## Department of Health and Human Services

# Nevada State Health Division

# H1N1 Program Overview


*The Mission of the Health Division is to Promote and Protect the Wellbeing of Nevadans and Visitors to our State by Preventing Disease, Injury and Disability*

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# Executive Summary

1. Background H1N1 in Nevada:
   a. On April 17th 2009 the Centers for Disease Control and Prevention (CDC) determined that two cases of febrile illness occurring in two children who resided in adjacent counties in Southern California were caused by an infection with Swine Flu or Novel H1N1 virus. This virus had not been previously reported in the United States or elsewhere. Also, neither child had contact with pigs and the source of their infection remains unknown. During the following weeks, influenza activity continued to increase in the United States. Today, Swine Flu (Novel H1N1) activity is widespread in 48 states and is the dominant strain.
   b. On June 11, 2009, the World Health Organization (WHO) declared that a global pandemic of H1N1 flu was underway by raising the worldwide pandemic alert level to Phase 6. The pandemic phase 6 is characterized by human-to-human spread of the virus into at least two countries in one WHO region as well as one other country in a different WHO region. Phase 6 also designates the time to finalize the organization, communication, and implementation of planned mitigation measures.
   c. In a concentrated effort to protect the health of Nevada residents and visitors the Nevada State Health Division's (NSHD) Public Health Preparedness program put into motion an Incident Action Plan. The goals of this plan are to mitigate the impacts of H1N1, and respond to the impacts of H1N1 through the CDC's guidance.
      This Nevada plan involves the three local health authorities, NSHD Frontier and Rural health program, Division of Emergency Management and public and private healthcare providers.
   d. On August 20th 2009, the NSHD launched its new flu website, flu.nv.gov. The website was developed to provide a unified, up to date, factual information source for Nevada residents, visitors, businesses, schools, doctors and healthcare providers.
   e. Since August 20th, NSHD has also launched an H1N1 flu vaccine locator, weekly flow charts and algorithms depicting H1N1 information have been developed as well as educational and informational presentations over radio and TV. Also, open and closed points of dispensing have been conducted throughout the state. These will all be described later in the presentation.
   f. Genetically, the virus has not changed. It's still closely matched with vaccine. We have not seen mutations that would suggest that it would become more deadly. This is a younger people's flu. In a usual flu season, 90% of the deaths are among people over the age of 65. In H1N1, 90% of the deaths are in people

under the age of 65. Up until now, there have been 114 laboratory confirmed deaths among children nationwide. More than two-thirds of those have been children with underlying conditions.

g. H1N1 vaccine supply is increasing steadily. There's not enough for all providers or people who would want it. And this is very frustrating. Last week, we had 16.1 million doses available. As of today, we have 26.6 million doses available for shipment. That's an increase of 10.5 million doses. The gap between supply and demand is closing but very slowly.

2. Incident Command Structure (ICS):
   a. On October 2nd 2009, the Incident Action Plan was revised and updated to reflect the ever-changing H1N1 situation. The NSHD PHP team went into the Incident Command System mode of operation. Incident Command Structure (ICS) is an organizational model used throughout the United States and is compliant and aligned with the National Incident Management System (NIMS). The ICS structure defines lines of communication and authority, coordinates and structures planning amongst agencies, and defines clear goals and activities to achieve the designated H1N1 mission.
   b. The mission of the NSHD H1N1 ICS is to mitigate the impact of H1N1 within Nevada for the duration of this pandemic. To protect Nevada's citizens and visitors by collaborating with federal, State, local, tribal, and private sector partners.
   c. The goals of the NSHD H1N1 ICS is to
      i. Decrease the transmission of H1N1 within Nevada
      ii. To bolster medical surge capacity within Nevada
      iii. To maintain epidemiological surveillance of the H1N1 virus within Nevada
      iv. To facilitate a comprehensive Public Information and Communication plan specific to the H1N1 response within Nevada.
      v. SEE diagram on page 14 for the ICS organizational chart
3. Antivirals and Personnel Protective Equipment (PPE):

ANTIVIRALS

   a. While CDC recommends flu vaccine as the first and most important step in preventing flu, antiviral drugs are a second line of defense against the flu. There are two antiviral drugs recommended by CDC this season. The brand names for these are Tamiflu® and Relenza.
   b. Antiviral drugs are prescription medicines in the form of pills, liquid or an inhaled powder that fight against the flu in your body. Recently, an Intravenous (IV) antiviral, peramivir has been authorized for use by the US Food and Drug Administration (FDA), subject to the Emergency Use Authorization (EUA) terms

and conditions. IV peramivir may be appropriate for certain hospitalized and critically ill patients only with suspected or confirmed 2009 H1N1 influenza, such as patients not responding to either an oral or inhaled antiviral therapy and patients without a dependable oral or inhaled route of drug delivery (e.g. patients unable or unlikely to absorb Tamiflu due to bowel problems or absorption problems).

c. Nevada has antiviral mediation available from shipments received from the CDC's Strategic National Stockpile. These shipments are made available when pharmacies supply are exhausted or when patients are unable to afford antivirals. As of October 28th 2009 Nevada has 229,951 courses remaining on hand. Pediatric liquid has been the most limited. In the Nevada stockpile we have 2662 courses of pediatric liquid Tamiflu. On October 1, the CDC released 300,000 courses from the strategic national stockpile. This week an additional 234,000 courses of liquid Tamiflu were released to states. Nevada will receive 103 cases which has an additional 1854 courses from this release. In total we have 4516 doses of Pediatric liquid Tamiflu. We are able to make liquid Tamiflu from adult capsules, and pharmacies should be able to provide these services.
d. To date: (see page 15) we have used 55 courses of Tamiflu liquid requested from our stockpile. Much of all Tamiflu is still available at our state pharmacies.
e. The NSHD has added to our website, flu.nv.gov, an Antiviral Request Form for physicians, healthcare clinics, hospitals, pharmacies and other facilities that provide healthcare (not individuals), to request antiviral medication for dispensing purposes.
f. It's very important that antiviral drugs be used early to treat flu in people who are very sick (for example people who are in the hospital) and people who are sick with flu that have a greater chance of getting serious flu related complications. Most healthy people with flu, however, do not need to be treated with antiviral drugs.
g. Due to the widespread nature of this virus, the CDC expressed concern that there was the possibility of running out of antiviral medication if used inappropriately. In early October, the NSHD developed a technical bulletin to stress that antiviral medications should be prioritized for persons with severe illness or those at higher risk for flu complications. (see page 18)

PERSONAL PROTECTIVE EQUIPMENT (PPE):

i. Definition: Specialized clothing or equipment worn by employees for protection against health and safety hazards. These include Gloves, Gowns/aprons, Masks, respirators, Goggles and Face shields.
ii. In areas with confirmed human cases of 2009 influenza A (H1N1) virus infection, the risk for infection can be reduced through a combination of

actions. No single action will provide complete protection, but an approach combining the following steps can help decrease the likelihood of transmission. These recommended actions are:

- Wash hands frequently with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Cover your mouth and nose with a tissue when coughing or sneezing.
- Avoid touching your eyes, nose and mouth.
- People who are sick with an influenza-like illness (ILI) (fever plus at least cough or sore throat and possibly other symptoms like runny nose, body aches, headaches, chills, fatigue, vomiting and diarrhea) should stay home and keep away from others as much as possible, including avoiding travel, for at least 24 hours after fever is gone except to get medical care or for other necessities. (Fever should be gone without the use of fever-reducing medicine).
- Avoid close contact (i.e. being within about 6 feet) with persons with ILI.

iii. In some circumstances these measures are inadequate and surgical masks or specialized masks called N95s are necessary. The CDC has put out specific guidance for these circumstances.
iv. Nevada has shipments of personal protective equipment that we have received from the CDC's Strategic National Stockpile. (see page 15 for exact amounts to ie. To date-aprox 646,460 N95s and 163,000 surgical masks)
v. Healthcare providers can request PPE through their local health departments PHP program with a form available on our website flu.nv.gov.

4. Testing and Surveillance:

TESTING

a. In response to the demand for H1N1 influenza testing the Nevada State Public Health Lab began a 24/7 schedule.
b. From April 26th-October 28th the NSPHL has tested 5,795 samples. 2323 cases confirmed, probable-60(minimal specimen).
c. There is a rapid test for Influenza A that is very inaccurate, producing false negative results, and a specific confirmatory test that is a PCR test (polymerase chain reaction).
d. To slow the use of reagents and prevent shortage or running out of supply an algorithm was developed to ensure both proper testing and proper indication for testing. (page 22-23)
e. This season CDC recommends that influenza diagnostic testing be prioritized for 1) hospitalized patients with suspected influenza; 2) patients for whom a diagnosis of influenza will inform decisions regarding clinical care, infection control, or management of close contacts; and 3) patients who died of an acute illness in which influenza was suspected. Most patients with a clinical illness consistent with uncomplicated influenza who reside in an area where influenza

viruses are circulating do not require diagnostic influenza testing for clinical management.

SURVEILLANCE: H1N1 surveillance the following activities are underway:

a. Weekly tracking of confirmed cases, death and ILI (influenza like illness) rates. To date there are 2323 confirmed cases and 21 deaths. These are also divided by counties. (see page 86)The Nevada ILI rate is 8.4% with the nationwide rate at 8.0 %.
b. Regular monitoring of OTC healthcare products usage in Nevada and nationwide using the National Retail Data Monitor system to identify disease outbreaks as early as possible.
c. Daily monitoring of EpiCenter activity. Data from ERs, Hospitals and urgent care facilities.
d. Regular bulletins from State Epidemiologist on testing, reporting and surveillance.
(county by county trends, OTC data, reporting criteria all provided on pages 24-26)

5. Vaccine:
   a. H1N1 overall Immunization program goals:
      i. Decrease transmission by distributing vaccine efficiently and quickly while meeting the CDC target groups.
      ii. Provide superior and responsive customer service.
      iii. Provide consistent, informative, accurate and rapid communications to all stakeholders. Use innovative and traditional forms of media.
      iv. Use lessons learned in VFC model to respond to this public health emergency.
      v. Effectively track doses administered to ensure H1N1 performance based targets are met and identify problem areas in vaccine administration rapidly.
   b. Vaccine in the initial stages must conform to the target groups established by the CDC
      i. Pregnant women
      ii. Healthcare workers and emergency medical services workers
      iii. People 6 months through 24 years
      iv. People who care for infants under 6 months of age
      v. People 24 years through 64 years of age with chronic medical conditions (ie. Diabetes, neurologic disorders, rheumatologic disorders)
   c. Vaccine dosing and facts:
      i. Mist-Ages 2yrs-49 yrs: only with normal immune systems- two Mists (seasonal and H1N1 must be spaced by 28 days) Mist and shot can be given simultaneously or spaced. Two doses for ages 9 and under spaced one month apart. No pregnant women.
      ii. Shots-6 months -36 months :(2)-.25cc doses spaced 28 days apart
      37 months-9 years: (2) -.50cc doses spaced 28 days apart.
      10 years to all adult: (1)-.50 cc dose
      iii. Egg allergies contraindication

d. H1N1 vaccine allocation:
   i. State by state allocation based on 2008 census with Nevada's Pro-rata at 0.8425% of the nation's population.
   ii. 5 manufacturers providing the nations H1N1 vaccine and mist.
   iii. Weekly allocations estimate the amount of vaccine being allocated and the specific presentations available. (shot,mist)
   iv. Weekly allocations have been 20-40% less than anticipated
   v. 1.4 Million doses H1N1 vaccine is expected to be allocated to Nevada through January 8,2010.
   vi. Vaccine shipped directly to providers in allocations of 100 and more. With county health departments doing further distribution.
   vii. McKessan to ship all vaccine through mechanisms established with VFC program.
   viii. The Immunization program will determine order distribution with input from each Local Health authority for their counties.
   ix. The Immunization program is also shipping directly to providers that desire less than 100 doses.
e. Public Health Vaccination Clinics:
   i. The three local health authorities, Washoe County Health District, Southern Nevada Health District and Carson City Health and Human Services and Frontier and Rural program have plans for mass dispensing clinics (Points of Distribution or PODs). However to date, the nation including Nevada has not received estimated allocations. This is reportedly due to the manufacturing delays. This has left the state with insufficient vaccine numbers to utilize POD plans for mass vaccination. In lieu of mass vaccination each jurisdiction continues to have day to day clinics and school outreach clinics to meet target populations. As vaccine numbers increase the POD plans will occur.
   ii. There is no charge for vaccine at Public Health Clinics.
f. Vaccination by Private Sector vaccinators:
   i. The CDC has allocated 1202 ship to sites for public and private providers.
   ii. As of October 27,2009- Nevada has 537 completely enrolled H1N1 providers.
   iii. Immunization program has provisions to order and ship direct to private providers who have decreased capacity to store and immunize target population.
   iv. Weekly provider teleconferences with over 100 participants to answer all questions. All call notes posted to Flu.nv.gov
   v. Providers are fully enrolled and educated on appropriate vaccine storage and use. NSHD field staff visit each clinic to provide education and determine adequate vaccine storage capabilities.
   vi. Webinars are provided on all education points ie. Storage, handling, administration.
   vii. Private providers can charge and administration fee only –aprox 21 dollars
g. Coordination with other partners:

i. Flu.nv.gov
ii. All Nevada tribes have pre-registered to be H1N1 providers
iii. A FLU-FINDER component has been added to the flu.nv.gov website. This will locate all public immunization clinics and pharmacy clinics. Private providers are not listed to prevent excessive calls or misdirection of patients.

h. Coordination of vaccine distribution:
   i. The Immunization program coordinates with each health jurisdiction prior to allocation of vaccine.
   ii. An H1N1 Vaccine Distribution Algorithm was developed based on multiple topics including
      1. Allotment
      2. Ability to reach target population
      3. Capacity for storage
      4. Population

      (page 51-52 for algorithm)
   iii. To date 143,900 doses of vaccine have been distributed to the public and private sector.
   iv. Vaccines ship in 100 dose allotments and will be accompanied by needles, syringes, alcohol swabs and vaccination cards.

i. Dose tracking and administration tracking:
   i. WebIZ the state registry will be used
   ii. All doses will be recorded in WebIZ-clinics are encouraged to use the system but if unable all vaccines will be documented on paper form and can be entered by state WebIZ staff. Once per week providers are asked to aggregate their data for entry.
   iii. Staff will generate weekly data in order to meet aggregate CDC reporting requirements.
   iv. All H1N1 providers will provide weekly updates on target populations that received the H1N1 vaccine.
   v. Nevada Immunization program has hired many temporary data entry staff to assist with all data entry.
   vi. As of October 24, 2009 132,321 doses have been distributed to our state and 62,900 are being shipped this week for a total of 195,221 doses. Of these, 49,054 doses have been administered to date with more occurring each day.
   vii. We have developed a tracking system to monitor administration weekly. This data will be used to determine where dose re-allocation needs to occur.

j. Safety Monitoring:
   i. The Vaccine Adverse Event Reporting System (VAERS) will be the primary means of reporting adverse reactions to vaccine.
   ii. Vaccine cards issued by the CDC provided
   iii. Increased education on adverse events to providers provided.

k. Legal:
   i. Information re: PREP act included to all providers.(page 79)

6. Community Mitigation:
    a. Definition: Non-pharmaceutical ways to control disease spread and infection.
    b. Examples of Community Mitigation:
        i. Infection control and hygiene
        ii. Social distancing-ie. Cancelling large public gatherings, changing gathering schedules
        iii. Community education
        iv. Isolation and quarantine-stay home when ill
        v. School dismissals
    c. Example of Nevada State Health Division Community Mitigation actions:
        i. Establishing school dismissal procedures (pg 58-62)
        ii. Participation in Nevada State Education Summit
        iii. Presentations to school Superintendants
        iv. Nevada Department of Personnel Pandemic Flu Planning Committee participation
        v. Communication Toolkit for Schools (Grades K-12)
        vi. Communication Toolkit for Businesses and Employers (Page 63-665)
7. Communication:
    a. The Nevada Ste Health Divisions Public Information Officer (PIO) has been the lead at the state level working on H1N1 flu communication activities.
    b. The local health jurisdiction PIOs have been included from the beginning.
    c. Examples of Statewide communication activities:
        i. Contract with Nevada Broadcasters Association (NBA)
            1. Radio scripts currently airing statewide in English and Spanish (examples pg 67-70)
        ii. Full Page advertisement in the Washoe County Parents Magazine
        iii. Contract with Nevada Press Association-when completed will provide adds in 16 newspapers statewide.
        iv. Numerous media interviews
        v. Website dedicated to H1N1-flu.nv.gov with health information listserv
        vi. H1N1 flu vaccine locator
        vii. Weekly Briefing (page 86-90) – provided to a wide variety of partners and stakeholders
        viii. PIO conference calls with all health jurisdiction PIOs
        ix. Immunization program partner and provider conference calls
        x. Participation in CDC media briefings
        xi. Updates to Bilingual hotline provided by Rocky Mountain Poison Control
8. President Obama signs Emergency Declaration for H1N1 (Page 74-78)
    a. On October 24, 2009 President Obama signed a proclamation declaring the 2009 H1N1 influenza pandemic a National Emergency to facilitate our ability to respond to the pandemic-**if warranted**-the waiver of certain statutory Federal requirements for medical treatment facilities.
    b. This is a pre-emptive measure that would allow HHS the ability to waive legal requirements that could limit the ability of the nation's health care facility to respond to surge of patients with Novel H1N1 influenza virus.

c. Examples:
    i. Hospitals request to set up an alternative screening location for patients away from the hospitals main campus.
    ii. Hospitals request to transfer patients from ERs and inpatient wards between hospitals
    iii. Critical Access Hospitals requesting waiver which requires a 25-bed limit and average patient stays less than 96 hours.
    iv. Skilled nursing facilities increasing the number of certified beds
d. Development of Alternate Care Plans:
    i. The state has begun to develop Alternate Care plans and policy for when surge capacity is exceeded.
    ii. Mission Statement: Participating statewide key stakeholders and public, private and tribal partners will collaborate to develop a statewide ACS plan by the end of calendar year 2012 to meet the medical surge needs of Nevada's citizens and visitors by using shared modular design with interoperability.
    iii. Definition: An Alternate Care Site(s) are pre-selected sites or an alternative location for temporary use for delivery of healthcare services when healthcare capacities are exceeded.
    iv. Future Plans: Next meeting is scheduled for December 10, 2009 to be held in Las Vegas, the specific site is yet to be determined.

Weekly Summary concludes this document- we can send this document to you on a weekly basis with an email address. Please let us know if you would like to receive this weekly document.

QUESTIONS??

**H1N1 OVERVIEW**

This document highlights the planning, mitigation, and response to H1N1 in Nevada. The Nevada State Health Division (NSHD) began its planning on April 26, 2009 developing an INCIDENT ACTION PLAN (IAP). This plan began with the initial situation narrative, continued with the initial mission and objectives, which have since been revised, the initial execution of the plan, assigned tasks, and administrative resource support which included logistic services, communications, supplies and staff support, other logistical services, and coordination and control.

During the months from April 2009 to the present, the NSHD has continued to work through its plans, mitigate the impacts of H1N1, and respond to the impacts of H1N1 through the Centers for Disease Control and Prevention's (CDC) guidance. On April 27, 2009 the Strategic National Stockpile (SNS) Mobile Support Unit (SMU) was assembled and activated. The NSH and its internal agencies, along with the three local health authorities NSHD's Frontier and Rural Health Program, Nevada hospitals, other healthcare facilities, and many Nevada stakeholders have coordinated their H1N1 planning, mitigation, and response efforts through the Incident Command System (ICS).

This document includes the following:

Tab 1: H1N1 in Nevada Background

Tab 2: Nevada State Health Division Incident Command System (ICS) Structure

Tab 3: H1N1 Antivirals and Personal Protective Measures

Tab 4: H1N1 Testing and Surveillance

Tab 5: H1N1 Vaccine

Tab 6: H1N1 Community Mitigation

Tab 7: H1N1 Public Information and Communication

## Background

On April 17, 2009, the CDC determined that two cases of febrile respiratory illness occurring in children who resided in adjacent counties in southern California were caused by infection with swine influenza A (H1N1) virus. The viruses from the two cases were closely related genetically, resistant to amantadine and rimantadine, and contain a unique combination of gene segments that previously had not been reported among swine or human influenza viruses in the United States or elsewhere. Neither child had contact with pigs; the source of the infection is unknown.

