



Planning for a Pandemic

NJ VOAD 2017 Conference



Chris Christie
Governor

Kim Guadagno
Lt. Governor



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Commissioner



Disclaimer

Objectives

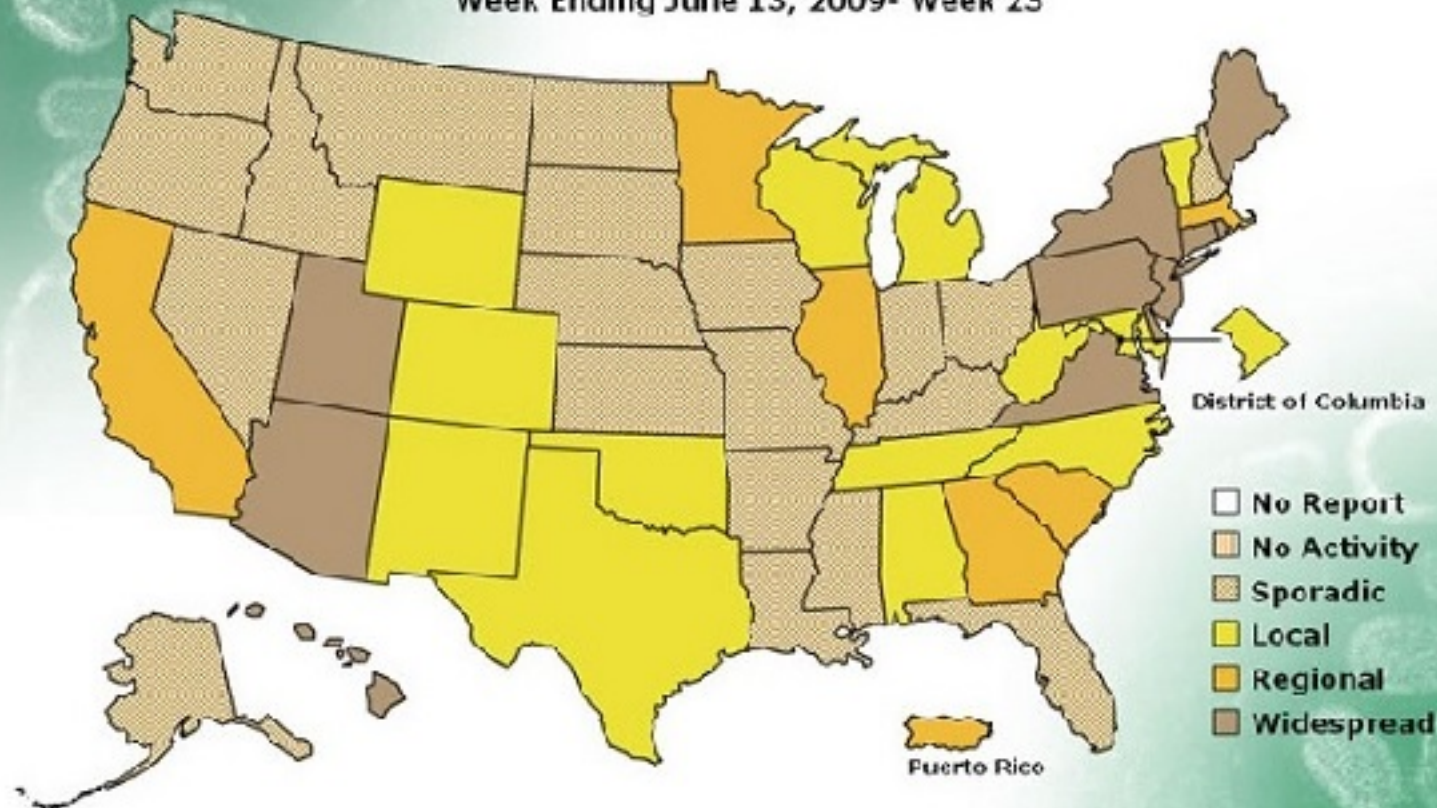
- Discuss NJ Department of Health's response to H1N1 influenza pandemic in 2009
- Describe planning needed to prepare for a pandemic
- Highlight importance of partnerships to involve whole community in planning for and responding to next pandemic

