, AZ 85007 TEL: (602) 364-3899 FAX: (602) 364-3285

## H1N1 Vaccine Reporting Processes

### H1N1 Required Reporting



### ASIIS Reporting



COUNTY	IMMUNIZATION MANAGER
<b>Apache County Health Department</b> 130 S. Mountain Ave. Springerville, AZ 85938-5104	<b>Devonie Norman</b> <a href="mailto:dnorman@co.apache.az.us">dnorman@co.apache.az.us</a> Phone: 928-333-2415 Fax: 928-333-5876
<b>Cochise County Health Department</b> 1415 W. Melody Lane, Bldg. A Bisbee, AZ 85603-3037	<b>Nancy Berg</b> <a href="mailto:nberg@cochise.az.gov">nberg@cochise.az.gov</a> Phone: 520-432-9477 Fax: 520-432-9479
<b>Coconino County Health Department</b> 2625 N. King St. Flagstaff, AZ 86004-1884	<b>Helene Roumegous (DON)</b> <a href="mailto:hroumegous@coconino.az.gov">hroumegous@coconino.az.gov</a> Phone: 928-679-7356 Fax: 928-679-7351
<b>Gila County Health Department</b> 5515 S. Apache Ave. Globe, AZ 85501-4428	<b>Lorraine Dalrymple</b> <a href="mailto:ldalrymp@co.gila.az.us">ldalrymp@co.gila.az.us</a> Phone: 928-425-3189 Fax: 928-425-0794
<b>Graham County Health Department</b> 826 W. Main St., Suite 2 Safford, AZ 85546-2896	<b>Darla Hansen</b> <a href="mailto:dhansen@graham.az.gov">dhansen@graham.az.gov</a> Phone: 928-428-0110 Fax: 928-428-8074
<b>Greenlee County Health Department</b> P.O. Box 936 Clifton, AZ 85533-0936	<b>Debbie Breshears</b> <a href="mailto:dbreshears@co.greenlee.az.us">dbreshears@co.greenlee.az.us</a> Phone: 928-865-2601 Fax: 928-865-4417 or 1929
<b>LaPaz County Health Department</b> 1112 S. Joshua Ave. Ste. 206 Parker, AZ 85344-5756	<b>Diana Grazier</b> <a href="mailto:dgrazier@co.la-paz.az.us">dgrazier@co.la-paz.az.us</a> Phone: 928-669-6155 Fax: 928-669-6703
<b>Maricopa County Health Department</b> 926 E. McDowell Rd. Ste. 208 Phoenix, AZ 85006-2508	<b>Lori Rehder</b> <a href="mailto:lorirehder@mail.maricopa.gov">lorirehder@mail.maricopa.gov</a> <b>Machrina Leach (DON)</b> <a href="mailto:machrinaleach@mail.maricopa.gov">machrinaleach@mail.maricopa.gov</a> Phone: 602-506-6662 Fax: 602-506-8444
<b>Mariposa Community Health Center</b> 1852 N. Mastic Way Nogales, AZ 85621-1063	<b>Gail Randolph</b> <a href="mailto:gairan@mariposachc.net">gairan@mariposachc.net</a> Phone: 520-375-5046 Fax: 520-281-1112
<b>Mohave County Health Department</b> P.O. Box 7000 Kingman, AZ 86402-7000	<b>Lisa Hatchell</b> <a href="mailto:lisa.hatchell@co.mohave.az.us">lisa.hatchell@co.mohave.az.us</a> Phone: 928-753-0748 X 4168 Fax: 928-753-0777
<b>Navajo County Public Health Services District</b> 251 N. Penrod Rd., Ste. 1 Show Low, AZ 85901-9528	<b>Janelle Virtue</b> <a href="mailto:Janelle.Virtue@co.navajo.az.us">Janelle.Virtue@co.navajo.az.us</a> Phone: 928-532-6050 Fax: 928-532-6054
<b>Pima County Health Department</b> 150 W. Congress St. Tucson, AZ 85701-1333	<b>Edmee Botwright</b> <b>Direct #: 520-243-7763</b> <a href="mailto:ebotwright@pima.gov">ebotwright@pima.gov</a> Main #: 52243-7988 Fax: 520-791-0366
<b>Pinal County Health Department</b> P.O. Box 2945 Florence, AZ 85232-2945	<b>Cathy Heet</b> <a href="mailto:cathy.heet@co.pinal.az.us">cathy.heet@co.pinal.az.us</a> Phone: 520-866-7284 Fax: 520-866-7490
<b>Yavapai County Community Health Services</b> 3212 N. Windsong Dr. Prescott Valley, AZ 86314-2254	<b>Michele Pearson</b> <a href="mailto:michele.pearson@co.yavapai.az.us">michele.pearson@co.yavapai.az.us</a> Phone: 928-771-3134 Fax: 928-771-3379
<b>Yuma County Health Department</b> 2200 W. 28 <sup>th</sup> St. Yuma, AZ 85364-6935	<b>Leigh Ann Howell (DON)</b> <a href="mailto:LeighAnn.Howell@co.yuma.az.us">LeighAnn.Howell@co.yuma.az.us</a> Phone: 928-317-4559 Fax: 928-317-4560
<b>AZ Association of Community Health Centers</b> 320 E. McDowell Rd. Ste. 320 Phoenix, AZ 85004-4517	<b>Kim Yarborough</b> <a href="mailto:kimy@aachc.org">kimy@aachc.org</a> Phone: 602-253-0090 X 7548 Fax: 602-252-3620
<b>TAPI</b> 700 E. Jefferson Street, Suite 100 Phoenix, AZ 85034	<b>Jennifer Tinney or Debbie McCune Davis</b> <a href="mailto:tapi@aachc.org">tapi@aachc.org</a> Phone: 602-288-7567 Fax: 602-262-2654