## Early Epidemiologic and Laboratory Investigations

Since April 17, 2009, the CDC has reported cases of respiratory infection with swine-origin influenza A (H1N1) virus (S-OIV) transmitted through human-to-human contact. This report updates cases identified in U.S. states and highlights certain control measures taken by CDC. As of April 28, 2009, the total number of confirmed cases of S-OIV infection in the United States had increased to 64, with cases in California (10 cases), Kansas (two), New York (45), Ohio (one), and Texas (six). As of October 28, 2009, Nevada has 2,323 confirmed cases of H1N1.

## Case Definitions for Infection with Swine-origin influenza A (H1N1) virus (S-OIV)

The following case definitions are for the purposes of investigations of suspected, probable, and confirmed cases of swine-origin influenza A (H1N1) infection.

A ***confirmed case*** of S-OIV infection is defined as a person with acute febrile respiratory illness with laboratory confirmed S-OIV infection at CDC by one or more of the following tests:

- real-time reverse transcription--polymerase chain reaction (RT-PCR), **or**
- viral culture.

A ***probable case*** of S-OIV infection is defined as a person with acute febrile respiratory illness who is positive for influenza A, but negative for H1 and H3 by influenza RT-PCR.

A ***suspected case*** of S-OIV infection is defined as a person with acute febrile respiratory illness with onset:

- within 7 days of close contact with a person who is a confirmed case of S-OIV infection, **or**
- within 7 days of travel to community either within the United States or internationally, where there are one or more confirmed cases of S-OIV infection, **or**
- resides in a community where there are one or more confirmed cases of S-OIV infection.

**H1N1 in Nevada**

Since April 17, 2009 the NSHD, the three local health authorities, the NSHD's Frontier and Rural Health (FaR) Program, Division of Emergency Management (DEM), and public and private healthcare providers have made concerted efforts to protect the health of Nevada residents and visitors.

Beginning with the April 23, 2009, CDC Press Briefing through the present, the NSHD's Public Health Preparedness (PHP) Program put to into motion an Incident Action Plan (IAP) describing the H1N1 Situation, the Mission, Goals/Objectives, the Plan's Execution, Administration/Support Services, Logistic Services, and Control and Coordination. Since April 26, 2009 CDC information and guidance has been logged and maintained.

On May 5, 2009, the NSHD updated its web sites, reflecting the CDC information and guidance. That information and guidance was/is reflected on the NSHD-PHP website, http://health.nv.gov.

On August 20, 2009, the NSHD launched its "new flu website" http://www.flu.nv.gov providing information for Nevada residents, visitors, businesses, school, doctors and health care providers. The H1N1 Flu Toolkit is the specific link on the NSHD's main website to www.flu.gov.

On October 2, 2009, the IAP was revised and updated to reflect the ever changing H1N1 situation. The NSHD PHP team went into the Incident Command System (ICS) mode of operation during that week as well.

On October 4, 2009, the NSHD launched its H1N1 Flu Vaccine Locator within the http://www.flu.nv.gov providing Nevada residents, visitors, businesses, schools, doctors and health care with updated H1N1 vaccine information and vaccine provider locations.

Algorithms and flow charts depicting H1N1 information throughout Nevada have been developed and implemented. On-going H1N1 education and information presentations have been made by the NSHD's PHP Program and the local health authorities. Open and closed Points of Dispensing (PODs) have been conducted by the local health authorities and the NSHD's PHP Program in various locations throughout the state.

**Nevada Influenza Surveillance Reporting**

On April 29, 2009, the NSHD's PHP Program began issuing "Influenza Daily Reports." This daily reporting continued through the week of May 8, 2009. Beginning May 15, 2009 the Influenza Reports were issued weekly. Beginning June 5, 2009, the Influenza Reports were issued bi-monthly. Currently the reports are issued weekly.

**All Influenza Reports can be found on http://flu.nv.gov/FluSurveillanceReports.**

**Additional information is available at:**

http://www.flu.nv.gov http://www.cdc.gov/H1N1flu http://www.flu.gov

**H1N1 in Nevada**

**ICS Organization**

Incident Command Structure (ICS) is an organizational model used throughout the United States and is compliant and aligned with the National Incident Management System (NIMS)

ICS structure is designed to achieve the following objectives:

- Clear lines of authority.
- Common organizational structures for all responding agencies.
- Common terminology used by all agencies.
- Compatible and adequate methods of communications.
- Reliable incident/event information gathering.
- Clear goals and objective for achieving the mission.
- Coordinated and structured planning among responding agencies.
- Supervisors' "span of control."

The Nevada State Health Division and its internal agencies, along with the three local health authorities, NSHD's Frontier and Rural Health Program, Nevada hospitals, other healthcare facilities, and many Nevada stakeholders have coordinated their H1N1 planning, mitigation, and response efforts through the Incident Command System (ICS).

***Mission:***

*The NSHD will mitigate the impact of H1N1 within Nevada for the duration of this pandemic to protect Nevada's citizens and visitors by collaborating with federal, state, local, tribal and private sector partners.*

**This mission sets that point on the horizon we want to go to .....**

**Goals:**

The Goals are the stepping stones we MUST use to get there.

- *Goal 1: To decrease the transmission of H1N1 virus within Nevada.*
- *Goal 2: To bolster medical surge capacity within Nevada.*
- *Goal 3: To maintain epidemiological surveillance of the H1N1 virus within Nevada.*
- *Goal 4: To facilitate a comprehensive Public Information and Communication (PIC) plan specific to the H1N1 response within Nevada.*

**Incident Name:** H1N1 Response Operation
**Operational Period:** 10-1-09 to 10-11-09
**IAP Posted:** 17h30 10-6-09

Nevada State Health Division






Tab 2. ICS Org Chart

## Antiviral Medications

Nevada has antiviral medications available from a state stockpile, as well as from shipments received from the Department of Strategic National Stockpile.

- As of October 28, 2009, Nevada has 229,951 courses remaining on hand.
  - **Tamiflu 75 mg** = 165,004
  - **Tamiflu 45mg** cases = 2,483
  - **Tamiflu 30 mg** = 11,485
  - **Tamiflu Oral Suspension** = 2,662
  - **Relenza** = 48,317
- As of October 28, 2009, a total of 495 courses have been used.
  - **Tamiflu 75 mg** = 414
  - **Tamiflu 45mg** cases = 11
  - **Tamiflu 30 mg** = 1
  - **Tamiflu Oral Suspension** = 55
  - **Relenza** = 14
- The Nevada State Health Division has added to its www.flu.nv.gov website an *Antiviral Request Form* for physicians, healthcare clinics, hospitals, pharmacies, and other facilities that provide healthcare (not individuals), to request antiviral medications for dispensing purposes.
- In September, 2009, the Nevada State Health Division issued a technical bulletin on antiviral medications usage and dosing guidelines.

## Personal Protective Equipment

Nevada has received two shipments of personal protective equipment (PPE) from the Department of Strategic National Stockpile.

- As of October 28, 2009, noted below are the quantities on hand.
  - **N95 masks** = 646,460
  - **Surgical masks** = 163,000
  - **Face shields** = 6,432
  - **Surgical gowns** = 3,636
  - **Gloves** = 56,000
- Healthcare providers can request PPE through their local health department's Public Health Preparedness Program.

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October
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# Nevada Department of Health and Human Services
## Nevada State Health Division
## H1N1 FLU TOOLKIT

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**MEDIA**
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- Health Div Flu Press Releases
- CDC Audio/Video resources
- CDC Novel H1N1 Flu Situation Update
- Epi Influenza Surveillance Reports
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## Anti-Viral Request Form

*Denotes a Required Field

**Directions:** Facilities with multiple locations should submit a separate Enrollment Form for EACH antiviral ship to SITE (rather than each licensed provider), unless otherwise approved. Fields with red asterisks are required. This is part of the enrollment process for the state of Nevada. All applications will go through a screening process and completing this form will not automatically qualify applicants to receive antiviral medication. The information provided below will allow the Nevada State Health Division's Public Health Preparedness Program to continue its planning efforts to respond to H1N1.

You are encouraged to print a copy of this completed form before submission. Click the "Submit" button to finish Enrollment .

**SITE INFORMATION**

Name of Site being Enrolled*: (Please select from the list of drop-down options.)
Correctional Facility

Street Address*: (Street number and name for the Site being Enrolled.)

Street Address: (Include additional needed information, e.g.: Suite 300, Room 400 West.)

City*: State*:

Zip Code*: (Provide the five digit zip code of the Site being Enrolled.)

**POINT OF CONTACT (POC) INFORMATION**

Name of Facility:*

Name of the person who will be signing for the Antivirals:*

Name of the person who is the H1N1 Point of Contact (POC) for the site:*

Phone number for the Site's POC:* (Provide the full ten digit number with area code.)

Fax number for the Site's POC:* (Provide the full ten digit number with area code.)

Email Address for the Site's POC:

**PRESCRIBER INFORMATION**

Name of Prescriber for the Site:* (Please provide the name of one of the prescribers (e.g.: MD or DO) under whose authority antivirals are dispensed at the Site. (Even if the Site has multiple prescribers, please only list ONE at this time).

Prescriber's Medical License Number:*

**ANTIVIRAL SHIPPING INFORMATION**

Amount, courses, and type of Antivirals requested (*check all that apply*)

- Tamiflu 75mg Courses Requested
- Tamiflu 45mg Courses Requested
- Tamiflu 30mg Courses Requested
- Tamiflu Oral Suspension Courses Requested
- Relenza 5mg Courses Requested

Number of courses this facility would dispense in a week:

**Print this Enrollment Form!** Nevada State Health Division recommends you print a copy of this completed form BEFORE you hit "Submit." You will NOT be able to print a copy after submission. Please retain a copy of this form for your records.

**To finish the Enrollment process, click "Submit" at the bottom of this page after you have completed and printed this form. Follow up from the Nevada State Health Division will occur as applications are screened.**

Submit Reset

**For more information, visit Flu.gov**



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# Nevada State Health Division
# TECHNICAL BULLETIN

**TOPIC: Influenza in Nevada:**

**TO: Health Care Providers/Residents of Nevada**

"Antiviral drugs are prescription medicines (pills, liquid or an inhaled powder) that fight against illnesses such as the flu."

- You have been asked as a health care provider to give TAMIFLU® (oseltamivir phosphate) to people who have been exposed to novel Influenza A (H1N1) (Swine Influenza A). TAMIFLU® is approved by the U.S. Food and Drug Administration (FDA) to treat and prevent influenza.

- **Antivirals should be prioritized for persons with severe illness or those at higher risk for flu complications."**

- **Recommended Treatment Dosage:**

  *Adults and Adolescents 13 years and older:* 75 mg twice daily for 5 days. Treatment should begin as soon as possible after symptom onset.
- *Pediatric Patients 1 to 12 years old:* Dosage is shown in the following table. For pediatric patients who cannot swallow capsules, TAMIFLU® for Oral Suspension is the preferred formulation.

- **If the oral suspension product is not available, TAMIFLU® Capsules may be opened and mixed with sweetened liquids such as regular or sugar-free chocolate syrup.**

- **Body Weight (kg) Body Weight (lbs) Age Recommended**
- **Treatment Dose for 5 Days**
- < 3 months 12 mg twice daily
- 3-5 months 20 mg twice daily
- Dosing for infants younger than 1 year is
- not based on weight. Use TAMIFLU•
- for Oral Suspension (12 mg per mL).
- 6-11 months 25 mg twice daily
- ≤ 15 kg ≤ 33 lbs 1-2 year 30 mg twice daily
- > 15 kg to 23 kg > 33 lbs to 51 lbs 3-5 years 45 mg twice daily

- > 23 kg to 40 kg > 51 lbs to 88 lbs 6-9 years 60 mg twice daily
- > 40 kg > 88 lbs 10-12 years 75 mg twice daily
- Dosing for adults and teenagers 13 years
- and older is not based on weight.
- 13 years and older 75 mg twice daily

**Special Dosage Instructions**

- No dose adjustment is recommended for patients with mild or moderate hepatic impairment (Child-Pugh score ≤9). No dose adjustment is required for geriatric patients.

*Renal Impairment, Recommended Treatment Dosage:* Dose adjustment is recommended for patients with creatinine clearance between 10 and 30 mL/min. Treatment dose should be reduced to 75 mg once daily for 5 days. No recommended dosing regimens are available for patients undergoing routine hemodialysis and continuous peritoneal dialysis treatment with end-stage renal disease.

For additional information, please visit the Health Division website at http://www.health.nv.gov/ or contact Dr. Tracey Green, State Health Officer:

phone: (775) 684-4200
email: tgreen@health.nv.gov

Approved by: Tracy Green MD Dr. Tracey Green, State Health Officer

Approved by: Richard Whitley Richard Whitley, Administrator

## Testing

In response to the demand for H1N1 influenza testing, the Nevada State Public Health Laboratory (NSPHL) began a 24/7 schedule on April 26, 2009. On May 6, 2009, the Centers for Disease Control and Prevention (CDC) approved the NSPHL to do its own test confirmations. Prior to that date, samples were being sent to the CDC for test confirmations. The NSPHL returned to a regular work schedule on May 7, 2009.

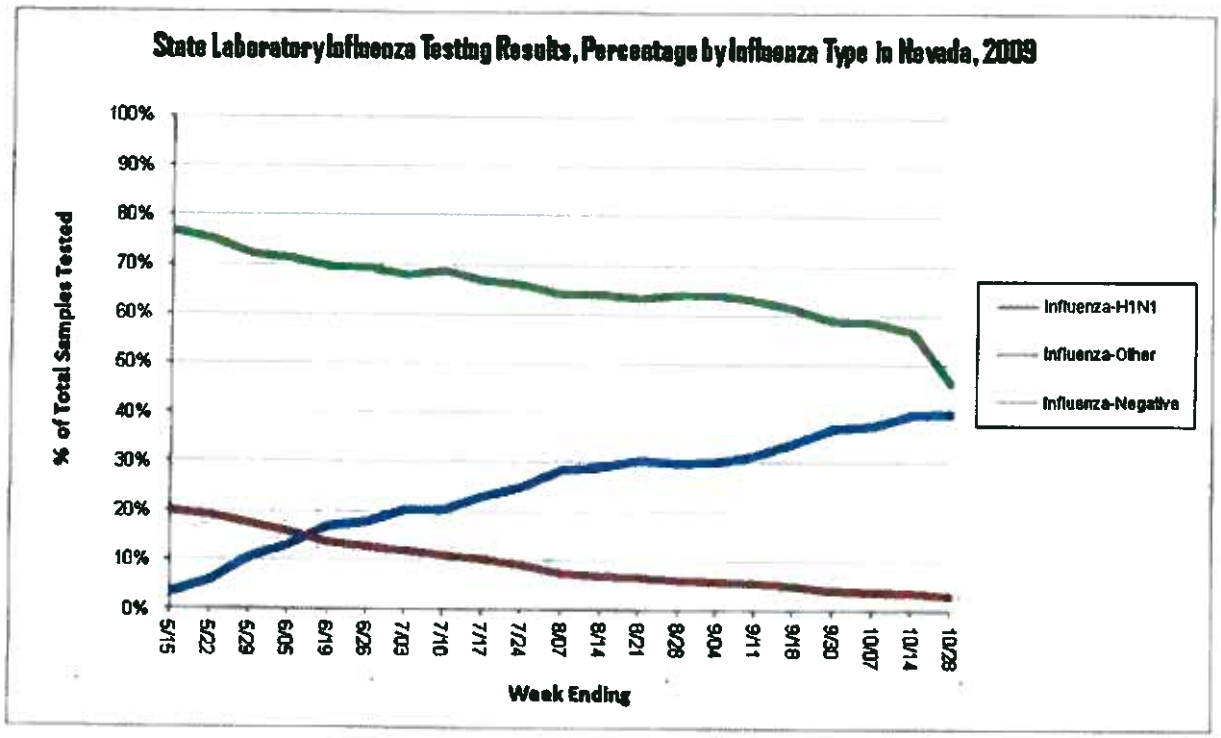
- From April 26-October 28, 2009, the NSPHL had tested a total of 5,795 samples.
  - **Confirmed** cases = 2,323
  - **Probable** cases = 60
  - **Deaths** = 18
  - Percent of samples received and tested positive for H1N1 = 40.1%
  - Percent of samples received and tested negative for influenza = 57.0%
  - Percent of samples received and tested positive for other influenza = 2.9%
- The NSPHL has developed an Influenza Testing Algorithm showing process for testing samples for influenza.
- The NSPHL has developed an Influenza Collection Information fact sheet for providers outlining proper sample collection and transportation procedures.

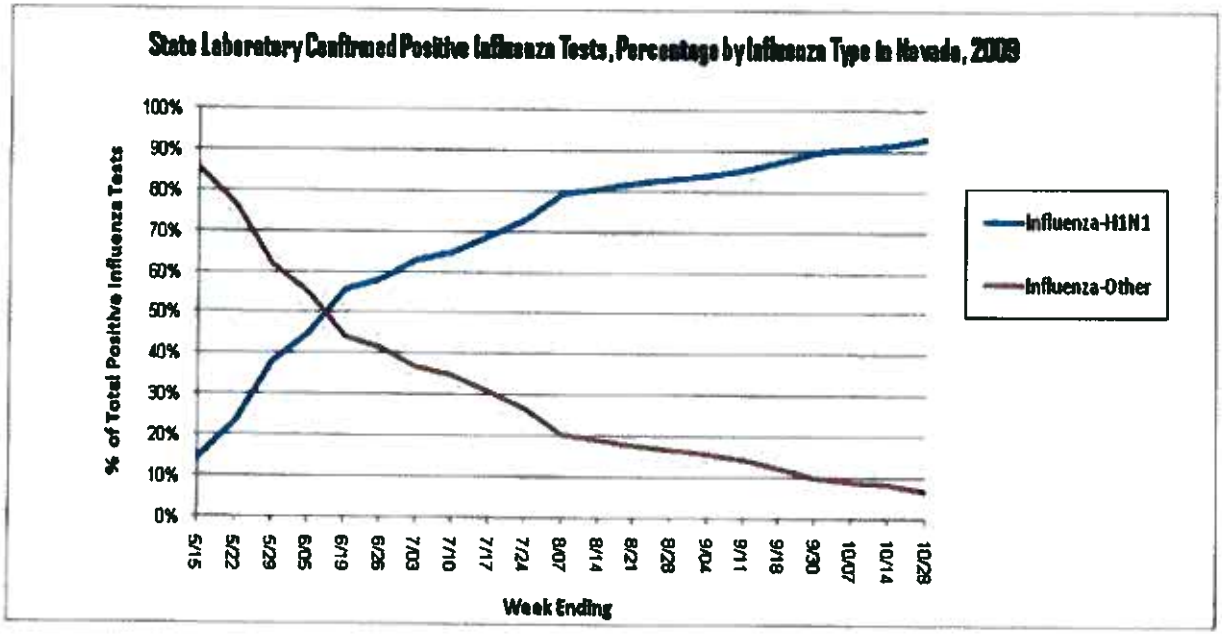
## Surveillance

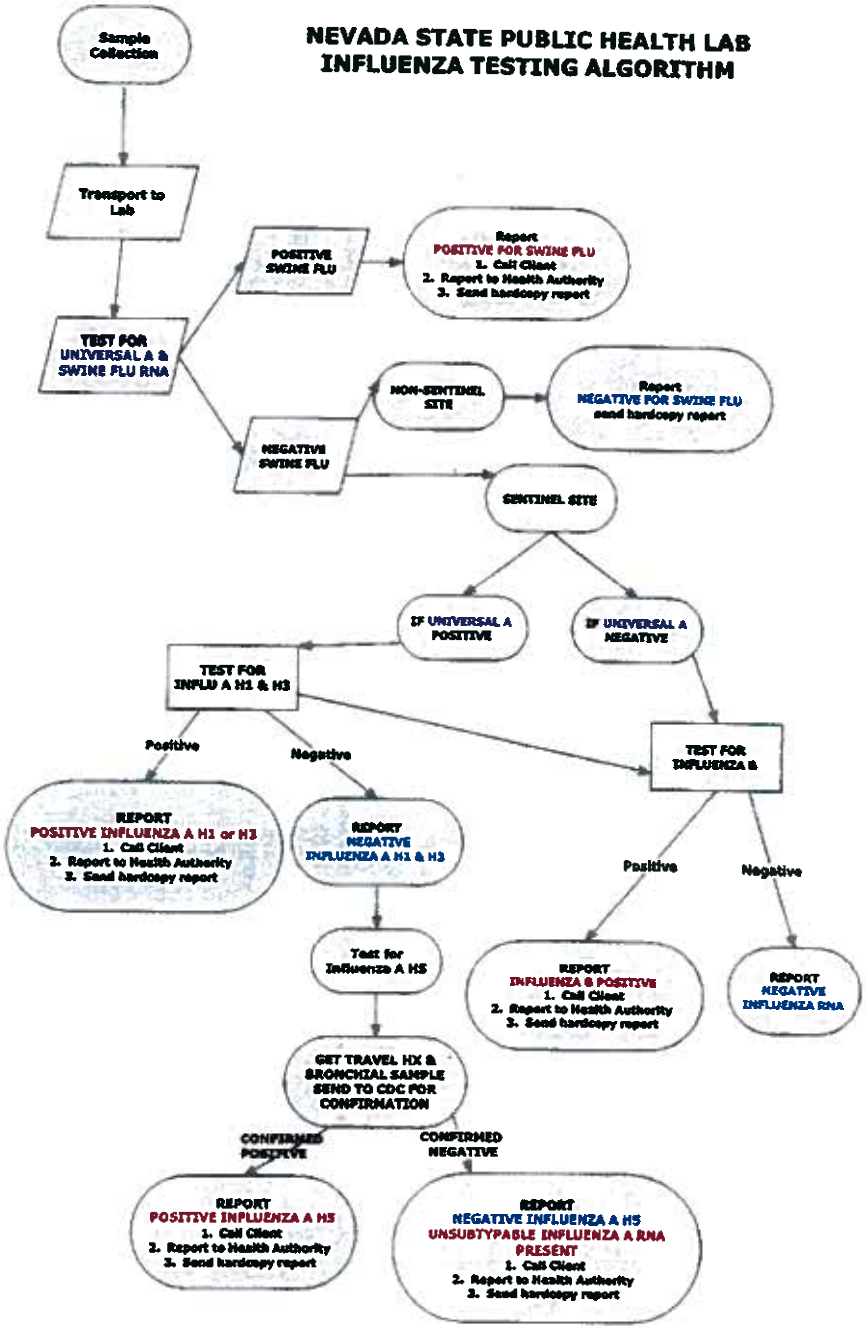
Influenza surveillance is being conducted in conjunction with H1N1 vaccination activities. In preparation for the 2009-2010 influenza (regular and H1N1) season, the following disease and surveillance activities noted below are underway.