FLUVIEW



A Weekly Influenza Surveillance Report Prepared by the Influenza Division
Weekly Influenza Activity Estimates Reported by State and Territorial Epidemiologists*

Week Ending June 13, 2009- Week 23



2009 H1N1 INFLUENZA PANDEMIC



2009 H1N1 Pandemic – Beginning

- Spring of 2009, the novel A(H1N1) virus emerged in Mexico
- In April, the United States declared a public health emergency
- By June, the World Health Organization (WHO) reported 74 countries with 30,000 confirmed cases¹
- On June 11, WHO declared an influenza pandemic

2009 H1N1 Pandemic – End

- WHO declared end of pandemic in August 2010
- Centers for Disease Control and Prevention (CDC) estimate of H1N1 flu cases in US between April 2009 and April 2010: 61 million¹
- CDC estimate of US hospitalizations due to H1N1 flu between April 2009 and April 2010: 274,000¹
- CDC estimate of US deaths due to H1N1 flu between April 2009 and April 2010: 12,470¹

NJDOH's Response – Wave 1

- Conducted surveillance and early detection
- Received and distributed Strategic National Stockpile (SNS) supplies¹
- Increased testing capacity¹
- Disseminated information to public
- Maintained situational awareness with partners
- Provided guidance to healthcare partners
- Characterized clinical and epidemiologic aspect of cases

NJDOH's Response – Wave 2

- Facilitated statewide mass vaccination campaign - more than 1.1 million vaccine doses were administered at:
 - Federally qualified health centers (FQHCs)
 - Colleges and Universities
 - Government agencies
 - Health departments
 - Hospitals
 - Private medical practices
 - Employee health services
 - Retail pharmacies
- Implemented comprehensive public information campaign



Lesson Learned from 2009 H1N1 Response in NJ

Relationship building occurs prior to an incident or emergency¹

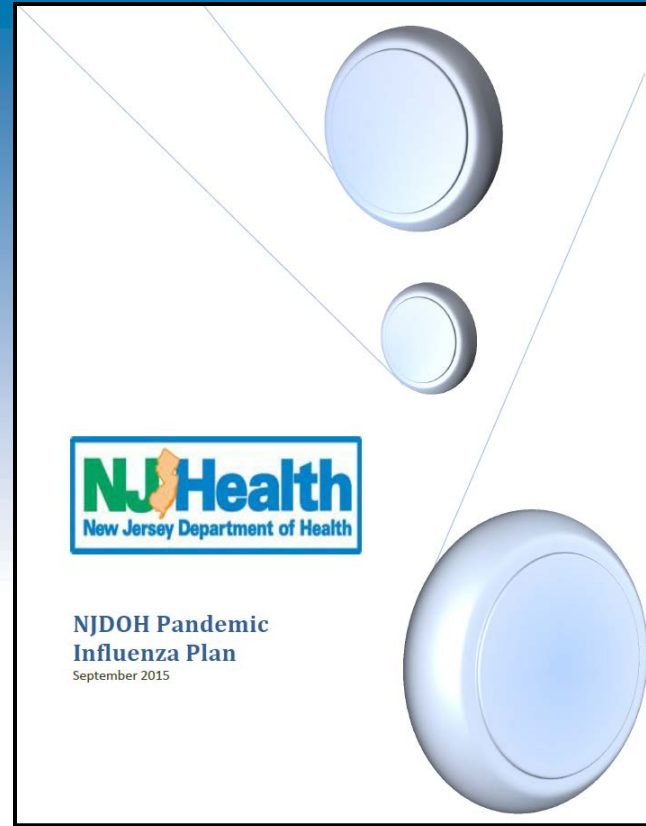
- Important to engage community partners:
 - Community leaders
 - Faith-based organizations
 - Organizations involved with access and functional needs populations

Global Lessons Learned from 2009 H1N1 Pandemic¹

- **Need for government, civil society and private sector to work together in preparedness for major threats**
- **The best national responses reflected decisions that were taken in concert with partners who represented a broad range of societal interests**
- Business continuity planning and contingency planning
- Value of well designed exercises to test response plans
- Importance of crisis communications in preparedness and response



Widget available at:
<http://www.nj.gov/health/er>



PLANNING FOR NEXT PANDEMIC



Considerations for Pandemic Planning

- When; not if
- Fast-striking without much warning
- Disruption of public health and healthcare systems
- Could come in waves
- Initial lack of vaccine
- Vaccine allocation when available
- New Jersey's demographics/geography make us particularly vulnerable

Planning Assumptions for Influenza Pandemic

- Up to 50% of population will be affected either through illness, caring for those with illness or changing lifestyle in response to pandemic.
- No vaccine will be available for at least 6 months.
- Limited vaccine, when available, will be distributed to target groups.