# Arizona H1N1 Joint Information System

## Concept of Operations

### BACKGROUND

The Arizona Department of Health Services (ADHS), Division of Public Health Services (PHS), Bureau of Public Health Emergency Preparedness (PHEP) is working with the Arizona Division of Emergency Management as well as other state and local agencies to develop a comprehensive communications strategy in preparation for a second wave of the Novel H1N1 Influenza (Swine Flu). There is a true need to establish one repository for all H1N1-related messaging in Arizona. It is imperative that public information officers and officials across the state use consistent messages for all public education and outreach efforts. Messaging to primary healthcare providers, emergency medical service providers, and other healthcare stakeholders must also be carefully coordinated and consistently distributed. ADHS will use grant funds to hire risk communication contractors who will oversee the establishment and operation of a statewide Joint Information System (JIS). The JIS will serve as a clearinghouse for public information messages, public service announcements, as well as guidelines and health alerts for clinicians. This coordinated approach will help ensure that Arizonans receive consistent, accurate information throughout the duration of the H1N1 pandemic.

### PARTICIPANTS

Participants in the JIS will include: public health agencies, emergency management agencies, hospitals, other state and local (county, tribal, municipal) government agencies, first responders, emergency medical services, schools, critical infrastructure, and other private sector partners as needed.

### FUNCTIONAL AREAS

The JIS will encompass three functional areas: news media, advertising and social marketing materials, and clinical information and health alerts. Representatives from ADHS, ADEM, and other participating entities will provide oversight for each of these functional areas.

**News media:** The JIS will function as a repository for all H1N1 content distributed to the media as well as information released by the media. Entities participating in the JIS will be strongly encouraged to submit any news releases or speaking points to the JIS before they are distributed to the media, but will not be required to do so. Additionally, the JIS will produce content for participating agencies to use as they see fit.

**Advertising and Social Marketing:** The JIS will function as a coordination entity for the development and dissemination of marketing materials related to statewide H1N1 responses. Media distribution plans will be coordinated at the JIS. Additionally, content will be created and shared through the JIS.

**Clinical Information and Health Alerts:** Clinical information and health alerts will not be created at the JIS. However, all clinical guidance and health alerts will be electronically stored in the JIS SIREN Portal and this information will be available for the development of public information materials.