- Weekly tracking of seasonal and H1N1 influenza confirmed cases, hospitalizations and deaths in Nevada.
- Regular monitoring of over-the-counter (OTC) healthcare products usage in Nevada and nationwide using the National Retail Data Monitor (NRDM) system. NRDM monitors the sales of these OTCs to help identify disease outbreaks as early as possible.
- Daily monitoring of EpiCenter activity. EpiCenter collects and analyzes real-time data from emergency departments of participating Nevada hospitals and urgent care facilities. This provides a picture to public health of disease activity occurring in Nevada and also serves as another tool in the early detection of disease outbreaks.
- State epidemiologist provided several technical bulletins to healthcare provider community on H1N1 testing, reporting and surveillance.

# INFLUENZA TRENDS FROM MAY 15, 2009 – OCTOBER 28, 2009




NEVADA STATE PUBLIC HEALTH LAB
INFLUENZA TESTING ALGORITHM
Sample Collection
Transport to Lab
TEST FOR UNIVERSAL A & SWINE FLU RNA
POSITIVE SWINE FLU
Report POSITIVE FOR SWINE FLU
1. Call Client
2. Report to Health Authority
3. Send hardcopy report
NEGATIVE SWINE FLU
NON-SENTINEL SITE
Report NEGATIVE FOR SWINE FLU send hardcopy report
SENTINEL SITE
IF UNIVERSAL A POSITIVE
IF UNIVERSAL A NEGATIVE
TEST FOR INFLU A H1 & H3
Positive
Negative
TEST FOR INFLUENZA B
REPORT POSITIVE INFLUENZA A H1 or H3
1. Call Client
2. Report to Health Authority
3. Send hardcopy report
REPORT NEGATIVE INFLUENZA A H1 & H3
Test for Influenza A H5
Positive
Negative
REPORT INFLUENZA B POSITIVE
1. Call Client
2. Report to Health Authority
3. Send hardcopy report
REPORT NEGATIVE INFLUENZA RNA
GET TRAVEL HX & BRONCHIAL SAMPLE SEND TO CDC FOR CONFIRMATION
CONFIRMED POSITIVE
CONFIRMED NEGATIVE
REPORT POSITIVE INFLUENZA A H5
1. Call Client
2. Report to Health Authority
3. Send hardcopy report
REPORT NEGATIVE INFLUENZA A H5 UNSUBTYPABLE INFLUENZA A RNA PRESENT
1. Call Client
2. Report to Health Authority
3. Send hardcopy report

# Influenza Collection Information

## Testing to be performed by the Nevada State Public Health Laboratory

***Supplies Needed:***

1. Nevada State Health Laboratory Test Request Form
2. Viral Transport Media containing glass beads
3. One sterile polyester tipped swab and one sterile mini tip swab
4. Specimen bag

***Collection:***

1. **Throat**
    a. Depress tongue with tongue depressor.
    b. Sample posterior pharynx, tonsils and inflamed or ulcerated areas with sterile swab. Avoid contaminating the specimen with oral secretions.
    c. Aseptically remove cap from media tube.
    d. Insert swab in transport media.
    e. Break swab shaft by bending it against the tube wall.
    f. Replace cap on tube and close tightly.
    g. Label the sample with patients name and collection date.

2. **Nasopharyngeal**
    a. Gently insert mini tip swab into posterior nasopharynx through the nose.
    b. Rotate swab slowly for 5 seconds to absorb secretions. Remove swab.
    c. Insert swab in transport media.
    d. Break shaft evenly at the pre-scored line.
    e. Replace cap on tube and close tightly.
    f. Label the sample with patients name and collection date.

***After collection is performed:***

1. Complete the Nevada State Health Laboratory test request form.
2. Place the collected sample in the specimen bag.
3. Place the test request form in the outer pouch of the specimen bag.
5. Transport **refrigerated** to the ***Nevada State Public Health Laboratory*** immediately.

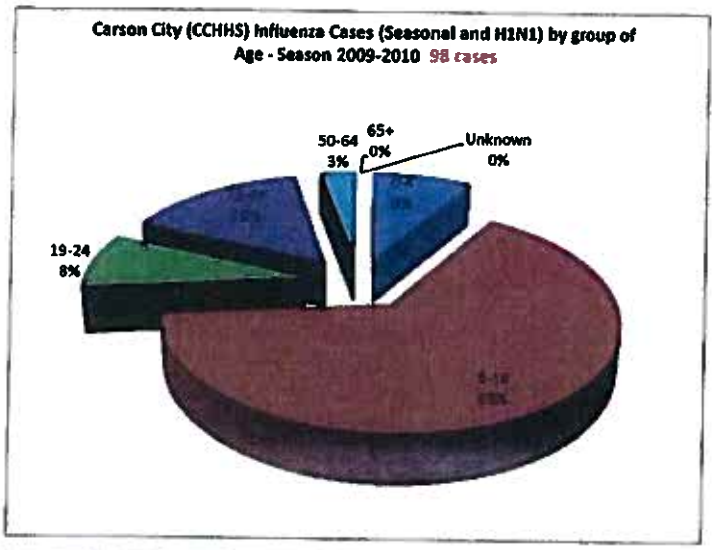
***Transporting sample to laboratory:***

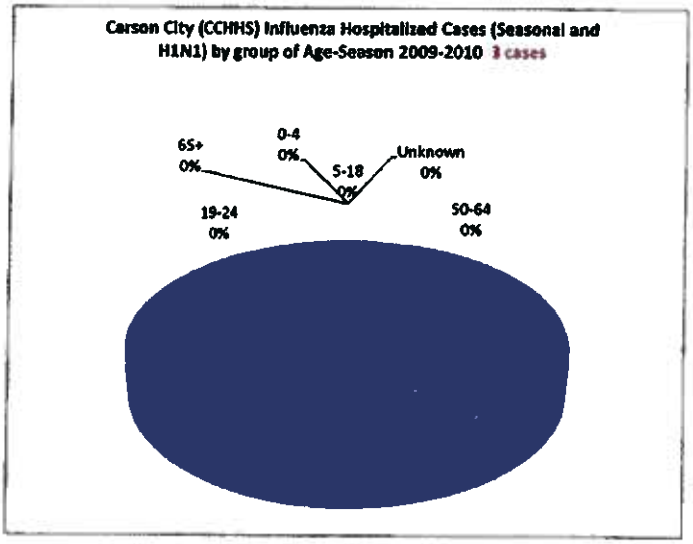
Samples can be given to either Quest or Lab Corp couriers for transport to the NSPHL, if the courier transports to the Reno area. When a courier is not available the sample should be sent via US Mail, UPS or FedEx to:

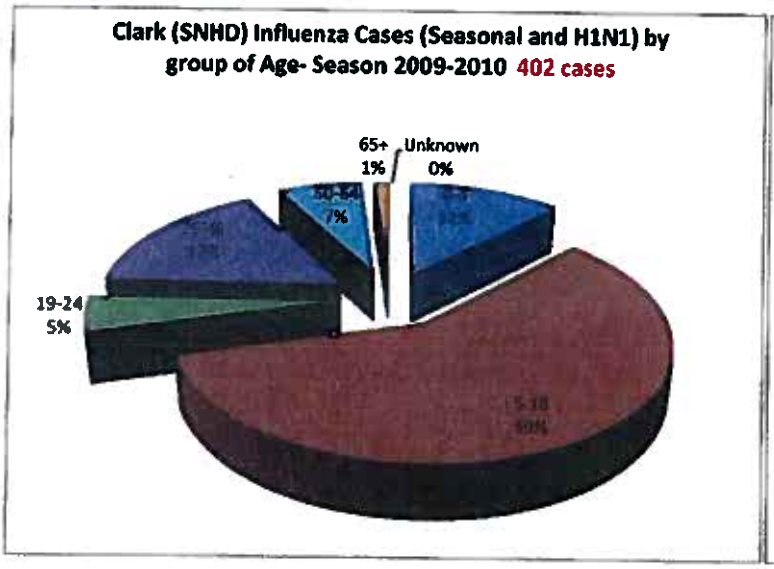
**Nevada State Public Health Laboratory**
**1660 North Virginia Street**
**Reno, NV 89503**

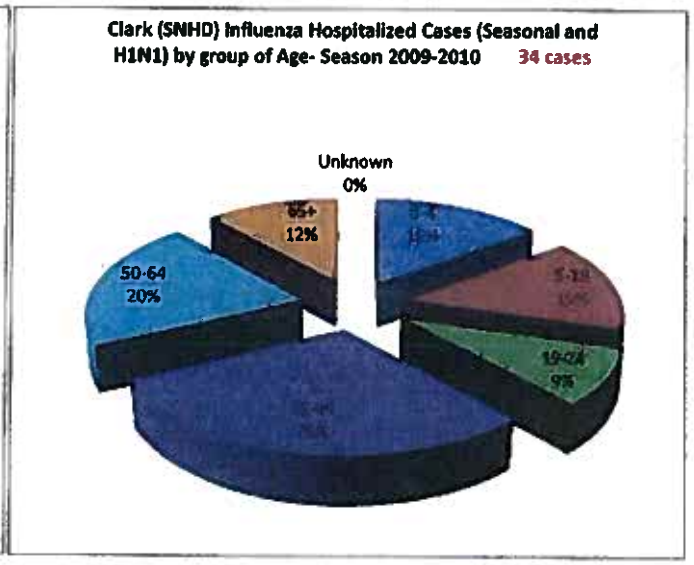
Questions or need more supplies??? Call us at 775-688-1335

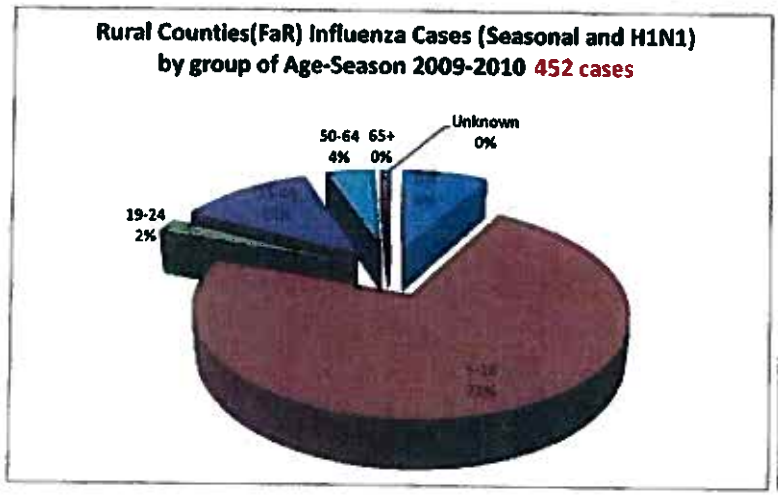
## INFLUENZA CASES (ALL REPORTED CASES AND HOSPITALIZED CASES BY GROUP OF AGE, BY HEALTH DISTRICT AND STATE

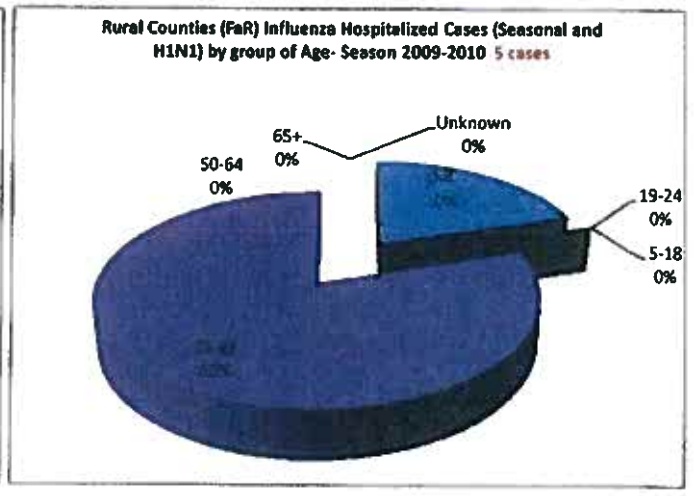


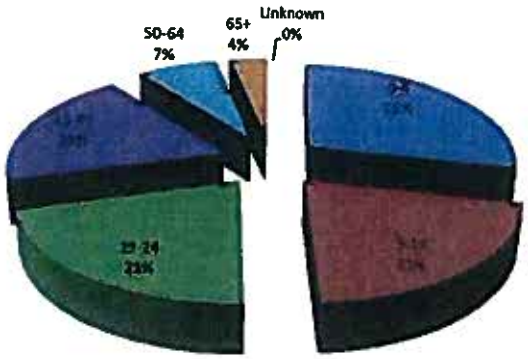



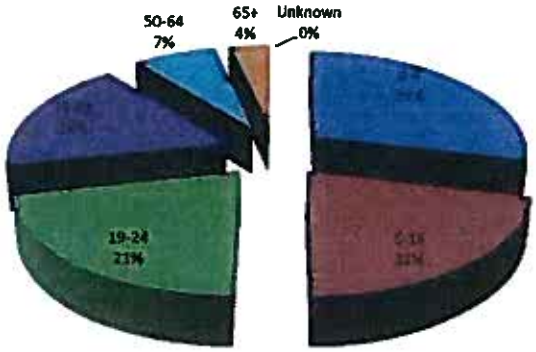



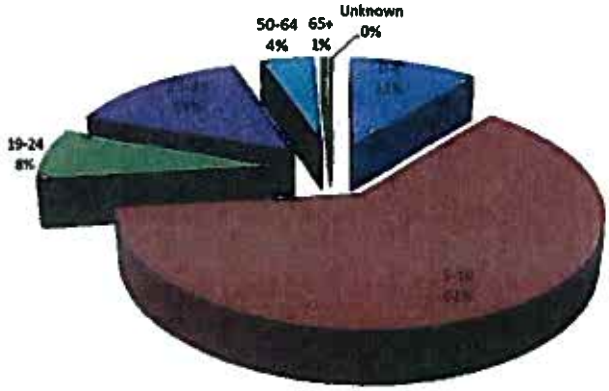
Washoe (WCDHD) Influenza Cases (Seasonal and H1N1) by group of Age-Season 2009-2010 843 cases



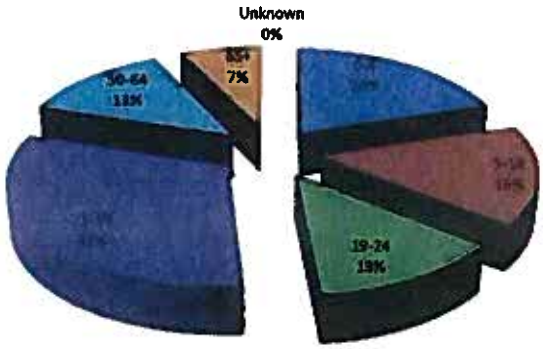

Washoe (WCDHD) Influenza Hospitalized Cases (Seasonal and H1N1) by group of Age- Season 2009-2010 28 cases




State of Nevada (NSHD) Influenza cases (Seasonal and H1N1) by group of Age- Season 2009-2010 1,795 cases




State of Nevada (NSHD) Influenza Hospitalized Cases (Seasonal and H1N1) by group of Age -Season 2009-2010 70 cases



**RODS Real-time Outbreak and Disease Surveillance**

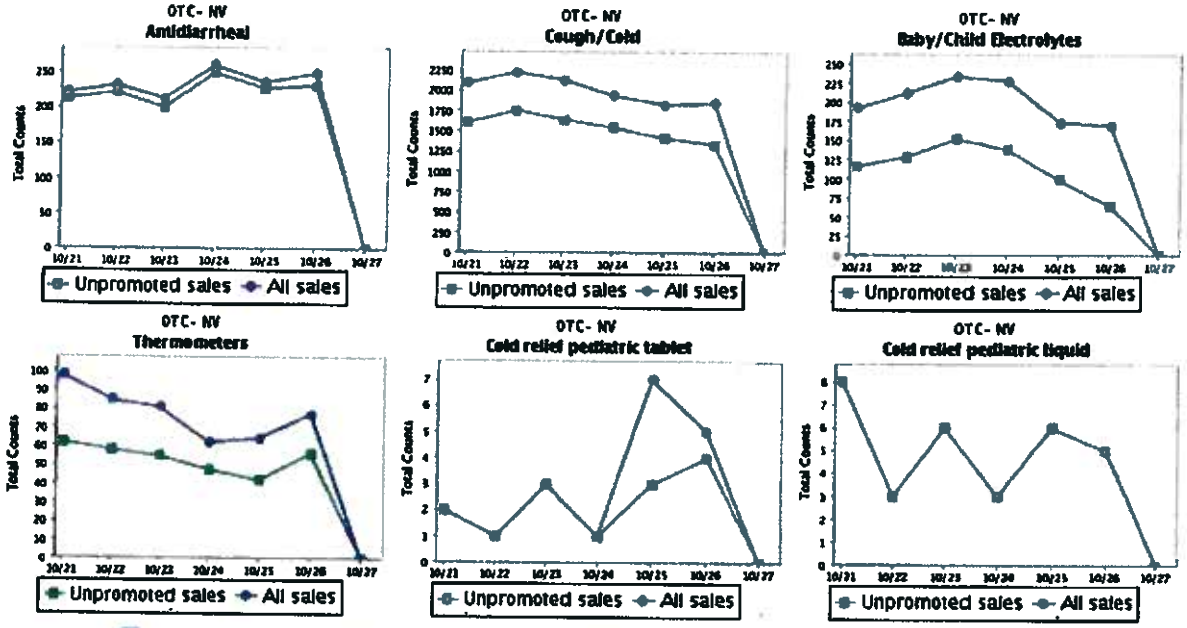


dmilazzo Logoff

Main Epiplot Mapplot Alerts Tools Options Help Contact

## ALL, NV

### 57.4% ( 170/296 ) Stores Reported for Sales Date 10/26/2009 as of 10/27/2009 1PM




Data Type OTC | Jurisdiction NV | County All Counties | Normalize | Set as Default

# Reporting, Reliability and Interpretation of Rapid Influenza Test Results

## Introduction

The novel H1N1 influenza is continuing to spread in Nevada, nationwide and around the globe. There are no signs of cases tapering off, and so far the virus has not changed much since it crossed the species to humans. Nevada is still experiencing a steady increase in the number of cases and as of today there were more than 320 confirmed, 20 who required hospitalization (most of those had pre-existing conditions) and two fatal cases.