Planning Assumptions for Influenza Pandemic

- Support and response services will be needed for an extended period of time (months).
- There will be a large number of hospitalization and deaths.
- Medical supplies will be limited.
- Both health providers/responders and the public will experience significant stress and will require mental health services.

Human Impact

- Communities: Prolonged presence of disease in communities; each wave can last 6-8 weeks before number of cases starts to decrease.
- Personnel
 - Absenteeism expected to reach 30-50% in all sectors as pandemic progresses
 - Shortage in critical community service workers: police, fire, school, utility and transportation
 - Shortage in healthcare workers due to higher risk of exposure and illness than general population

Healthcare System Impact

If severe (1918-like) pandemic hits NJ, the impact on the healthcare system and the number of deaths is estimated as follows:

Morbidity and Mortality	NJ Estimates¹
Illness	2,524,000 (30% of population)
Outpatient medical care	1,262,000 (50% of ill)
Hospitalization	277,000 (22% of outpatients)
Intensive Care Unit (ICU)	41,000 (15% of hospitalized patients)
Mechanical ventilation	20,000 (50% of ICU patients)
Deaths	50,000 (2% of ill)

Pandemic Planning

- Minimize impact by preparing for pandemic
- Develop an operations plan to:
 - Identify lead agency (NJDOH) and response partners, and responsibilities
 - Describe operations to manage response to pandemic
- **Planning involves coordination and collaboration with response partners**

Response Partners

Public Health

- Local Information Network and Communications System (LINCS) agencies: Plan, coordinate and deliver specialized services
- Local Health Departments (LHDs): Develop and implement plans with LINCS agency and response partners in respective jurisdictions

The image features a dark blue header with a white speech bubble icon in the top-left corner. The main title, "NJ LINCS PUBLIC HEALTH AGENCIES", is centered in a bold, yellow, serif font. Below the header is a table with 12 rows and 2 columns. Each row contains the name of a public health agency in a bold, black, serif font. The agencies listed are: Atlantic County Div. of Public Health, Middlesex County Office of Health Svcs., Bergen County Department of Health Svcs., Monmouth County Board of Health, Burlington County Health Department, Morris County Office of Health Management, Camden County Dept. of Health and Human Svcs., Newark Dept. of Health & Community Wellness, Cape May County Health Department, Ocean County Health Department, Cumberland County Dept. of Health, Passaic County Dept. of Health, Essex Regional Health Commission, Salem County Department of Health, Gloucester County Dept. of Health & Senior Svcs., Somerset County Dept. of Health, Hudson Regional Health Commission, Sussex County Dept. of Health & Environmental Svcs., Hunterdon County Div. of Public Health Svcs., Union County Office of Health Management, and Mercer County Div. of Public Health, Warren County Health Department.

NJ LINCS PUBLIC HEALTH AGENCIES

Atlantic County Div. of Public Health	Middlesex County Office of Health Svcs.
Bergen County Department of Health Svcs.	Monmouth County Board of Health
Burlington County Health Department	Morris County Office of Health Management
Camden County Dept. of Health and Human Svcs.	Newark Dept. of Health & Community Wellness
Cape May County Health Department	Ocean County Health Department
Cumberland County Dept. of Health	Passaic County Dept. of Health
Essex Regional Health Commission	Salem County Department of Health
Gloucester County Dept. of Health & Senior Svcs.	Somerset County Dept. of Health
Hudson Regional Health Commission	Sussex County Dept. of Health & Environmental Svcs.
Hunterdon County Div. of Public Health Svcs.	Union County Office of Health Management
Mercer County Div. of Public Health	Warren County Health Department

Response Partners

Healthcare

- Acute care hospitals – Prepare for:
 - Infection control
 - Surge capacity
 - Cross-training of staff
 - Detection and reporting of cases
- Federally qualified Health Centers (FQHCs) – Provide: Screening, triage and treatment
- Long term care facilities, rehabilitation and specialty hospitals: Coordinate surge capacity with area hospitals