### DELIVERABLES

The JIS staff will be responsible for producing the following deliverables:

- Daily updates (to be posted on the SIREN Portal)
- Weekly and/or daily situation reports as needed
- Speaking points for news conferences/media
- News releases (which can be adapted for local distribution)
- Assist with messages disseminated at call centers
- Social marketing materials
- Other collateral material as needed

## **APPROVAL PROCESS**

To ensure timely approval of messaging, an approval team will be selected from a pool of participating agencies. JIS participants will be assigned to work a virtual, two-week shift in the JIS. The approval team will be comprised of no more than five public information officers or subject matter experts from participating agencies. The approval team will include:

- One or two representatives from state agencies (usually public health or emergency management)
- One or two representatives from local agencies (usually county/tribal public health or emergency management)
- One or two representatives from a hospital/healthcare agency or other private sector entity

This approval team will be coordinated by the Joint Information System Coordinator, which will be a temporary position contracted by ADHS.

## **TERMS OF PARTICIPATION**

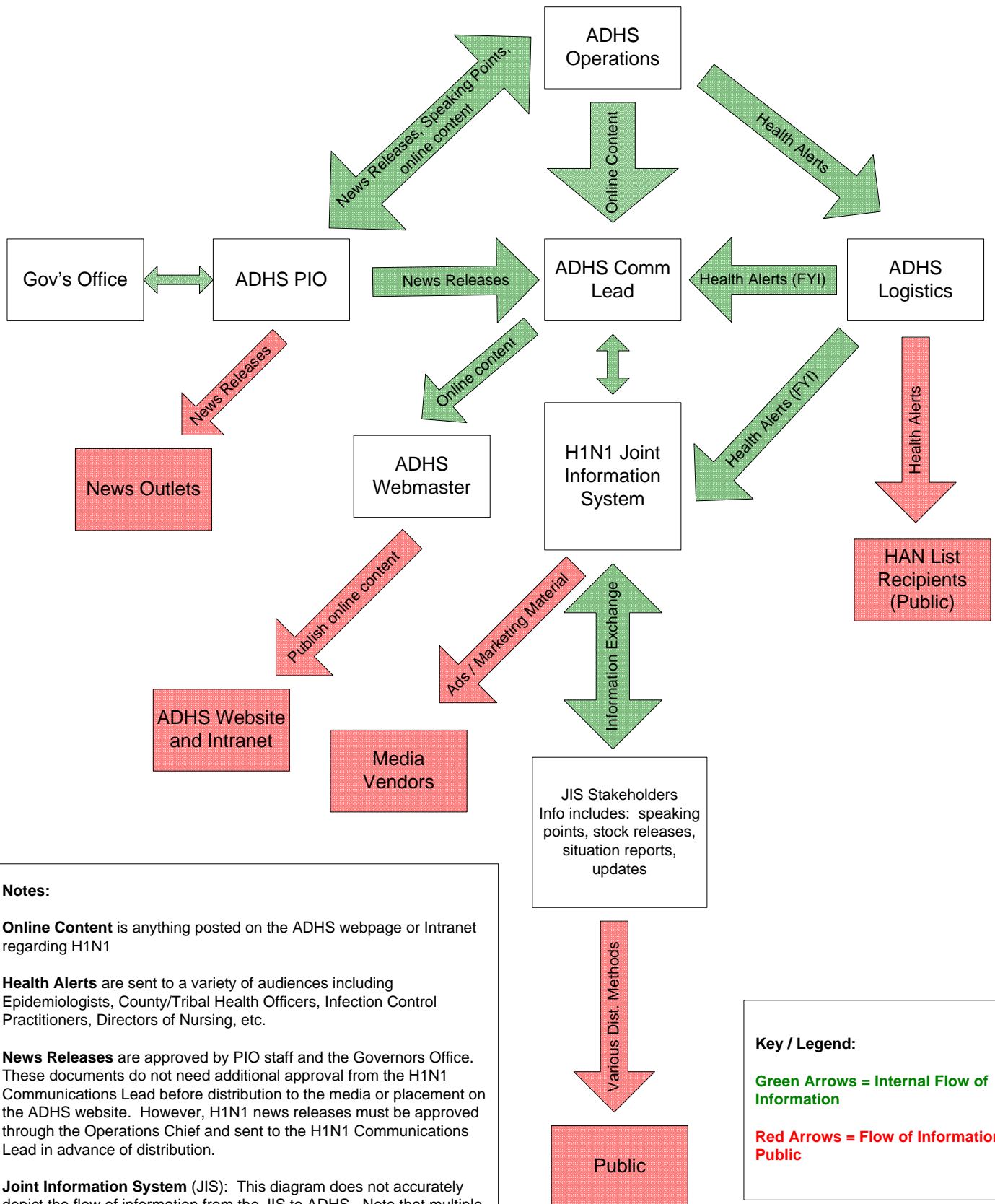
Participants in the JIS will be encouraged and expected to use materials produced by the JIS team without making substantial changes to wording or content. Materials and messaging can be modified to include information specific to local responses, but major deviations from JIS approved content may result in inconsistent messaging across the state.