This newly emerging H1N1 virus is now making up more than 99% of all the typed laboratory isolates tested in Nevada and the U.S. More than 76% of all cases were among individuals younger than 24 and about 99% were among individuals age 64 years or less. Nearly 80% of all who required hospitalization were younger than 50 years of age.

At this point of the pandemic we are focusing our surveillance efforts in order to gain more information about severe outcomes of H1N1 infections (such as those observed among hospitalized or deceased cases). The Nevada State Health Division and the Centers for Disease Control and Prevention (CDC) continue to receive anecdotal reports of false positive and false negative influenza A rapid test results. Clinicians are urged to test individuals for the novel influenza (H1N1) virus if they have an acute febrile respiratory illness or sepsis-like syndrome. Certain groups may have atypical presentations including infants, elderly and persons with compromised immune systems. Priority for testing includes persons who require hospitalization, present with severe influenza infection or are at high-risk for severe disease.

Some commercially available rapid tests can distinguish between influenza A and B viruses. However, these tests have suboptimal sensitivity to detect seasonal influenza viruses with an unknown sensitivity and specificity to detect human infection with novel influenza A (H1N1) virus. Immunofluorescence (DFA or IFA) assays depend upon the quality of clinical specimens, operator skills, and similar to rapid tests have unknown sensitivity and specificity to detect human infection with novel influenza A (H1N1) virus in clinical specimens. Therefore, a negative rapid tests or immunofluorescence assays could be falsely negative and should not be assumed as final diagnostic tests for novel influenza A (H1N1) virus infection. On the other hand isolation of novel influenza A (H1N1) virus is diagnostic of infection, but viral cultures may not yield timely results for prompt clinical management.

Rapid flu tests could be unreliable and providers are urged to perform a reverse-transcription polymerase chain reaction (RT-PCR) test for all hospitalized and/or severe cases of influenza like illnesses (ILI).

## Reporting

Patients meeting the following criteria should be reported to local health departments or the Nevada State Health Division: *All patients being admitted or currently hospitalized with acute febrile respiratory illness, including*:

- Fever >100.4◦ F or 38.0 C◦ and ILI, Acute Respiratory Distress Syndrome (ARDS), pneumonia or respiratory distress who test positive for influenza A
- Critically ill hospitalized patients (e.g., on a ventilator) with acute respiratory symptoms in whom there is a strong suspicion of influenza, regardless of influenza rapid test results

Routinely the following conditions are reported to local health authorities:

- Pediatric death with clinically compatible illness in which there is a positive influenza test
- Sudden pediatric death from unknown cause, but thought to be due to natural causes
- Pediatric death from unknown, febrile respiratory illness

In the current pandemic of the novel H1N1 influenza virus, it is helpful to have healthcare providers reporting also the following additional events:

- All unexplained deaths involving febrile respiratory illness
- All deaths among persons confirmed to have novel H1N1 influenza virus

Furthermore, it is strongly advisable that healthcare providers notify local or state health authorities of any fatality that occurs among patients diagnosed with novel H1N1 influenza, even if they were previously reported as suspected, probable or confirmed cases. Additionally, the Nevada State Health Division asks medical providers to consider the diagnosis of novel H1N1 influenza in any fatal cases of unexplained acute febrile respiratory illness, regardless of age.

**Reliability of Rapid Testing for the Novel Influenza A (H1N1) Virus**

The reliability of rapid influenza diagnostic tests depends largely on the conditions under which they are used and are entirely based on the experience with seasonal influenza. For the detection of seasonal influenza virus infection, and when compared with the viral culture or RT-PCR the ***sensitivity*** of rapid diagnostic tests ranges from 50 to 70%, while ***specificity*** of rapid diagnostic tests for influenza ranges between 90 to 95%. However, it is important to keep in mind that the sensitivity and specificity of these tests for detection of the novel H1N1 flu virus is currently unknown. False-positive and true-negative results are more likely to occur when influenza is uncommon in the community, which is generally observed at the beginning and end of an outbreak. However, false-negative and true-positive results are more likely to occur when influenza is common in the community that is typically at the height of an outbreak (i.e. this current pandemic). Additionally, test sensitivity may vary depending on when, in the course of illness, the specimen was collected. Respiratory specimens for testing are best when collected in the first four to five days of illness and viral shedding is greatest.

Given these limitations, the decision of whether or not to test patients with rapid influenza diagnostic tests should be based upon the patient's presenting symptoms, and/or the patient's risk for severe disease or other complications.

**Interpretation of Rapid Testing for the Novel Influenza A (H1N1) Virus**

A patient testing positive for influenza B by rapid diagnostic test is likely to have been infected with seasonal influenza B virus that is continuing to circulate or it could be a false-positive result. Such patients are unlikely to have novel H1N1 virus infections, but they may.

If a patient tests positive for influenza A by rapid antigen she/he may have one or more of the following:

- Novel H1N1 virus infection
- Seasonal influenza A virus infection
- A false positive test result

Severe cases that test positive on a rapid influenza antigen test need additional testing, and can be treated empirically with antiviral medications if clinically indicated. Please see CDC *Guidance on Antiviral Recommendations for Patients with Novel Influenza A (H1N1) Virus Infection and Their Close Contacts* at http://www.cdc.gov/h1n1flu/recommendations.htm. Nasopharyngeal swab/aspirate or nasal aspirate should be collected and sent to the state public health laboratory for RT-PCR to determine if the patient has H1N1

infection, seasonal influenza A virus infection or a false-positive test result. Please see CDC *Guidelines for Specimen Collection and Interim Bio-safety Guidelines for Laboratory Workers.*

If the patient with respiratory illness has an epidemiologic link to a confirmed case (i.e. had close contact with a confirmed case) and the rapid antigen test was negative for influenza, further testing and treatment should be based upon clinical suspicion, severity of illness, and risk for complications. If there is no epidemiologic link and the patient has mild illness; further testing and treatment are not recommended.

**Summary**

During this unusual and extended influenza season we are currently experiencing, all hospitalized patients with acute febrile respiratory illness (documented fever>100.4◦ F or 38.0 C◦ *and* ILI, ARDS, pneumonia or respiratory distress) should be presumed to have influenza; may require timely testing and empirical treatment with antiviral therapy until proven otherwise. Such severe cases should be reported to local health departments or the Nevada State Health Division without delay.

Rapid influenza diagnostic tests can help in the diagnosis and management of patients who present with signs and symptoms compatible with influenza. However, rapid influenza tests may be unreliable. Clinicians may consider using rapid diagnostic tests as part of their evaluation of patients with signs and symptoms compatible with influenza, but results should be interpreted with caution.

A negative rapid test does not exclude infection with novel influenza A (H1N1) virus. Confirmation of novel H1N1 flu infection can only be made by reverse-transcription polymerase chain reaction (RT-PCR) or viral culture. RT-PCR is the recommended test for confirmation of novel influenza A (H1N1) cases and is available at the Nevada State Public Health Laboratory.

For additional information on the novel influenza H1N1 pandemic in Nevada, the United States and globally, see the Nevada State Health Division's website at *http://health.nv.gov/*, CDC website at *www.cdc.gov/h1n1flu/* and the World Health Organization (WHO) website at *http://www.who.int/csr/disease/swineflu/en/index.html.*

## H1N1 Campaign Overall Immunization Program Goals

- Decrease H1N1 transmission by distributing vaccine efficiently and quickly to as many access points as possible while still meeting the CDC target group parameters.
- Provide superior and responsive customer service to the provider community in the areas of vaccine distribution and management as an example of an effective public sector response in times of crisis.
- Provide consistent, informative, accurate, and rapid communications to all stakeholder groups. Utilize innovative and traditional forms of media to reach all intended audiences.
- Utilize all the lessons learned in the Vaccine for Children (VFC) finance transition model in terms of an effective response to a public health emergency.
- Effectively track doses administered by the private and public sector to ensure H1N1 performance based targets are met (target groups are receiving vaccine) and identify problem areas in vaccine administration immediately.

## Target and Priority Groups

- Vaccine distribution in the initial stages must conform to the target groups established by the CDC:
  - Pregnant Women
  - Health care workers and emergency medical services workers
  - People 6 months through 24 years of age
  - People who care for infants under 6 months of age
  - People 24 years through 64 years of age with chronic medical conditions

## H1N1 Vaccine Allocation

- The federal government is utilizing 2008 census estimates to calculate specific vaccine allocations per state – Nevada's Pro Rata is 0.8425% of the nation's population.
- Five (5) manufacturers are providing the H1N1 vaccine to respond to the public health emergency. This has created multiple presentations and uses of the vaccine because each manufacturer is licensed for different age groups and provisions on who can and cannot receive specific presentations of the vaccine.
- Nevada, like every other state, receives weekly allocation estimates of vaccine being allocated, the number allocated and the specific presentation available.
- Weekly vaccine allocations are averaging 20-40 % less than anticipated.
- An estimated 1.4 million doses of H1N1 vaccine is expected to be allocated to Nevada through January 8, 2010.
- Vaccine is shipped directly to enrolled providers who have the capacity to store vaccine in allocations of 100 doses or more.

- The federal government has contracted with McKesson to ship all vaccine through mechanisms established in day to day activities for the VFC program.
- The Immunization Program has put provisions in place to order on behalf of and ship directly to providers who only have the ability to store smaller amounts of vaccine or only have capacity to immunize the health care workers in their practice.

**Public Health Vaccination Clinics**

The three Local Health Authorities (LHAs) (Washoe County Health District, Southern Nevada Health District and Carson City Health and Human Services) or health districts in Nevada, in conjunction with the Nevada State Health Division Public Health Preparedness program, have plans for mass dispensing clinics (PODs) depending on supply of product and the ability to reach target populations. Each health authority has historically demonstrated their ability to vaccinate large portions of the population during yearly exercises utilizing seasonal flu vaccine in a "POD" setting. However to date, the nation including Nevada has not received as much vaccine as anticipated during the weekly allotments. This is due to the manufacturing process and vaccine is allocated as soon as it is available to each state. The end result of such shortages leaves each provider including the health authorities without enough product (vaccine) to utilize their POD plans at this point. In spite of this, each jurisdiction is versed in day to day immunization clinics and all have experienced surge during back to school clinics and seasonal flu campaigns, thus allowing them to utilize existing mechanisms and clinics to immunize their population that meet the target groups with vaccine that they are receiving.

**Vaccination by Private Sector Vaccinators**

- The CDC has allocated Nevada 1202 ship to sites for both public and private providers.
- Federal guidelines recommend that regular season flu vaccine delivery routes be utilized as much as possible.
- As of October 27, 2009 - Nevada has 537 completely enrolled H1N1 providers who are able to receive H1N1 vaccine.
- The Immunization Program also has provisions in place to order and ship directly to private providers who have a decreased capacity to store and immunize those in the target groups. This frees up the "direct ship to sites" for those providers who have the aptitude to immunize staff as well as large number of clients who fit into the target groups to be immunized.
- Weekly provider teleconferences are being conducted with an average of over 100 participants. Teleconferences are proving to be helpful to disseminate pertinent information weekly and provide technical assistance in the form of a question and answer session during the call. Weekly call notes are posted to the provider area of the flu.nv.gov website.

- Providers must be able to adequately store and administer vaccine to the target populations. As the providers are enrolled, NSHD field staff will provide quality assurance visits to determine vaccine storage capability, administration capacity and understanding of the program. Each provider will receive a comprehensive H1N1 Welcome Packet that contains all resource material needed as well as all forms needed as new providers.
- Webinars are provided by the Immunization Program for private providers. Information such as vaccine storage and handling, administration and data reporting is covered daily. Webinars are intended to fill the gaps between enrollment and a site visit. It is not mandatory that a provider receive a site visit prior to receiving vaccine, however for quality assurance purposes and vaccine efficacy, site visits are an essential part of the H1N1 response.

**Coordination with Other Partners**

- **Flu.nv.gov**
- The Immunization Program is actively working with different provider group types with the overall goal of effective and rapid communications. There are weekly teleconferences with public health and the private provider community.
- All Nevada Tribes have pre-registered to be H1N1 providers
- A "flu finder" component has been added to the flu.nv.gov website. This will reflect all public immunization clinics, and pharmacy clinics. Private sector providers are not listed due to the potential to overwhelm those practices with calls and individuals who are not part of the practice patient roster.

**Coordination of Vaccine Distribution**

- The Immunization Program coordinates with each health jurisdiction during the allocation process.
- A H1N1 Vaccination Distribution Algorithm was developed utilizing the following basic principles:
    - Allotment will be based on presentation available, geographic region, population, and ability to reach target population.
    - Other determinants are provider density and capacity to reach the same target population.
    - The overarching principle is to get the vaccine out as efficiently as possible to as many access points as possible.
- The algorithm is a mechanism to distribute vaccine equitably amongst providers based on their capacity to immunize target populations.
- To date 143,900 doses of vaccine have been distributed to the public and private sector.

- Successive shipments will utilize the above distribution methodology and consultation with our public health partners.
- Vaccine will ship in 100 doses increments and will be accompanied by needles, syringes, alcohol swabs and vaccination cards.

**Vaccination of Healthcare Workers and EMS Personnel**

- The Immunization Program is working very closely with the local health authorities in each jurisdiction to ensure the acute care hospitals and other healthcare facilities receive vaccine to vaccinate healthcare staff.

**Vaccination of School-Aged Children**

- A number of school based clinics are being scheduled by the local health authorities. Details on these will be provided as vaccine supply availability becomes more definite.

**Hard to Reach and Vulnerable Populations**

- Targeted communications are being developed through the NSHD and the Immunization Coalitions to reach these populations.
- The size and location of these populations was identified by the NSHD in collaboration with local jurisdictions.
- State prisons and county detention centers have been contacted to facilitate vaccine distribution to the incarcerated populations who are in the target groups.

**Communications**

- A targeted communications plan has been developed and implemented in order to ensure providers have consistent, accurate and up-to-date information about vaccine distribution and availability.
- The NSHD, in collaboration with the LHAs and the Immunization Coalitions, is developing marketing messages to inform the public about vaccine availability as soon as this information is available. These messages will be culturally and linguistically appropriate and designed to reach specific target populations.

**Large Scale Clinic Planning**

- The Immunization Program is working with the LHAs to provide vaccine to mass dispensing clinics or PODs when product supply allows for this approach, and private sector capacity is exceeded.

**Doses Administered Tracking:**

- For providers currently using the state immunization registry all H1N1 immunizations will be recorded in the registry via the normal process. WebIZ (registry) staff will generate weekly data to combine with non-WebIZ providers in order to meet aggregate CDC reporting requirements.
- Non WebIZ providers will document all vaccinations on paper forms that will be forwarded for input to state WebIZ staff. Once per week, providers will aggregate their data for submission to the state.
- All H1N1 providers will provide weekly updates on target populations that received the H1N1 vaccine. This is collected via a paper and pencil mechanism.
- WebIZ is currently being enhanced to track H1N1 immunizations administered by providers. Querying doses administered data by provider allows program staff to both cross reference vaccine on hand vs. doses administered, and to assess if doses are not being utilized by specific providers and reallocate vaccine accordingly.
- NV Immunization Program has hired a cadre of temporary data entry staff for the H1N1 response to assist private and public providers with data entry of vaccine administration records into the registry.
- As of October 24, 2009 31,455 immunizations have been accounted for in the state of Nevada.

**Safety Monitoring:**

- The Vaccine Adverse Event Reporting System (VAERS) will be the primary means of reporting adverse reactions to vaccine.
- The Immunization Program has increased provider education on the VAERS process and vaccine safety via the weekly teleconference and the provider welcome packets.
- Vaccination cards issued by the CDC will be provided to all H1N1 vaccine recipients. VAERS information is contained on the card for patients to self report.

**Legal:**

- Information regarding the PREP Act has been disseminated via flu.nv.gov, weekly teleconferences and in the provider welcome packets.

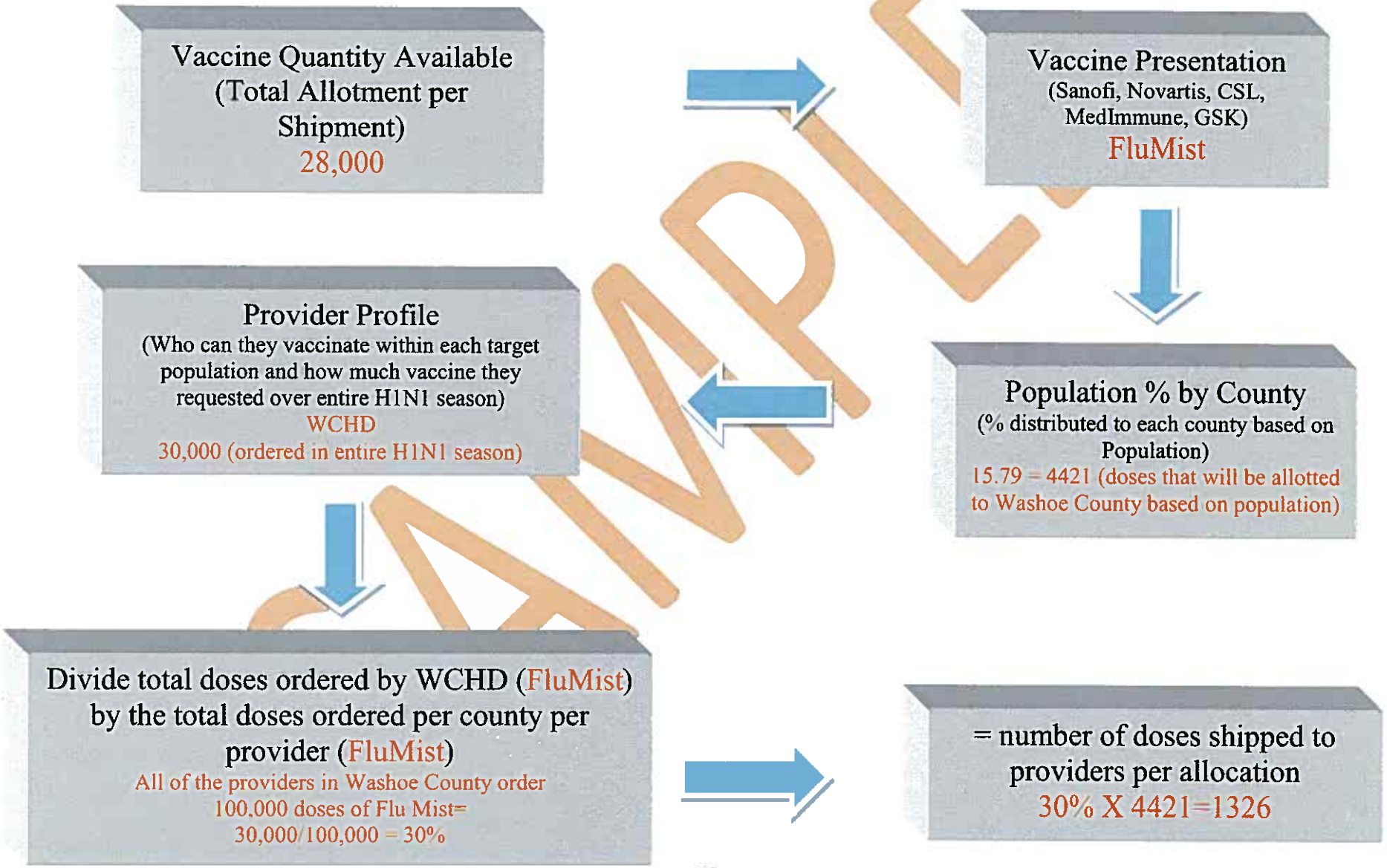
**Immunization Program Contact Information:**

