Planning for a Pandemic

NJ VOAD 2017 Conference

Chris Christie
Governor

Kim Guadagno
Lt. Governor

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Commissioner

New Jersey Department of Health
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
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 cases
- On June 11, WHO declared an influenza pandemic
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 million

CDC estimate of US hospitalizations due to H1N1 flu between April 2009 and April 2010: 274,000

CDC estimate of US deaths due to H1N1 flu between April 2009 and April 2010: 12,470
NJDOH’s Response – Wave 1

- Conducted surveillance and early detection
- Received and distributed Strategic National Stockpile (SNS) supplies
- Increased testing capacity
- 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 Pandemic

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

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

¹ Source: New Jersey Department of Health
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
<table>
<thead>
<tr>
<th>Atlantic County Div. of Public Health</th>
<th>Middlesex County Office of Health Svcs.</th>
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<tbody>
<tr>
<td>Bergen County Department of Health Svcs.</td>
<td>Monmouth County Board of Health Management</td>
</tr>
<tr>
<td>Burlington County Health Department</td>
<td>Morris County Office of Health Management</td>
</tr>
<tr>
<td>Camden County Dept. of Health and Human Svcs.</td>
<td>Newark Dept. of Health &amp; Community Wellness</td>
</tr>
<tr>
<td>Cape May County Health Department</td>
<td>Ocean County Health Department</td>
</tr>
<tr>
<td>Cumberland County Dept. of Health</td>
<td>Passaic County Dept. of Health</td>
</tr>
<tr>
<td>Essex Regional Health Commission</td>
<td>Salem County Department of Health</td>
</tr>
<tr>
<td>Gloucester County Dept. of Health &amp; Senior Svcs.</td>
<td>Somerset County Dept. of Health</td>
</tr>
<tr>
<td>Hudson Regional Health Commission</td>
<td>Sussex County Dept. of Health &amp; Environmental Svcs.</td>
</tr>
<tr>
<td>Hunterdon County Div. of Public Health Svcs.</td>
<td>Union County Office of Health Management</td>
</tr>
<tr>
<td>Mercer County Div. of Public Health</td>
<td>Warren County Health Department</td>
</tr>
</tbody>
</table>
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
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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