Participating entities will be encouraged to have representatives attend meetings and workshops associated with the JIS, utilize the JIS SIREN Portal, and adhere to deadlines for the development and dissemination of messaging.

Documents produced by the JIS approval team will have a specific deadline. All participants in the approval team must adhere to these deadlines to ensure timely distribution of information.

Members of the JIS approval team must be available for weekly and/or daily meetings to discuss priorities and assignments. The JIS Coordinator will be responsible for scheduling and coordinating these meetings.

# ADHS H1N1 Communications Flowchart



**Notes:**

**Online Content** is anything posted on the ADHS webpage or Intranet regarding H1N1

**Health Alerts** are sent to a variety of audiences including Epidemiologists, County/Tribal Health Officers, Infection Control Practitioners, Directors of Nursing, etc.

**News Releases** are approved by PIO staff and the Governors Office. These documents do not need additional approval from the H1N1 Communications Lead before distribution to the media or placement on the ADHS website. However, H1N1 news releases must be approved through the Operations Chief and sent to the H1N1 Communications Lead in advance of distribution.

**Joint Information System (JIS):** This diagram does not accurately depict the flow of information from the JIS to ADHS. Note that multiple ADHS staff will participate in JIS operations and information will flow freely from the JIS to ADHS staff.

**Key / Legend:**

**Green Arrows = Internal Flow of Information**

**Red Arrows = Flow of Information to Public**

# Summary of ADHS/CDC H1N1 Recommendations by Group and Setting

	Exclusion <sup>+</sup>	Infection Control	Vaccination Priority*	Guidance link	CDC Policy	ADHS Policy
<b>Setting</b>						
<b>Schools</b>	Students and staff with flu-like illness should stay home for at least <b>24 hours after they no longer have a fever, or chills, without use of fever-reducing medicines</b> and regardless of whether or not they are using antiviral drugs	<ul style="list-style-type: none"> <li>• Separate ill students and staff</li> <li>• Send sick kids home</li> <li>• Encourage parents to keep ill children at home</li> <li>• Hand hygiene and respiratory etiquette</li> <li>• Routine Cleaning</li> </ul>	<b>Students:</b> High <b>Staff:</b> Medium (unless they are in another high risk category)	Guidance for School (K-12) Responses to Influenza during the 2009-2010 School Year: <a href="http://www.azdhs.gov/flu/h1n1/pdfs/childcare/ADHSK-12Guidance.pdf">http://www.azdhs.gov/flu/h1n1/pdfs/childcare/ADHSK-12Guidance.pdf</a>  Arizona Department of Health Services Guidance for Responses to Influenza for Institutions of Higher Education ( <i>under development</i> ) <a href="http://www.azdhs.gov/flu/h1n1/childcare.htm">http://www.azdhs.gov/flu/h1n1/childcare.htm</a>		√
<b>Childcare/Preschool (pending approval)</b>	Students and staff with flu-like illness should stay home for at least <b>24 hours after they no longer have a fever, or chills, without use of fever-reducing medicines</b> and regardless of whether or not they are using antiviral drugs	<ul style="list-style-type: none"> <li>• Separate ill students and staff</li> <li>• Send sick kids home</li> <li>• Encourage parents to keep ill children at home</li> <li>• Hand hygiene and respiratory etiquette</li> <li>• Routine Cleaning</li> </ul>	<b>Children:</b> Highest <b>Staff:</b> Medium (unless they are in another high risk category or the facility cares for children less than 6 months of age)	Guidance for School (K-12) Responses to Influenza during the 2009-2010 School Year: <a href="http://www.azdhs.gov/flu/h1n1/childcare.htm">http://www.azdhs.gov/flu/h1n1/childcare.htm</a>	√	
<b>Long- Term Care and Other Residential Facilities (pending approval)</b>	<b>24 hours after symptoms resolve</b>	<ul style="list-style-type: none"> <li>• Staff should stay home when sick</li> <li>• Hand hygiene and respiratory etiquette</li> <li>• Standard Precautions</li> <li>• Surgical mask <u>within 6 feet</u> of a patient with a febrile respiratory illness</li> <li>• fit-tested N-95 respirator or PAPR, eye protection, gown and gloves <b>if conducting aerosol-generating procedures</b></li> </ul>	<b>Patients:</b> Medium (unless they are in another high risk category) <b>Staff:</b> Highest	Influenza A (H1N1) Virus Infection in a Healthcare Setting (including management of ill health care workers): <a href="http://www.azdhs.gov/flu/h1n1/pdfs/providers/ADHSInfection%20Control%20Guidance7-7-09.pdf">http://www.azdhs.gov/flu/h1n1/pdfs/providers/ADHSInfection%20Control%20Guidance7-7-09.pdf</a>	√	