Christine Smith, IZ Program Manager, 775-684-5914

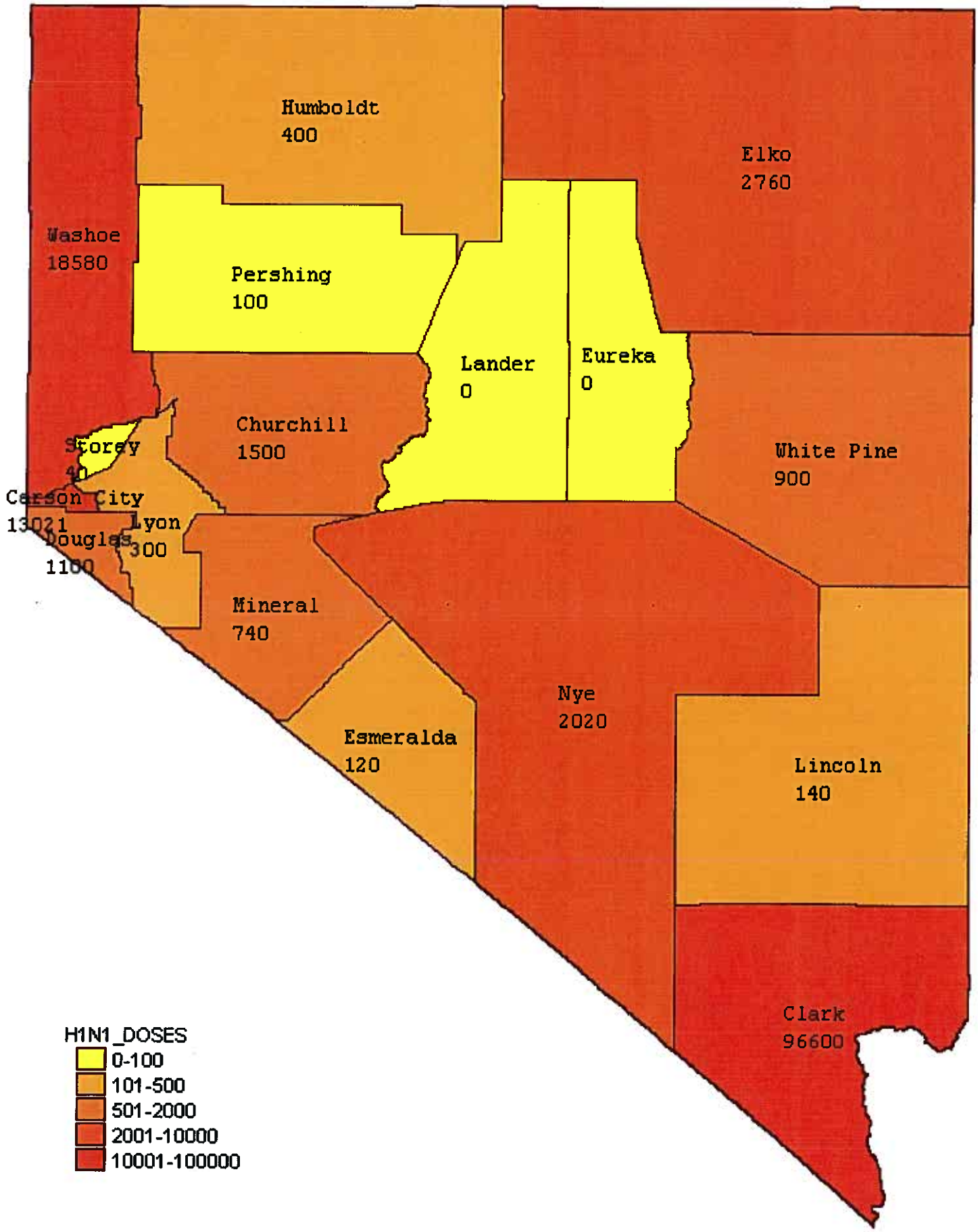
Hilary Smith, Vaccine Manager, 775-684-3902

# Projected H1N1 Vaccine Allocation

Distribution Based on the Following Flowchart



# H1N1 Doses Distributed to Nevada as of October 28, 2009



STATE OF NEVADA

JIM GIBBONS
*Governor*

MICHAEL J. WILLDEN
*Director*

RICHARD WHITLEY, MS
*Administrator*

TRACEY D. GREEN, MD
*State Health Officer*

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
HEALTH DIVISION
Bureau of Child, Family & Community Wellness
4150 Technology Way, Suite 210
Carson City, Nevada 89706
Telephone (775) 684-5900 · Fax (775) 684-8338

***Memorandum***

To: H1N1 Vaccine Providers

From: Christine N. Smith, Immunization Program Manager

Subject: H1N1 Vaccine Program Enrollment

Date: September 24, 2009

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Your participation in the 2009 Influenza A (H1N1) vaccination effort is greatly appreciated as a vital component to the H1N1 campaign. Your efforts will assist the state of Nevada in protecting the public against 2009 H1N1 Influenza.

The 2009 Influenza A (H1N1) Monovalent Vaccine has been made available through the Federal Government as a means of protecting the public against 2009 H1N1 Influenza. It is being offered to providers through the State of Nevada Immunization Program.

Attached is a Provider Enrollment Agreement which specifies the conditions of participation in the 2009 Influenza A (H1N1) vaccination effort. The enrollment form must be completed and signed and submitted to the State Immunization Program prior to requesting the vaccine. Enrollment will not automatically qualify a provider to receive vaccine. Allocations will be determined by vaccine availability, quantity, presentation, shipment dates and provider profiles. Please take time to complete your provider profile as it will be an integral part of the distribution process.

As the vaccine becomes available by the Manufacturers, the Center for Disease Control will allocate vaccine to every state based on population. In turn the Nevada State Immunization Program will allocate to the enrolled providers based on the provisions listed above. The vaccine is being produced by 5 manufactures and will be available in 5-6 presentations (ie; prefilled syringes, single dose vials, multidose vials, and nasal spray).

It is important for enrolled providers to understand that the H1N1 vaccine will not be allocated to the states all at once. **The vaccine will be made available as it is produced by the manufactures and we anticipate that this will be in weekly or bi-weekly allotments**

**throughout the H1N1 flu season.** As Nevada is notified of availability we will ensure distribution occurs.

**ENROLLMENT:**

- Refer to the attached "Instructions for Nevada H1N1 Provider Enrollment Forms".
- Return completed forms by e-mail, fax or mail.
- **Each site receiving vaccine must complete a provider enrollment form** (example: Pharmacy X has 25 pharmacies that will receive vaccine directly- each ship to site must complete an enrollment form).

**PROFILE:**

- Complete the table designating the number of doses you will anticipate administering for the **entire** H1N1Influenza Season.
  - Designating the doses for each target group and the presentation desired.
  - Designating the maximum number of doses your storage unit can store at any one time.

**RETURN COMPLETED ENROLLMENT & PROFILE**

- **By e-mail, by fax, or by mail**

**ORIENTATION:**

- Once the program has received your completed enrollment, you will receive a call to set up a condensed site visit and orientation.
- The providers who are already enrolled in the Vaccine for Children (VFC) Program will receive the "Welcome Packet" by mail and will not receive a condensed site visit unless requested by the provider.
- Please remember the H1N1 Program is completely different from the VFC Program with different set rules.

**PIN #:**

- If you are already a VFC provider, you will use that same PIN number for H1N1.
- If you are a H1N1-only provider, you will be notified of your PIN number.

**TARGET GROUPS:**

When vaccine is first available, the CDC Advisory Committee on Immunization Practices (ACIP) has recommended the 2009 H1N1 vaccine for the following 5 **target** groups:

- Pregnant women
- Household and caregiver contacts of children younger than 6 months of age (e.g. parents, siblings, and daycare providers)
- Health care and emergency medical services personnel
- Persons from 6 months through 24 years of age
- Persons aged 25 through 64 years who have medical conditions associated with a higher risk of influenza complications

Once providers meet the demand for vaccine among persons in these initial target groups, vaccination is recommended for all persons 25 through 64 years of age. Current studies

indicate that the risk for infection among persons age 65 or older is less than the risk for younger age groups. However, once vaccine demand among younger age groups has been met, programs and providers should offer vaccination to people 65 or older http://www.cdc.gov/h1n1flu/vaccination/clinicians_qa.htm

**VACCINE REQUEST FORM:**

- The Vaccine Request form will be e-mailed as the vaccines arrive into the distributor.
- Providers must be aware that they may not receive their vaccine on the first or subsequent allotments, or get the amount they requested.
- Staff will be reviewing all orders to ensure that priority groups will receive the vaccine.
- H1N1 vaccine must be requested in lots of 100 of the same presentation
- If your facility can not use 100 doses of the same presentation, your vaccine will be shipped from the Nevada State Health Division.

**ANCILLARY KITS:**

- The Federal Government will purchase vaccine and supplies (syringes, alcohol swabs, sharps containers, and vaccine record cards) and distribute these at no cost to healthcare providers who make agreements with state and local public health authorities to provide the 2009 H1N1 Vaccine.
- Supplies will be shipped separately from vaccine (by the distributor) and are expected to arrive before or on the same day as vaccine.
- The supplies to be shipped will coincide with the presentation of vaccine shipped.

**VIS:**

The Vaccine Information Statement (VIS) is not completed yet. We will notify you when it is available. http://www.cdc.gov/vaccines/pubs/vis/default.htm

**H1N1 VACCINE:**

- Vaccines used in the United States must be licensed by the FDA. The FDA approved these vaccines as a strain change to each manufacturer's FDA-approved seasonal influenza vaccine.
- Each of the manufacturers will make the Influenza A (H1N1) 2009 Monovalent Vaccine using its well-established, licensed egg-based manufacturing process that is used for seasonal influenza vaccine. http://www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm182335.htm

**DOSES REQUIRED FOR IMMUNITY:**

- Now that the vaccine has been licensed, we expect the Morbidity and Mortality Weekly Report (MMWR) to be released soon
- Currently available data suggests that children 6 months through 9 years of age have little or no evidence of protective antibodies to the pandemic (H1N1) 2009 virus (MMWR 2009; 58(19) 521-524, http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5819a1.htm). Based on these data, children 9 years of age and younger should be administered 2 doses of the 2009 Influenza A (H1N1) Monovalent Vaccine.
- Adults should be administered 1 dose, as should children and adolescents 10 years of age and older, as we expect that they will respond similarly to adults.

- **Clinical studies are underway and will provide additional information about the optimal number of doses.**
  http://www.fda.gov/BiologicsBloodVaccines/Vaccines/QuestionsaboutVaccines/ucm182335.htm

**PREP ACT:**

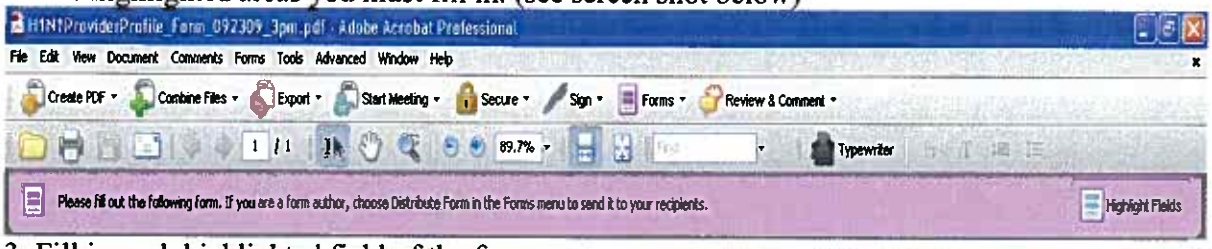
- The State Health Division and the local health authorities are operating under the declaration of the PREP act for the "Countermeasures Injury Compensation Program".
- The PREP Act provides compensation to individuals for serious physical injuries or deaths from pandemic, epidemic, or security countermeasures identified in a declaration issued by the Secretary pursuant to section 319F-3(b) of the Public Health Service Act (PHS Act) (42 U.S.C. 247d-6d). The PREP Act which is a part of the "Department of Defense, Emergency Supplemental Appropriations to Address Hurricanes in the Gulf of Mexico, and Pandemic Influenza Act of 2006" (PL 109-148), was enacted on December 30, 2005, and confers broad liability protections on covered persons, as defined in section 319F-3(i)(2) of the PHS Act, and compensation to individuals injured by the receipt of covered countermeasures, as defined in section 319F-3(i)(1) of the PHS Act, in the event of designated public health emergencies
  http://www.hrsa.gov/countermeasurescomp/prep_act.htm

# Instructions for Nevada H1N1 Provider Enrollment Forms

You will receive two forms you must fill out to enroll in the Federal Influenza A H1N1 Monovalent Vaccine Program. One form is the *Vaccine Provider Agreement* and the other is the *Provider Profile*. Each form has been provided as an interactive PDF. Below are the instructions for how to fill out the forms.

**If you have Adobe Acrobat (program that allows you to edit/save PDFs):**

1. Open the attached forms using Adobe Acrobat.
2. On the upper right-hand side of the purple trim it says "Highlight Fields." Click on this to see all the highlighted areas you must fill in. (see screen shot below)




3. Fill in each highlighted field of the forms.
4. Save a copy of the form.
   Click on File
   Save As/Save a Copy
   Name the file and choose the destination of the file location.
5. Send an email to nviz@health.nv.gov with the completed form you saved as an attachment.
6. You can also click on the button at the bottom of the form that says "Print Form" for your records.

**If you have Adobe Reader (free program that opens PDFs):**

1. Open the attached forms using Adobe Reader.
2. On the upper right-hand side of the purple trim it says "Highlight Fields." Click on this to see all the highlighted areas you must fill in. (see screen shot below)


3. Fill in each highlighted field of the forms.
4. Adobe Reader **cannot save a copy** of the form with the filled in fields. You must print the form. Click the button on the bottom of the form that says "Print Form."
5. Send this printed form by faxing it to 775.684.8338, scanning it and emailing to nviz@health.nv.gov, or mail it to Immunization Program, 4150 Technology Way, Suite 210, Carson City, NV 89706.

If you have further questions, please call the Immunization Program at 775.684.5900.

**Total H1N1 Doses Distributed by County-10/27/09**

| County | Total Doses Allocated | Percentage of doses to County | County Population Percentage* |
|---|---|---|---|
| Carson City** | 13021 | 9.41% | 2.11% |
| Churchill | 1500 | 1.08% | 0.96% |
| Clark | 96600 | 69.84% | 71.75% |
| Douglas | 1100 | 0.80% | 1.74% |
| Elko | 2760 | 2.00% | 1.81% |
| Eureka | 120 | 0.09% | 0.06% |
| Esmeralda | 0 | 0.00% | 0.03% |
| Humboldt | 400 | 0.29% | 0.68% |
| Lander | 0 | 0.00% | 0.20% |
| Lincoln | 140 | 0.10% | 0.19% |
| Lyon | 300 | 0.22% | 2.04% |
| Mineral | 740 | 0.53% | 0.18% |
| Nye | 2020 | 1.46% | 1.71% |
| Pershing | 100 | 0.07% | 0.24% |
| Storey | 40 | 0.03% | 0.17% |
| Washoe | 18580 | 13.43% | 15.79% |
| White Pine | 900 | 0.65% | 0.35% |
| **Total** | **138321** | **100.00%** | **100.00%** |

* Numbers based on July 2008 Census data

** Carson City Health & Human Services is supplying additional vaccine to Douglas and Lyon Counties

# H1N1 REPORTING & FORMS

**Electronic PDF versions are available at the following website under Health Care Providers:**
**www.flu.nv.gov**

## Updated 10/14/2009
## to include new information on priority group tracking.

# H1N1 Process Flow: Nevada WebIZ Providers

1. All H1N1 vaccines administered **must** be recorded into Nevada WebIZ. You do **not need** consent for this.

2. Due to the volume of H1N1 vaccines you may be administering, it is strongly recommended that you hold off on recording other vaccines (Dtap, Polio, etc) into the registry until you have ample time. It is vital that you record your H1N1 vaccines **immediately** into the registry.

3. The reporting period is every Sunday through Saturday. Therefore if you administer an H1N1 vaccine, it must be recorded into Nevada WebIZ by Monday's at 5pm for the previous Sunday – Saturday vaccinations.

4. **Important Note:** Priority groups must now also be tracked. Since this is not possible in Nevada WebIZ, please use the "H1N1 Tick Mark Tracking Sheet" (located in the Non-Nevada WebIZ instructions) as a tool to assist you in gathering this information. **If a patient falls into more than one priority group, please count them for each group. This means that patients may be counted more than once.** For example, a pregnant woman who is a health care worker. This person can be placed in two different priority groups. Fax the totals (Dose 1 & 2) per priority group on a sheet of paper along with your pin number and the reporting week. **Fax these totals every Monday for the previous Sunday – Saturday.**

## Fax priority group tracking sheets to:

## (775) 883-4732 OR (775) 883-3768

### Contact Info

**Nevada State Immunization Program (NSIP)**
**4150 Technology Way, Suite 210**
**Carson City, NV 89706**

**Call Us:**
**Erin Seward: 775-684-3209 OR Mandy Harris: 775-684-4258**

## H1N1 Process Flow: Non-Nevada WebIZ Providers

1. Complete the "H1N1 Patient Chart Record" for each dose given
   - Keep one copy in the patient's chart
   - Submit one copy to the Nevada State Immunization Program (you may mail or fax these on a weekly basis)

2. Track all doses administered and priority groups. Enter them in ***whole numbers only*** on the "H1N1 Aggregate Doses Reporting" form. **If a patient falls into more than one priority group, please count them for each group. This means that patients may be counted more than once.** For example, a pregnant woman who is a health care worker. This person can be placed in two different priority groups. A tick-mark chart is provided to help you keep track of both doses administered and priority groups.