Response Partners

Healthcare

- Home health and hospice agencies: Provide education to staff and guidance to patients at home
- Associations: Provide guidance to members
 - NJ Hospital Association
 - Health Care Association of NJ and Leading Age of NJ
 - NJ Primary Care Association
 - Home Care Association of NJ

Response Partners

State

- NJ Department of Human Services – Provides:
 - Psychosocial support
 - Disaster Response Crisis Counselors
- NJ Office of Emergency Management
 - Activates State Emergency Operations Center to provide logistics and resource management
- NJ Office of Homeland Security & Preparedness
 - Coordinates implementation of statewide community mitigation measures

Response Partners

State

- NJ Department of Agriculture – Provides:
 - Zoonotic (animal) disease control and investigation among poultry, livestock and pets
- NJ Department of Environmental Protection – Provides:
 - Animal disease control in wildlife, including mosquito populations
- NJ Department of Education – Coordinates with NJDOH on:
 - School closure guidance
 - Scheduling of vaccination clinics at pre-selected schools



Response Partners

Volunteer

- NJ Medical Reserve Corps
- Community Emergency Response Teams
- American Red Cross
- The Salvation Army



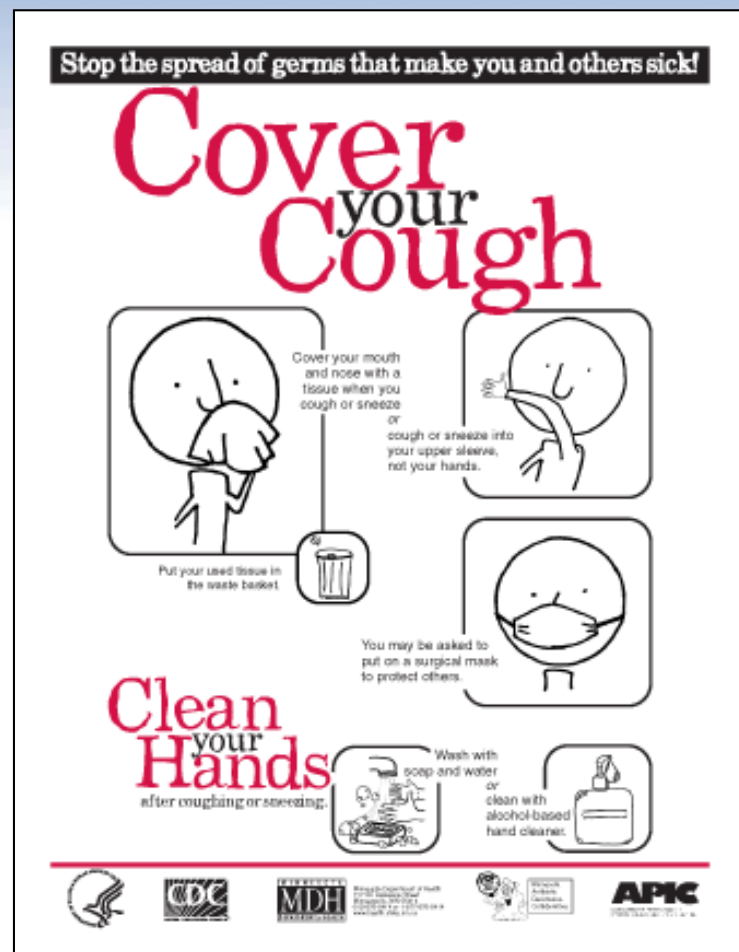


COMMUNITY PARTNERSHIPS

Pandemic Preparedness and Response

Partner with public health to assist with:

- Public information campaign
 - Spread the message to protect yourself and the community from getting the disease
 - Support implementation of prevention measures, such as voluntary quarantine if you have been exposed to the disease



Pandemic Preparedness and Response

Partner with public health to assist with:

- Mass vaccination campaign
 - Get involved with preparedness activities with the LINCS public health agency in your community
 - Identify hard to reach populations and how to get the message to them about vaccination
 - Assist with enrollment of organizations in closed-Point of Distribution (vaccination) clinic
 - Support provision of resources to conduct mass vaccination clinics in your community

Questions

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