\*Highest: should be prioritized for vaccination if vaccine is in short supply; High: ACIP recommendations for prioritization; Medium: recommended for vaccination if ample H1N1 vaccine is available.

<sup>+</sup>Exclusion criteria may be subject to change.

# Summary of ADHS/CDC H1N1 Recommendations by Group and Setting

	Exclusion <sup>+</sup>	Infection Control	Vaccination Priority*	Guidance link	CDC Policy	ADHS Policy
<b>Populations/Groups</b>						
<b>Health Care Workers</b>	<i>7 days after symptoms began or until all symptoms are gone, whichever is longer.</i>	<ul style="list-style-type: none"> <li>• Staff should stay home when sick</li> <li>• Hand hygiene and respiratory etiquette</li> <li>• Standard Precautions</li> <li>• Surgical mask <u>within 6 feet</u> of a patient with a febrile respiratory illness</li> <li>• Fit Tested N-95 respirator or PAPR, eye protection, gown and gloves <b>if conducting aerosol-generating procedures</b></li> </ul>	Highest	Influenza A (H1N1) Virus Infection in a Healthcare Setting (including management of ill health care workers): <a href="http://www.azdhs.gov/flu/h1n1/pdfs/providers/ADHSInfection%20Control%20Guidance7-7-09.pdf">http://www.azdhs.gov/flu/h1n1/pdfs/providers/ADHSInfection%20Control%20Guidance7-7-09.pdf</a>	✓	
<b>Laboratory Workers</b>	Those with flu-like illness should stay home for at least <b>24 hours after they no longer have a fever, or chills, without use of fever-reducing medicines</b> and regardless of whether or not they are using antiviral drugs.	<ul style="list-style-type: none"> <li>• Laboratory Coat</li> <li>• Gloves</li> <li>• Eye Protection</li> <li>• Facemask</li> </ul>	High	H1N1 Flu (Swine Flu): Resources for Laboratories: <a href="http://www.azdhs.gov/flu/h1n1/lab.htm">http://www.azdhs.gov/flu/h1n1/lab.htm</a>	✓	
<b>Emergency Medical Services with Direct Patient Care</b>	<i>7 days after symptoms began or until all symptoms are gone, whichever is longer</i>	<ul style="list-style-type: none"> <li>• Surgical mask and disposable non-sterile gloves, eye protection and gown if patient symptomatic with ILI</li> <li>• Fit-tested disposable N-95 respirator <b>if patient requires aerosol generating procedure (such as CPR, intubation, or suctioning)</b></li> <li>• Vehicle/Equipment decontamination</li> <li>• Hand hygiene and respiratory etiquette</li> </ul>	Highest	Guidance and Information for Emergency Medical Services: <a href="http://www.azdhs.gov/flu/h1n1/firstrespond.htm">http://www.azdhs.gov/flu/h1n1/firstrespond.htm</a>		✓

\*Highest: should be prioritized for vaccination if vaccine is in short supply; High: ACIP recommendations for prioritization; Medium: recommended for vaccination if ample H1N1 vaccine is available.