3. Completed "H1N1 Aggregate Doses Reporting" forms ***must be submitted by fax every Monday by 12 pm (noon) for the previous Sunday – Saturday H1N1 vaccinations.***

# All H1N1 reporting documents can be faxed to: (775) 883-4732 OR (775) 883-3768

## Mailing Address

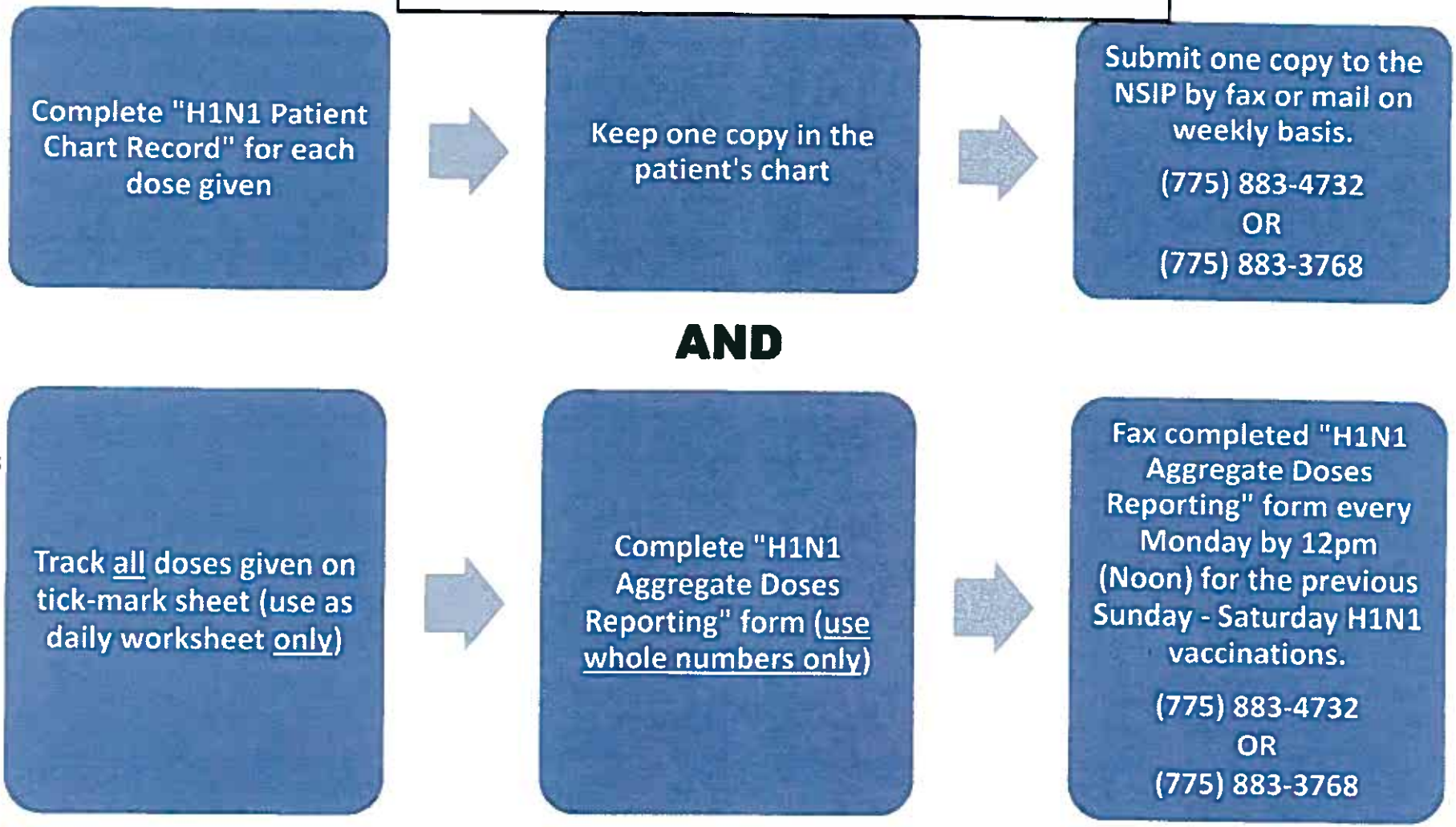
**Nevada State Immunization Program (NSIP)**
**4150 Technology Way, Suite 210**
**Carson City, NV 89706**

## Call Us

**Erin Seward: 775-684-3209 OR Mandy Harris: 775-684-4258**

# H1N1 Vaccinations: The Process Flow

## Non-Nevada WebIZ Providers




**Mailing Address**

**Nevada State Immunization Program (NSIP)**
**4150 Technology Way, Suite 210**
**Carson City, NV 89706**

# H1N1 PATIENT CHART RECORD

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
IMMUNIZATION PROGRAM
4150 Technology Way, Suite 210
Carson City, Nevada 89706
Telephone: (775) 684-5900 · Fax: (775) 883-4732 OR (775) 883-3768

## FACILITY CONTACT INFO (please print)

| | |
|---|---|
| **Facility Name:** | **Facility Address:** |
| **Name of Facility Representative:** | |
| **Pin Number:** | **Facility Phone Number:** |

## PATIENT INFO

| | | |
|---|---|---|
| **Last Name:** | **First Name:** | **Date of Birth:** (mm/dd/yyyy) ☐ Not Available |
| **Gender: (check one)**<br>☐ Female<br>☐ Male | **Mailing Address:** ☐ Not Available<br>Street: | **Physical Address:** ☐ Not Available<br>Street: |
| **Phone Number:**<br>( ) | City, County, State, Zip Code: | City, County, State, Zip Code: |
| **State, Country of Birth:** | **Priority Group: (check all that apply)**<br>☐ Pregnant Women<br>☐ Household contacts & caregivers for children younger than 6 months<br>☐ Healthcare & emergency medical services personnel<br>☐ 6 months - 18 yrs. old<br>☐ 19 through 24 yrs. old<br>☐ 25 - 64 yrs. old with underlying medical conditions.<br>**Identify Type:** _____ | **Ethnicity: (check one)**<br>☐ Hispanic or Latino<br>☐ Non-Hispanic or Latino<br>☐ Unknown<br><br>**Race: (check all that apply)**<br>☐ Caucasian<br>☐ Black/African American<br>☐ American Indian/Alaska Native<br>☐ Asian<br>☐ Native Hawaiian or Other Pacific Islander<br>☐ Unknown |
| ***Child Only (birth–18 yrs old)***<br>**Mother's Full Name:**<br><br>**Mother's Maiden Last Name:** | | |

| VACCINES *Circle vaccine administered* | DATE GIVEN | DOSE # *Circle dose #* | LOT # | SITE *Circle site administered* | ROUTE |
|---|---|---|---|---|---|
| MedImmune | | 1 2 | | Intranasal | Nasal |
| GSK | | | | Left Thigh<br>Right Thigh<br>Left Deltoid<br>Right Deltoid<br>Left Arm<br>Right Arm | Intramuscular |
| CSL | | | | | |
| Sanofi | | | | | |
| Novartis | | | | | |

| VACCINE INFORMATION STATEMENT (VIS) | VACCINATOR | |
|---|---|---|
| **DATE VIS GIVEN TO PATIENT** | **NAME & TITLE OF VACCINATOR** | **SIGNATURE** |
| ☐ Same as Vaccine Date<br>m m / d d / y y y y | Name:<br>Title: | |

**NEVADA STATE HEALTH DIVISION OFFICE USE ONLY:** Revised 9/2009

| Date Form Received | Date Recorded into Nevada WebIZ |
|---|---|
| | |

# H1N1 AGGREGATE DOSES REPORTING FORM


**STATE OF NEVADA**
**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**HEALTH DIVISION**
**IMMUNIZATION PROGRAM**
**4150 Technology Way, Suite 210**
**Carson City, Nevada 89706**
**Telephone: (775) 684-5900 · Fax: (775) 883-4732 OR (775) 883-3768**


## FACILITY CONTACT INFO (please print)

| | |
|---|---|
| **Facility Name:** | **Facility Address:** |
| **Name of Facility Representative:** | |
| **Pin Number:** | **Facility Phone Number:** |

## WEEK DOSES ADMINISTERED

Check the (1) week H1N1 doses were administered (Sunday – Saturday).

| | | | | |
|---|---|---|---|---|
| ☐ 10/4/09 – 10/10/09 | ☐ 11/29/09 – 12/5/09 | ☐ 1/24/10 – 1/30/10 | ☐ 3/21/10 – 3/27/10 | ☐ 5/16/10 – 5/22/10 |
| ☐ 10/11/09 – 10/17/09 | ☐ 12/6/09 – 12/12/09 | ☐ 1/31/10 – 2/6/10 | ☐ 3/28/10 – 4/3/10 | ☐ 5/23/10 – 5/29/10 |
| ☐ 10/18/09 – 10/24/09 | ☐ 12/13/09 – 12/19/09 | ☐ 2/7/10 – 2/13/10 | ☐ 4/4/10 – 4/10/10 | ☐ 5/30/10 – 6/5/10 |
| ☐ 10/25/09 – 10/31/09 | ☐ 12/20/09 – 12/26/09 | ☐ 2/14/10 – 2/20/10 | ☐ 4/11/10 – 4/17/10 | ☐ 6/6/10 – 6/12/10 |
| ☐ 11/1/09 – 11/7/09 | ☐ 12/27/09 – 1/2/10 | ☐ 2/21/10 – 2/27/10 | ☐ 4/18/10 – 4/24/10 | ☐ 6/13/10 – 6/19/10 |
| ☐ 11/8/09 – 11/14/09 | ☐ 1/3/10 – 1/9/10 | ☐ 2/28/10 – 3/6/10 | ☐ 4/25/10 – 5/1/10 | ☐ 6/20/10 – 6/26/10 |
| ☐ 11/15/09 – 11/21/09 | ☐ 1/10/10 – 1/16/10 | ☐ 3/7/10 – 3/13/10 | ☐ 5/2/10 – 5/8/10 | ☐ 6/27/10 – 7/3/10 |
| ☐ 11/22/09 – 11/28/09 | ☐ 1/17/10 – 1/23/10 | ☐ 3/14/10 – 3/20/10 | ☐ 5/9/10 – 5/15/10 | |

## AGGREGATE H1N1 DOSES ADMINISTERED

Record the number of H1N1 doses administered per age below for the week listed above **in whole numbers only.**

| Age Group | Dose 1 | Dose 2 | Unknown (Age Group) | |
|---|---|---|---|---|
| 6 – 23 months old | | | | |
| 24 – 59 months old | | | | |
| 5 – 18 years old | | | | |
| 19 – 24 years old | | | | |
| 25 – 49 years old | | | | |
| 50 – 64 years old | | | | |
| 65+ years old | | | | |
| | Total | Total | Total | Grand Total |
| | | | | |

## PRIORITY GROUPS

Record the number of H1N1 doses administered per priority group below for the week listed above **in whole numbers only for both Dose 1 2. You may mark patients in more than one priority group.**

| Pregnant Women | Household contact & caregivers for children younger than 6 months | Healthcare & emergency medical services personnel | 6 months through 24 yrs. old | 25 through 64 years old with underlying medical conditions |
|---|---|---|---|---|
| | | | | |

## SIGNATURE & DATE

Provide signature & date of facility representative to verify this information is correct and true to their knowledge.

Signature _____ Date _____

**NEVADA STATE HEALTH DIVISION OFFICE USE ONLY:** **Revised 10/2009**

| Date Form Received | Date Doses Recorded |
|---|---|
| | |

H1N1 Tick-Mark Tracking Sheet (for whole-number entry in Aggregate Doses Report)

**Week of:** _____ (Sunday - Saturday) **USE THIS PAGE FOR 1ST DOSE**

| Age Groups* | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| 6-23 months old | | | | | | | |
| 24-59 months old | | | | | | | |
| 5-18 years old | | | | | | | |
| 19-24 years old | | | | | | | |
| 25-49 years old | | | | | | | |
| 50-64 years old | | | | | | | |
| 65+ years old | | | | | | | |

| Priority Groups† | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| Pregnant Women | | | | | | | |
| Household contacts & caregivers for children younger than 6mos | | | | | | | |
| Health Care & Emergency Medical Services Personnel | | | | | | | |
| 6 mos. - 18 yrs. old | | | | | | | |
| 19 - 24 yrs. old | | | | | | | |
| 25 yrs. - 64 yrs. old w/underlying medical conditions | | | | | | | |

***Count each patient once for their Age Group** **† You may mark patients in more than one priority group**

H1N1 Tick-Mark Tracking Sheet (for whole-number entry in Aggregate Doses Report)

**Week of:** _____ (Sunday - Saturday) **USE THIS PAGE FOR 2ND DOSE**

| Age Groups* | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| 6-23 months old | | | | | | | |
| 24-59 months old | | | | | | | |
| 5-18 years old | | | | | | | |
| 19-24 years old | | | | | | | |
| 25-49 years old | | | | | | | |
| 50-64 years old | | | | | | | |
| 65+ years old | | | | | | | |

| Priority Groups† | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|---|
| Pregnant Women | | | | | | | |
| Household contacts & caregivers for children younger than 6mos | | | | | | | |
| Health Care & Emergency Medical Services Personnel | | | | | | | |
| 6 mos. - 18 yrs. old | | | | | | | |
| 19 - 24 yrs. old | | | | | | | |
| 25 yrs. - 64 yrs. old w/underlying medical conditions | | | | | | | |

***Count each patient once for their Age Group** **† You may mark patients in more than one priority group**

# H1N1 Vaccination Distribution Algorithm

## The following steps outline a possible vaccination distribution model.

**Step 1 Total Allotment:** Obtain vaccination shipment from federal government. Determine number of doses for each vaccine presentation. For example: 10,000 doses of flu mist (K). A, B, C, D, E, F, G, H, J, K, represent each vaccine presentation and *n* equals the number of doses in that allotment. See the spreadsheet, H1N1Dist_Algorithm_Sept09.xlsx for each code definition.

$[nA + nB + nC + nD + nE + nF + nG + nH + nJ + nK] = V_T$ (Total Vaccine)

**Step 2 County Distribution:** For each vaccination presentation, divide up total number of doses by proportion of population for each County and identify target groups for each vaccine presentation.

Clark County 71.75%
Washoe County 15.79%
Carson, Douglas, Lyon 5.89%
Rurals (CHNs) 7%

$V_T$ X 71.75%= $V_{cl}$ (allotment for Clark County)
$V_T$ X 15.79%= $V_w$ (allotment for Washoe County)
$V_T$ X 5.89%= $V_{cdl}$ (allotment for Carson, Douglas, Lyon County)
$V_T$ X 7.00%= $V_r$ (allotment for Rurals)

**Step 3 Provider Distribution:** For each County allotment, further divide doses by provider density, i.e. divide allotment according to percentage of vaccines requested over total vaccinations for that county for each vaccine presentation. For example, see the distribution for a provider in Clark County.

$V_{P1}^{(A)}$= { (# Requested $P_1$/ Total Requested for that target group $V_{A\,cl}$) X $V_{cl}$ }

This equation means that the amount of vaccine presentation A, provider 1, would receive is equal to the amount that provider 1 requested divided by the total number of doses requested by all providers who would serve that same target population for a particular vaccine (i.e pregnant women) multiplied by the allotment for Clark County. This allows for each provider to receive an amount of vaccine for each presentation based on the proportion of people in the target group they would administer.

**Rationale and Assumptions**

To calculate these values, the state will analyze the enrollment data from every provider in the H1N1 program, which will be contained in a database. The database will include the provider type, the target groups they will vaccinate, and the doses they are requesting. These data will have to be sorted by county, then by target group, and then by doses (largest to smallest). For example all providers requesting doses for pregnant women would be grouped together. If the total number of providers in Clark County who will target pregnant women, request a total of 1,000 vaccines, each provider would receive a percentage of the county allotment vaccine presentations B, E, F, and H based on the percentage of doses they requested out of those 1,000 doses. They

would receive doses proportionate based on the number of doses of presentations B, E, F, and H because these are the presentations that can be administered to pregnant women. This means that providers may be grouped into more than one target group for each target group they say they will vaccinate. For example if a provider plans to vaccinate pregnant women, health care workers, and people 6 months to 24 years, they would be grouped three different times into each of those target groups and would receive vaccine proportionately. For providers not vaccinating certain target groups their portion would then go to providers who are targeting those groups.

These doses would also be rounded to nearest 100 so that they can receive the shipments. The Nevada State Health Division would be a provider in Carson City so they can order doses for all the providers requesting less than 100 doses. The Immunization Program can also decide that each provider on that list to receive vaccine must either be a VFC provider or have received a site visit so that they are knowledgeable in vaccine ordering, receipt, storage and administration.

# H1N1 Influenza Vaccination Data Reporting in Nevada WebIZ

Space is limited.
Reserve your Webinar Seat Now at:
https://www2.gotomeeting.com/register/737906130

Short presentation on H1N1 Influenza vaccination data reporting requirements and how to fulfill them as a Nevada WebIZ provider; Q&A at the end. Total time = 30 minutes

Title: **H1N1 Influenza Vaccination Data Reporting in Nevada WebIZ**

Date: Tuesday, October 27, 2009

Time: 8:00AM- 8:30AM PDT

System Requirements
PC-based attendees
Required: Windows® 2000, XP Home, XP Pro, 2003 Server, Vista

Macintosh®-based attendees
Required: Mac OS® X 10.4 (Tiger®) or newer

---

# H1N1 Influenza Vaccination Data Reporting on Paper (only for those NOT using Nevada WebIZ)

Space is limited.
Reserve your Webinar Seat Now at:
https://www2.gotomeeting.com/register/664769979

Short presentation on H1N1 Influenza vaccination data reporting requirements and how to fulfill them using the forms provided (for non-NV WebIZ users ONLY); Q&A at the end. Total time = 30 minutes

**Title: H1N1 Influenza Vaccination Data Reporting on Paper - Non-NV WebIZ ONLY**

Date: Tuesday, October 27, 2009

Time: 4:30 PM - 5:00 PM PDT

System Requirements
PC-based attendees
Required: Windows® 2000, XP Home, XP Pro, 2003 Server, Vista

Macintosh®-based attendees
Required: Mac OS® X 10.4 (Tiger®) or newer

---

## H1N1 Vaccine Storage and Handling

Space is limited.
Reserve your Webinar Seat Now at:
https://www2.gotomeeting.com/register/507614579

Short presentation on how to safely handle & store all H1N1 vaccine presentations with Q&A at the end. Total time = 30 minutes

**Title: H1N1 Vaccine Storage and Handling**

Date: Thursday, October 29, 2009

Time: 8:00AM – 8:30AM PDT

System Requirements
PC-based attendees
Required: Windows® 2000, XP Home, XP Pro, 2003 Server, Vista

Macintosh®-based attendees
Required: Mac OS® X 10.4 (Tiger®) or newer

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## H1N1 Vaccine Storage and Handling

Space is limited.
Reserve your Webinar Seat Now at:
https://www2.gotomeeting.com/register/847129090

Short presentation on how to safely handle & store all H1N1 vaccine presentations with Q&A at the end. Total time = 30 minutes

**Title: H1N1 Vaccine Storage and Handling**

Date: Thursday, October 29, 2009

Time: 12:30PM – 1:00PM PDT

System Requirements
PC-based attendees
Required: Windows® 2000, XP Home, XP Pro, 2003 Server, Vista

Macintosh®-based attendees
Required: Mac OS® X 10.4 (Tiger®) or newer

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## H1N1 Influenza Vaccination Data Reporting on Paper (only for those NOT using Nevada WebIZ)

Space is limited.
Reserve your Webinar Seat Now at:
https://www2.gotomeeting.com/register/138749283

Short presentation on H1N1 Influenza vaccination data reporting requirements and how to fulfill them using the forms provided (for non-NV WebIZ users ONLY); Q&A at the end. Total time = 30 minutes

**Title: H1N1 Influenza Vaccination Data Reporting on Paper - Non-NV WebIZ ONLY**

Date: Tuesday, November 3, 2009

Time: 8:00AM – 8:30AM PDT

System Requirements
PC-based attendees
Required: Windows® 2000, XP Home, XP Pro, 2003 Server, Vista

Macintosh®-based attendees
Required: Mac OS® X 10.4 (Tiger®) or newer

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## H1N1 Influenza Vaccination Data Reporting in Nevada WebIZ

Space is limited.
Reserve your Webinar Seat Now at:
https://www2.gotomeeting.com/register/865630554

Short presentation on H1N1 Influenza vaccination data reporting requirements and how to fulfill them as a Nevada WebIZ provider; Q&A at the end. Total time = 30 minutes

Title: **H1N1 Influenza Vaccination Data Reporting in Nevada WebIZ**

Date: Tuesday, November 3, 2009

Time: 4:30PM – 5:00PM PDT

System Requirements
PC-based attendees
Required: Windows® 2000, XP Home, XP Pro, 2003 Server, Vista

Macintosh®-based attendees
Required: Mac OS® X 10.4 (Tiger®) or newer

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## H1N1 Vaccine Presentations: How to Make Them Work For You

Space is limited.
Reserve your Webinar Seat Now at:
https://www2.gotomeeting.com/register/153303066

Short presentation on the various H1N1 Influenza vaccine presentations and how to administer them effectively to appropriate populations; Q&A at the end. Total time = 30 minutes

**Title: H1N1 Vaccine Presentations: How to Make Them Work For You**

Date: Thursday, November 5, 2009

Time: 8:00AM – 8:30AM PDT

System Requirements
PC-based attendees
Required: Windows® 2000, XP Home, XP Pro, 2003 Server, Vista

Macintosh®-based attendees
Required: Mac OS® X 10.4 (Tiger®) or newer

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## H1N1 Vaccine Presentations: How to Make Them Work For You

Space is limited.
Reserve your Webinar Seat Now at:
https://www2.gotomeeting.com/register/779010010

Short presentation on the various H1N1 Influenza vaccine presentations and how to administer them effectively to appropriate populations; Q&A at the end. Total time = 30 minutes

**Title: H1N1 Vaccine Presentations: How to Make Them Work For You**

Date: Thursday, November 5, 2009

Time: 12:30PM – 1:00PM PDT

System Requirements
PC-based attendees
Required: Windows® 2000, XP Home, XP Pro, 2003 Server, Vista

Macintosh®-based attendees
Required: Mac OS® X 10.4 (Tiger®) or newer

---

**Community Mitigation**

Brief explanation:

The pandemic mitigation framework that is proposed is based upon an early, targeted, layered application of multiple partially effective nonpharmaceutical measures. It is recommended that the measures be initiated early before explosive growth of the epidemic and, in the case of severe pandemics, that they be maintained consistently during an epidemic wave in a community. Pandemic mitigation interventions may include:

1. Isolation and treatment (as appropriate) with influenza antiviral medications of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home or healthcare setting, depending on the severity of an individual's illness and/or the current capacity of the healthcare infrastructure.
2. Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.
3. Dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.
4. Use of social distancing measures to reduce contact between adults in the community and workplace, including, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services. Enable institution of workplace leave policies that align incentives and facilitate adherence with the nonpharmaceutical interventions (NPIs) outlined above.

Examples of Nevada State Health Division Actions:

- Working closely with our education partners, establishing school dismissal procedures.
- Technical bulletin issued by the State Health Officer regarding school dismissal procedures.
- Participation in the Nevada State Education Summit.
- Presentations provided to state school superintendents.
- Working with rural schools on plans for possible mass vaccinations in school settings.
- Nevada's Department of Personnel Pandemic Flu Planning Committee Participation.
- Communication Toolkit for Schools (Grades K-12).
- Communication Toolkit for Businesses and Employers.

# Nevada State Health Division
# TECHNICAL BULLETIN

**TOPIC: Influenza in Nevada:**

**TO: Schools/Residents of Nevada**

September 29, 2009

**Guidelines for K-12 School Dismissal**

A panel of health authorities of the state have developed a document to provide guidelines for K-12 school dismissals.

Recommendations for school dismissal for the State of Nevada are based on the recommendations made by the Centers for Disease Control and Prevention (CDC) on August 6, 2009 that incorporate knowledge gained from the intensive surveillance and investigation of the new H1N1 virus and apply under conditions with similar severity as in the spring of 2009.

**Recommended school responses to influenza for the 2009 – 2010 school year under conditions with similar severity as in spring 2009:**

- **Stay home when sick**
- **Separate ill students and staff**
- **Hand hygiene**
- **Respiratory etiquette**
- **Routine cleaning**
- **Early treatment for high-risk students and staff**
- **Closing schools is not the best option in most cases**

- The new guidance is designed to decrease the spread of regular seasonal flu and the new H1N1 flu while limiting the disruption of day-to-day activities and the vital learning that goes on in schools.
- We know far more about the new H1N1 flu virus than we did when it was first detected in April 2009. We know that closing schools is not the best option in most cases.
- Based on the experience and knowledge gained in jurisdictions that had large outbreaks in spring 2009, the potential benefits of preemptively dismissing students from school are often outweighed by negative consequences, including students being left home alone, health workers missing shifts when they must stay home with their children, students missing meals, and interruption of students' education.
- CDC's new guidance provides a set of strategies that schools can use to stay open.
- The options schools use should match the severity of the illness that is being reported and local flu activity.
- School dismissal has not been recommended for usual, seasonal influenza outbreaks and is not generally recommended for the new influenza A (H1N1) virus under conditions of similar severity as in the spring of 2009. CDC is continually monitoring the spread of flu and the severity of the illness it is causing and whether the virus is changing.
- In order to protect students and staff at high risk of severe illness and death, selective school dismissals may be considered based on the population of an individual high-risk school. Although there are not many schools where all or most students are at high risk (for example, a school for medically fragile children or for pregnant students) a community might decide to dismiss such a

school to better protect these high-risk children. The decision to selectively dismiss a school should be made locally and should balance the risks of keeping the students in school with the social disruption that school dismissal can cause. Selective school dismissals are not likely to have a significant effect on community-wide transmission.

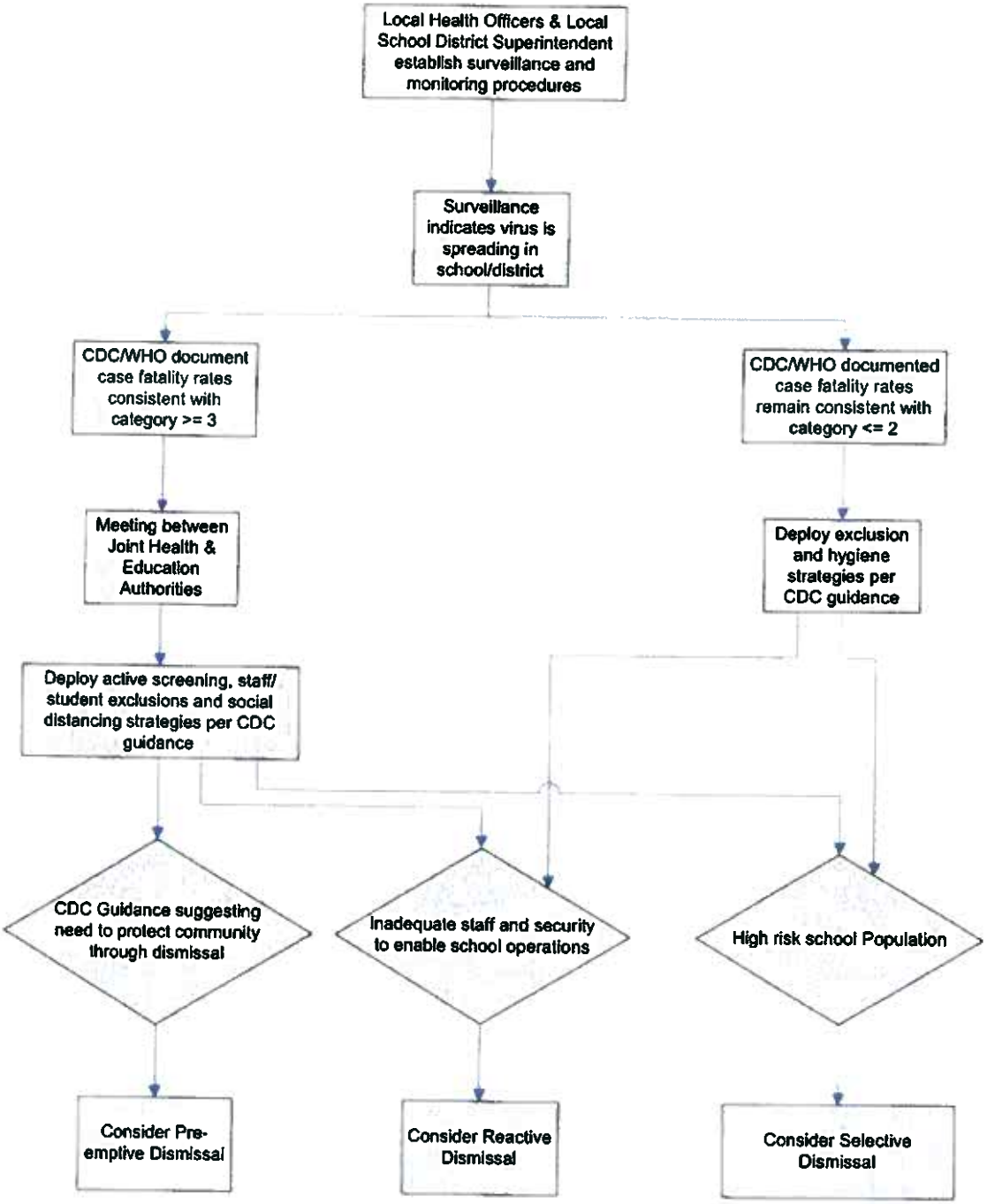
- The severity of the illness is categorized based primarily on the mortality rate among those who are infected. The influenza A (H1N1) virus has not increased in severity since it was discovered.

FOR ADDITIONAL INFORMATION PLEASE GO TO FLU.NV.GOV
AND REFER TO ACCOMPANYING ALGORITHM FOR
SCHOOL DISMISSAL / SOCIAL DISTANCING

Approved by: Tracey Green MD Dr. Tracey Green, State Health Officer

Approved by: Richard Whitley Richard Whitley, Administrator

ALGORITHM – STATE OF NEVADA
SCHOOL DISMISSAL / SOCIAL DISTANCING



Nevada State Health Division
Public Health Preparedness

**ELEMENTARY & SECONDARY EDUCATION**

## A Key Policy Letter Signed by the Nevada Superintendent of Public Instruction and the Nevada State Health Officer

August 2009

Dear Nevada Health Officers and Nevada School District Superintendents:

First, we want to thank teachers, parents, and administrators for the tremendous job you have done to address the challenges you faced as a result of the H1N1 flu outbreak.

It is important for schools to continue planning. Think about how you can keep children from gathering in large groups; watch for influenza-like illness in students; send students/teachers/school staff home if they have a fever. In addition, because schools could be used as vaccine distribution locations, schools should consider how they might accommodate such requests. While all of us want to do all we can to keep students engaged in learning and maintain a sense of normalcy, we need to be ready for whatever the fall may bring.

Good health practices:

- Get your seasonal flu vaccination.
- Sneeze/cough into your sleeve.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol-based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with sick people.
- If you get sick with the flu, stay home from work or school and limit contact with others to keep from infecting them.

Helpful websites:

- Update your emergency plans and ensure all your contact lists are up to date. If you do not already have such a plan, we encourage you to develop one. To initiate or build upon an all-hazards plan, visit http://www.ed.gov/emergencyplan and http://rems.ed.gov.
- Collaborate with your state and/or local health departments. Useful information, including health department contacts, can be found at http://www.naccho.org or http://www.astho.org.
- More information about controlling infectious diseases at schools can be found at http://www.flu.gov/plan/school/toolkit.html and http://www.cdc.gov/h1n1flu.
- Consider alternative mechanisms for delivery of education content, leveraging community resources if appropriate and possible. See http://free.ed.gov.

Nevada State Health Division
Public Health Preparedness

We face an uncertain situation. Nevertheless, there are measures we can all take to meet the potential public health challenges that lie ahead. Your commitment is critical to the overall effort. We want to work closely with you to ensure you have the support you need to provide a safe learning environment for your students. You may call on us and our staffs at any time, and we will check in with you throughout the school year. In the meantime, you may find helpful information at these Web sites: www.flu.nv.gov, www.flu.gov, www.ed.gov and www.cdc.gov. If you have questions for the Department of Education, feel free to send them to flu@ed.gov.

Again, thank you for all your efforts. We look forward to continuing to work with you.

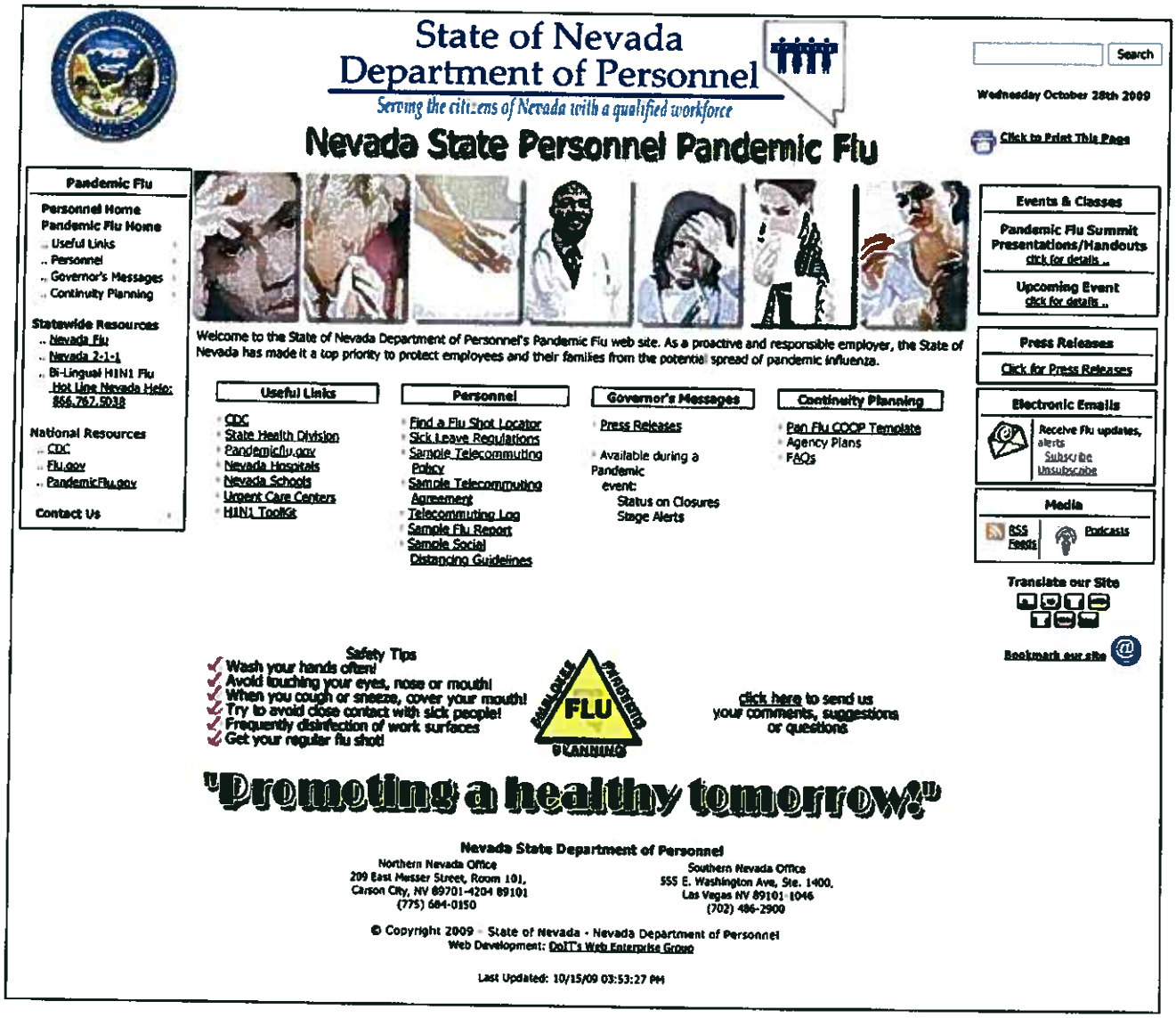
Sincerely,

Keith Rheault

Dr. Keith Rheault
Superintendent of Public Instruction

Tracey Green MD

Dr. Tracey Green
State Health Officer



State of Nevada
Department of Personnel
Serving the citizens of Nevada with a qualified workforce

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Wednesday October 28th 2009

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# Nevada State Personnel Pandemic Flu

**Pandemic Flu**
- Personnel Home
- Pandemic Flu Home
- .. Useful Links
- .. Personnel
- .. Governor's Messages
- .. Continuity Planning

**Statewide Resources**
- .. Nevada Flu
- .. Nevada 2-1-1
- .. Bi-Lingual H1N1 Flu Hot Line Nevada Helo: 866.767.5038

**National Resources**
- .. CDC
- .. Flu.gov
- .. PandemicFlu.gov

**Contact Us**

Welcome to the State of Nevada Department of Personnel's Pandemic Flu web site. As a proactive and responsible employer, the State of Nevada has made it a top priority to protect employees and their families from the potential spread of pandemic influenza.

**Useful Links**
- CDC
- State Health Division
- Pandemicflu.gov
- Nevada Hospitals
- Nevada Schools
- Urgent Care Centers
- H1N1 Toolkit

**Personnel**
- Find a Flu Shot Locator
- Sick Leave Regulations
- Sample Telecommuting Policy
- Sample Telecommuting Agreement
- Telecommuting Log
- Sample Flu Report
- Sample Social Distancing Guidelines

**Governor's Messages**
- Press Releases
- Available during a Pandemic event:
  - Status on Closures
  - Stage Alerts

**Continuity Planning**
- Pan Flu COOP Template
- Agency Plans
- FAQs

**Events & Classes**
Pandemic Flu Summit Presentations/Handouts click for details ..
Upcoming Event click for details ..

**Press Releases**
Click for Press Releases

**Electronic Emails**
Receive Flu updates, alerts
Subscribe
Unsubscribe

**Media**
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Podcasts

Translate our Site

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**Safety Tips**
- Wash your hands often!
- Avoid touching your eyes, nose or mouth!
- When you cough or sneeze, cover your mouth!
- Try to avoid close contact with sick people!
- Frequently disinfection of work surfaces
- Get your regular flu shot!

click here to send us your comments, suggestions or questions

"Promoting a healthy tomorrow!"

**Nevada State Department of Personnel**

Northern Nevada Office
209 East Musser Street, Room 101,
Carson City, NV 89701-4204 89101
(775) 684-0150

Southern Nevada Office
555 E. Washington Ave, Ste. 1400,
Las Vegas NV 89101-1046
(702) 486-2900



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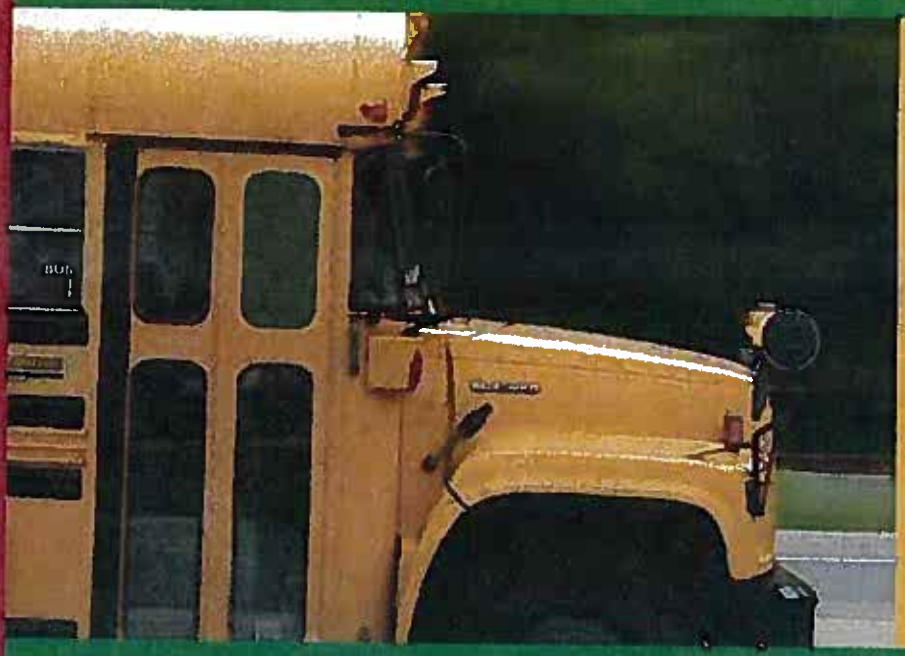
# Preparing for the Flu

## (Including 2009 H1N1 Flu)

### A Communication Toolkit for Schools (Grades K-12)



CDC

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# Preparing for the Flu

## (Including 2009 H1N1 Flu)

A Communication Toolkit for Businesses and Employers

**Communications**

The Nevada State Health Division's Public Information Officer (PIO) has been the lead at the state level, working on H1N1 flu communication activities. The local health jurisdiction PIOs have been included from the beginning. Examples of statewide communications activities that have been ongoing:

- Contract with Nevada Broadcasters Association (NBA)
  - Radio scripts currently airing statewide in English and Spanish with messages pertaining to regular flu and H1N1 flu and vaccine.
- Full page advertisement in the Washoe County Parents Magazine in October (regular flu information) and November (H1N1 flu).
- Contract being finalized with the Nevada Press Association. Once approved, advertisements will be printed in 16 newspapers, statewide, on a weekly basis. The newspapers will include the urban markets and the rural newspapers.
- Numerous media interviews by a variety of media outlets.
- Website dedicated to H1N1: flu.nv.gov. Updated on a daily basis.
- H1N1 flu vaccine locator website established. Updated as frequently as necessary.
- Creation of health information listserv on flu.nv.gov.
- Weekly briefing document updated and distributed to a wide variety of partners, stakeholders, through the listserv and posted on flu.nv.gov.
- PIO conference calls with health jurisdiction PIOs, Immunization Coalition, Dept. of Public Safety PIO, Frontier and Rural Health Program representative: Bi-monthly.
- PIO conference calls with rural county PIOs: weekly.
- Immunization Program partner conference calls: weekly.
- Immunization Program provider conference calls: weekly.
- Participation in numerous presentations to state agencies, partners/stakeholder groups, physicians/nurses, etc.
- Participation in the Centers for Disease Control and Prevention media briefings.
- Updates provided to our bilingual hotline, operated by Rocky Mountain Poison Control.

## H1N1 Script #1

A message from your local and state health officials:

A lot of people are worried right now about the new kind of flu called H1N1.

Right now, this new kind of flu is acting much like the regular flu that people get every year. But it's still a cause for concern.

Symptoms of H1N1 can include a high fever, cough, sore throat, stuffy nose, and sometimes vomiting and diarrhea.

If you are concerned about H1N1 flu – and you want to see a doctor – call first. You may not need to see a doctor.

While the H1N1 vaccine is available in limited quantities, you can take some simple steps to avoid getting the flu – or giving it to other people.

Wash your hands often. Cover your nose and mouth with your sleeve if you cough or sneeze. Stay home if you're sick, and stay away from others who are sick.

Fortunately, this new flu is not making people as sick as many people feared. Most people recover from it completely.

For updates about H1N1 flu go to www.flu.nv.gov

**PSA 2 – :30**

A message from your local and state health officials:

Working together, we can reduce the spread of the H1N1 flu virus in our state and communities.