<sup>+</sup>Exclusion criteria may be subject to change.

# Summary of ADHS/CDC H1N1 Recommendations by Group and Setting

	Exclusion <sup>+</sup>	Infection Control	Vaccination Priority*	Guidance link	CDC Policy	ADHS Policy
<b>Pregnant Women</b>	Those with flu-like illness should stay home for at least <b>24 hours after they no longer have a fever, or chills, without use of fever-reducing medicines</b> and regardless of whether or not they are using antiviral drugs.	<ul style="list-style-type: none"> <li>• Stay home when sick</li> <li>• Hand hygiene and respiratory etiquette</li> <li>• Avoid close contact with sick people</li> <li>• Seek healthcare early for symptoms</li> </ul>	Highest	What Pregnant Women Should Know About H1N1 Virus: <a href="http://www.azdhs.gov/flu/h1n1/providers.htm">http://www.azdhs.gov/flu/h1n1/providers.htm</a>  Considerations for Pregnant Women in Education, Child Care, and Health Care: <a href="http://www.azdhs.gov/flu/h1n1/providers.htm">http://www.azdhs.gov/flu/h1n1/providers.htm</a>	√	
<b>Infants/Children</b>	Those with flu-like illness should stay home for at least <b>24 hours after they no longer have a fever, or chills, without use of fever-reducing medicines</b> and regardless of whether or not they are using antiviral drugs.	<ul style="list-style-type: none"> <li>• Stay home when sick</li> <li>• Hand hygiene and respiratory etiquette</li> <li>• Avoid close contact with sick people</li> <li>• Seek healthcare early for symptoms</li> </ul>	<b>6 mo- 4yr:</b> Highest <b>5yr-18yr:</b> High (unless in another high risk category/ have chronic medical conditions)	Prevention and Treatment of Novel Influenza A (H1N1) Influenza Virus Infection in Infants and Children: <a href="http://www.cdc.gov/h1n1flu/childrentreatment.htm">http://www.cdc.gov/h1n1flu/childrentreatment.htm</a>	√	
<b>Hospitalized Persons</b>	Isolation should be continued for <b>7 days after symptoms began or until all symptoms are gone</b> , whichever is longer.	<ul style="list-style-type: none"> <li>• Hand hygiene and respiratory etiquette</li> <li>• Avoid close contact with sick people</li> <li>• Place directly in individual room with the door kept closed</li> </ul>	Medium (unless they are in another high risk category)	Influenza A (H1N1) Virus Infection in a Healthcare Setting (including management of ill health care workers): <a href="http://www.azdhs.gov/flu/h1n1/pdfs/providers/ADHSInfection%20Control%20Guidance7-7-09.pdf">http://www.azdhs.gov/flu/h1n1/pdfs/providers/ADHSInfection%20Control%20Guidance7-7-09.pdf</a>		√
<b>General Public</b>	Those with flu-like illness should stay home for at least <b>24 hours after they no longer have a fever, or chills, without use of fever-reducing medicines</b> and regardless of whether or not they are using antiviral drugs.	<ul style="list-style-type: none"> <li>• Stay home when sick</li> <li>• Hand hygiene and respiratory etiquette</li> <li>• Avoid close contact with sick people</li> </ul>	Medium (unless they are in another high risk category)	General Information and Guidance (including what to do if you get flu-like symptoms): <a href="http://www.azdhs.gov/flu/h1n1/generalInfo.htm">http://www.azdhs.gov/flu/h1n1/generalInfo.htm</a>	√	

\*Highest: should be prioritized for vaccination if vaccine is in short supply; High: ACIP recommendations for prioritization; Medium: recommended for vaccination if ample H1N1 vaccine is available.

<sup>+</sup>Exclusion criteria may be subject to change.

# PHIMS H1N1

## Fall 2009 HEOC

### Organization Chart

Policy Advisor – Don Herrington  
 Medical Director – Dr. Rebecca Sunenshine  
 ADEM Liaison – Joe Urrea  
 County Liaison – Carol Vack  
 PIO – Laura Oxley