Symptoms include high fever, cough, sore throat, and runny nose. Some people have reported vomiting and diarrhea.

- If you have these symptoms, stay home from work, school, and public events for at least 24 hours after you no longer have a fever.

- Don't send sick children to school or childcare.

Most people who become sick with the H1N1 virus recover fully without medical attention. Contact your doctor if you have severe or prolonged symptoms or if you are at high risk for severe flu-related complications.

For more information on H1N1 flu, go to www.flu.nv.gov

H1N1 Vaccine: Script #3

A message from your local and state health officials:

Vaccine for the new H1N1 flu is available, in limited quantities.

The people who will receive the vaccine first are:

Pregnant women, caregivers of infants less than 6 months, people 6 months to 24 years of age, health care providers and emergency medical responders who provide direct care to sick people, people 25 to 64 years of age with underlying medical conditions. When more vaccine becomes available, more people outside of the target groups will be able to receive their vaccination.

The vaccines have been licensed by the FDA and the results from ongoing clinical trials indicate the vaccines are safe. The H1N1 flu vaccine is expected to have similar results as the seasonal flu vaccine, which have a very good safety track record.

For more information, please go to www.flu.nv.gov

H1N1 Vaccine: Script #4

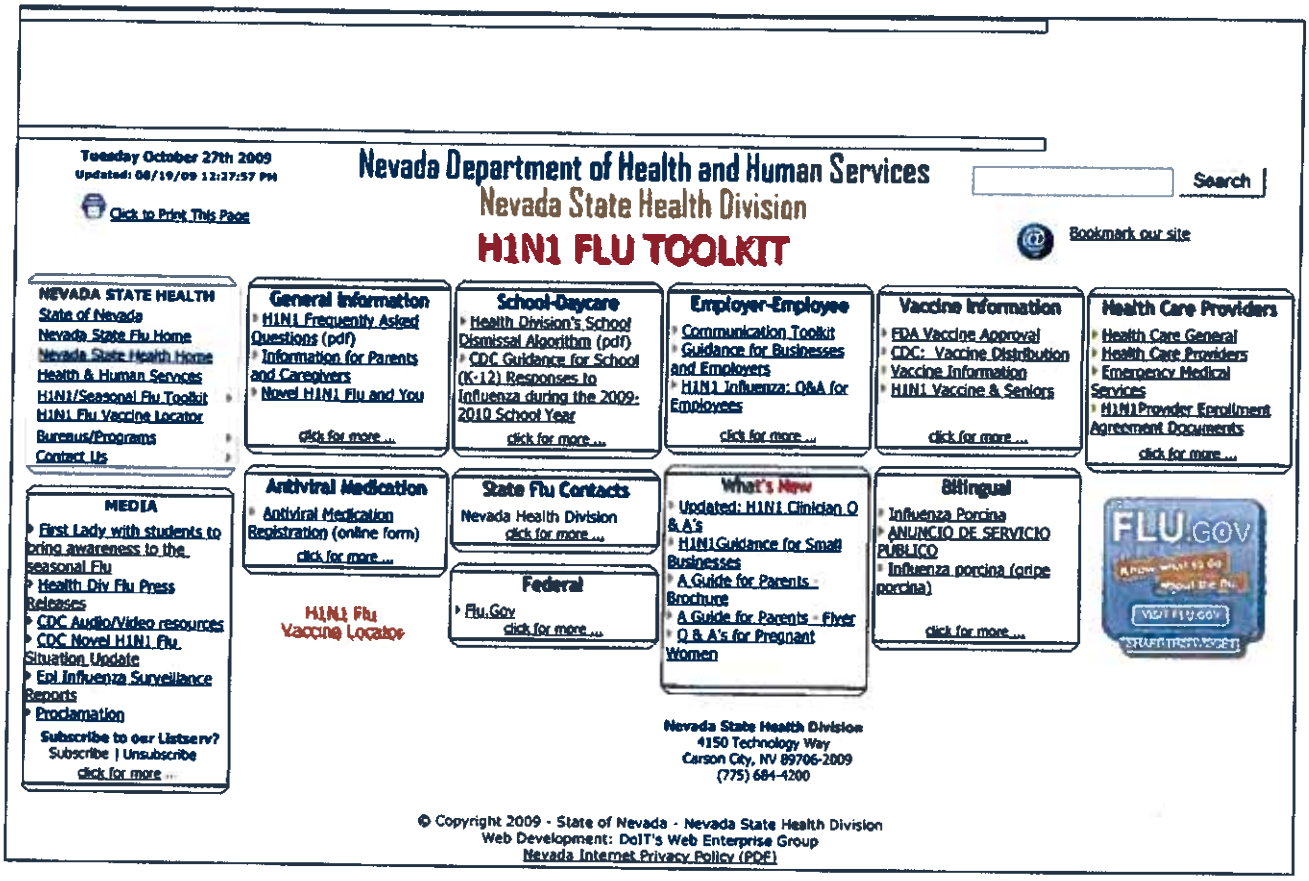
A message from your local and state health officials:

Vaccine for the new H1N1 flu is beginning to "trickle" into Nevada, in limited quantities.

The people who will receive the vaccine first are:

Pregnant women, caregivers of infants less than 6 months, people 6 months to 24 years of age, health care providers and emergency medical responders who provide direct care to sick people, people 25 to 64 years of age with underlying medical conditions. When more vaccine becomes available, more people outside of the target groups will be able to receive their vaccination.

To check for H1N1 vaccine availability in your county, keep checking back to flu.nv.gov and click on the H1N1 flu vaccine locator link.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Health & Human Services
H1N1/Seasonal Flu Toolkit
H1N1 Flu Vaccine Locator
Bureaus/Programs
Contact Us
General Information
H1N1 Frequently Asked Questions (pdf)
Information for Parents and Caregivers
Novel H1N1 Flu and You
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School-Daycare
Health Division's School Dismissal Algorithm (pdf)
CDC Guidance for School (K-12) Responses to Influenza during the 2009-2010 School Year
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Employer-Employee
Communication Toolkit
Guidance for Businesses and Employers
H1N1 Influenza: Q&A for Employees
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Vaccine Information
FDA Vaccine Approval
CDC: Vaccine Distribution
Vaccine Information
H1N1 Vaccine & Seniors
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Health Care Providers
Health Care General
Health Care Providers
Emergency Medical Services
H1N1 Provider Enrollment Agreement Documents
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First Lady with students to bring awareness to the seasonal Flu
Health Div Flu Press Releases
CDC Audio/Video resources
CDC Novel H1N1 Flu Situation Update
Epi Influenza Surveillance Reports
Proclamation
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Antiviral Medication Registration (online form)
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H1N1 Flu Vaccine Locator
State Flu Contacts
Nevada Health Division
click for more ...
Federal
Flu.Gov
click for more ...
What's New
Updated: H1N1 Clinician Q & A's
H1N1 Guidance for Small Businesses
A Guide for Parents - Brochure
A Guide for Parents - Flyer
Q & A's for Pregnant Women
Bilingual
Influenza Porcina
ANUNCIO DE SERVICIO PUBLICO
Influenza porcina (gripe porcina)
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Nevada State Health Division
4150 Technology Way
Carson City, NV 89706-2009
(775) 684-4200
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Web Development: DoIT's Web Enterprise Group
Nevada Internet Privacy Policy (PDF)

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# Nevada Department of Health and Human Services
## Nevada State Health Division
## H1N1 Flu Vaccine Locator

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**NEVADA STATE HEALTH**
State of Nevada
Nevada State Flu Home
Nevada State Health Home
Health & Human Services
H1N1/Seasonal Flu Toolkit
H1N1 Flu Vaccine Locator
Bureaus/Programs
Contact Us

**MEDIA**
- First Lady with students to bring awareness to the seasonal Flu
- Health Div Flu Press Releases
- CDC Audio/Video resources
- CDC Novel H1N1 Flu Situation Update
- Epi Influenza Surveillance Reports
- Proclamation

**Subscribe to our Listserv?**
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### State of Nevada - H1N1 Flu Vaccine Locator

Please click on the county to locate where Flu vaccines are being given in your county!

For Washoe, Storey, Carson City and Douglas Counties, please place your cursor over the name of the county, outside of the map and click to access the information.




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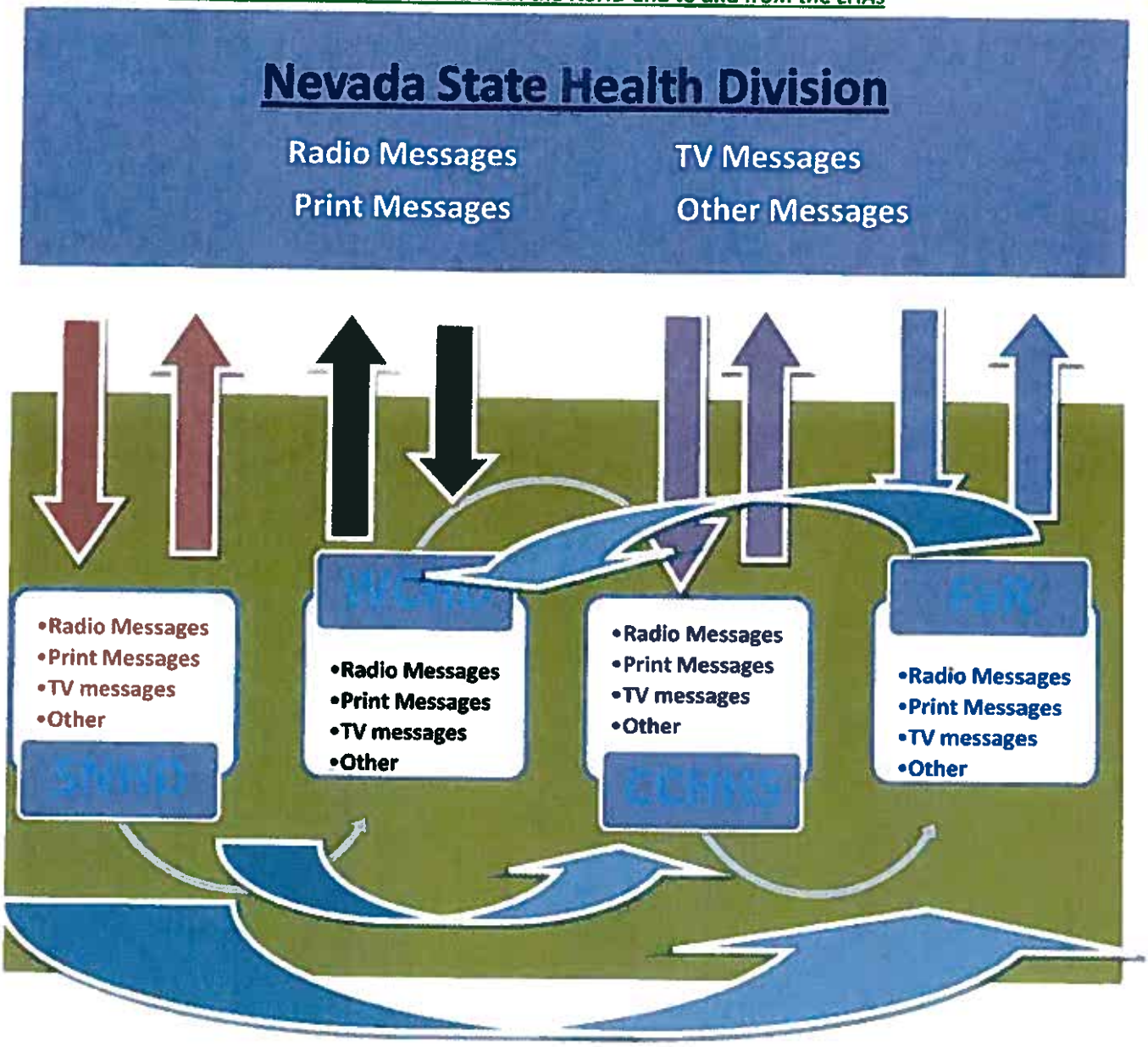
## Nevada State Health Division

## Public Health and Preparedness

### H1N1 Nevada Communication Actions

H1N1 Information Flow to and from the NSHD and to and from the LHAs




Nevada Broadcasters Assoc/NV Press Assoc

Public Health Preparedness
Public Information Flow Chart
September 2009

# President Obama Signs Emergency Declaration for H1N1 Flu

On October 24, 2009, President Obama signed a proclamation declaring the 2009 H1N1 influenza pandemic a National Emergency to facilitate our ability to respond to the pandemic by enabling – if warranted – the waiver of certain statutory Federal requirements for medical treatment facilities. In particular, this proclamation is aimed at providing HHS the ability to waive legal requirements that could otherwise limit the ability of our nation's health care system to respond to the surge of patients with the 2009 H1N1 influenza virus.

**Authority**

Section 1135 of the Social Security Act [42 USC §1320b–5] permits the Secretary of Health and Human Services to waive certain requirements for healthcare facilities in response to emergencies. Two conditions must be met for the Secretary to be able to issue such "1135 waivers": first, the Secretary must have declared a Public Health Emergency; second, the President must have declared an emergency or major disaster either through a Stafford Act Declaration or National Emergencies Act Declaration. If these conditions are met, then the Secretary may waive or modify Federal requirements as listed in section 1135. After the Secretary invokes section 1135, healthcare facilities may petition for 1135 waivers in response to particular needs, and only within the geographic and temporal limits of the emergency declarations.

**Under Section 1135:**

The Secretary will issue waivers or modifications under section 1135 for specific requirements to match the specific situational needs. The requirements that may be waived include certain requirements related to Medicare, Medicaid or the Children's Health Insurance Program (CHIP), the Emergency Medical Treatment and Labor Act (EMTALA), and the Health Insurance Portability and Accountability Act (HIPAA). These requirements provide important protections for patients during normal day-to-day operations, but they may impede the ability of healthcare facilities to fully implement disaster operations plans that enable appropriate care during emergencies. For example, requirements under the Emergency Medical Treatment and Labor Act (EMTALA) prohibit hospitals from sending an individual to an off-campus location for an appropriate screening.

- Waivers are permitted only to the extent they ensure that sufficient health care items and services are available to meet the needs of Medicare, Medicaid, and CHIP beneficiaries in the emergency area during the emergency period. The "emergency area" and the "emergency period" are the geographic area, in which, and the time period, during which, the dual declarations exist. For this event, the emergency area is nationwide and the emergency period begins on October 23, 2009, and will last through duration of the declared Public Health Emergency for 2009 H1N1 influenza. HIPAA waivers are subject to special time limits as discussed below.

- Permitted actions include the waiver or modification of conditions of participation, other certification requirements, and program participation requirements for health care providers, pre-approval requirements; waiver of sanctions for certain directions or relocations and transfers that otherwise would violate EMTALA; waiver of sanctions related to Stark self-referral prohibitions; modifications to deadlines and timetables for the performance of required activities; and waiver of sanctions and penalties arising from noncompliance with certain HIPAA privacy regulations.

**Examples of waiver requests:**

- Hospitals request to set up an alternative screening location for patients away from the hospital's main campus (requiring waiver of sanctions for certain directions, relocations or transfers under EMTALA).

- Hospitals request to facilitate transfer of patients from ERs and inpatient wards between hospitals (requiring waiver of sanctions under EMTALA regulations).

- Critical Access Hospitals requesting waiver of 42 CFR 485.620, which requires a 25-bed limit and average patient stays less than 96 hours.

- Skilled Nursing Facilities requesting a waiver of 42 CFR 483.5, which requires CMS approval prior to increasing the number of the facility's certified beds.

**Past instances where the Secretary invoked the Section 1135 waiver authority for recent disaster events include:**

- Hurricane Katrina (2005)
- Hurricanes Ike and Gustav (2008)
- North Dakota flooding (2009)

**Q: Why declare a National Emergency for the 2009 H1N1 pandemic now; why can't we wait until a hospital or region needs these 1135 Waivers?**

A: The H1N1 epidemic is moving rapidly. By the time regions or healthcare systems recognize they are becoming overburdened, they need to implement disaster plans quickly. When the Secretary of HHS invokes section 1135, HHS has in past practice accepted requests from affected healthcare facilities, providers, and/or States for specific waivers or modifications. HHS will be requiring such requests in connection with this emergency and will need to process such requests quickly. Adding a potential delay by requiring HHS to wait for a National Emergency Declaration before it could issue necessary 1135 waivers is not in the best interest of the public, particularly if this step can be done proactively as the President has done.

**Q: Do 1135 waivers affect State laws or regulations?**

A: Under section 1135, only certain Federal requirements relating to Medicare, Medicaid, CHIP, and HIPAA may be waived or modified as listed in section 1135. An 1135 waiver does not affect State laws or regulations.

**Q: Has the authority to grant 1135 waivers been granted before?**

A: Yes, there are several instances where 1135 Waiver authority has been granted under the Stafford Disaster Relief and Emergency Assistance Act (as opposed to the National Emergencies Act) to help healthcare facilities cope with large patient burdens. Recent examples include Hurricane Katrina (2005), Hurricanes Ike and Gustav (2008), and the North Dakota flooding (2009). The Secretary was also prepared and able to invoke the 1135 waiver authority in connection with the 56th Presidential Inauguration (2009) in the event that 1135 waivers became necessary.

**Q: Specifically, what will this National Emergency Act (NEA) Declaration enable? What will 1135 waivers allow hospitals to do if a waiver is requested and granted?**

A: An NEA Declaration fulfills the second of the two conditions required for the Secretary of HHS to be able to grant 1135 waivers. Healthcare facilities that receive specific waivers or modifications under section 1135 will be able to continue to provide care even if they are out of compliance with certain Medicare, Medicaid and CHIP requirements.

**Q. How does the President's National Emergency declaration under the National Emergencies Act differ from a Stafford Act declaration? How does the request process for assistance under the Stafford Act differ from the request process for 1135 waivers?**

A: Presidential proclamation of a national emergency under the National Emergencies Act and a Presidential declaration of an emergency or major disaster under the Stafford Act are distinct and separate declarations.

The National Emergencies Act allows the President to issue a proclamation to invoke particular emergency authorities as needed. The President's proclamation that the 2009 H1N1 influenza pandemic constitutes a national emergency fulfills the second of the two conditions required for the Secretary of HHS to be able to grant 1135 waivers. The President's proclamation coupled to the HHS Secretary's prior public health emergency declaration for 2009 H1N1 influenza enables the HHS Secretary to issue waivers or

modifications under section 1135 of the Social Security Act for certain Medicare, Medicaid, CHIP, and HIPAA requirements as discussed above. The President's proclamation does not trigger a Stafford Act declaration or provide financial or other resources.

In general, when an incident overwhelms or is anticipated to overwhelm State resources, the Governor may request Federal assistance, including assistance under the Stafford Act. The Stafford Act authorizes the President to provide financial and other assistance to State and local governments, certain private nonprofit organizations, and individuals to support response, recovery, and mitigation efforts following Presidential emergency or major disaster declarations under the Stafford Act. The Stafford Act is triggered by a Presidential declaration of a major disaster or emergency under that Act, when an event causes damages of sufficient severity and magnitude to warrant Federal disaster assistance to supplement the efforts and available resources of States, local governments, and the disaster relief organizations in alleviating the damage, loss, hardship, or suffering.

Most incidents are not of sufficient magnitude to warrant a Presidential declaration. However, if State and local resources are insufficient, a Governor may ask the President to make such a declaration. Ordinarily only a Governor can initiate a request for a Presidential emergency or major disaster declaration. In extraordinary circumstances, the President may unilaterally declare a major disaster or emergency. In order to assist States in assessing impacts and evaluating the need for Federal assistance in a pandemic influenza, FEMA has developed a fact sheet for requesting Stafford Act assistance from the Federal government: http://www.fema.gov/pdf/emergency/pandemic_influenza_fact_sheet.pdf.

As noted above, the H1N1 epidemic is moving rapidly. By the time regions or healthcare systems recognize they are becoming overburdened, they need to implement disaster plans quickly. The President's proclamation of a national emergency under the National Emergencies Act, coupled to the HHS Secretary's prior public health emergency declaration for 2009 H1N1 influenza will allow the Secretary of HHS maximum flexibility to issue waivers or modifications under section 1135 of the Social Security Act nationwide as needed. The process for requesting specific waivers or modifications under section 1135 is discussed below. As the 2009 H1N1 pandemic evolves, if State and local resources become insufficient, then states may request assistance under the Stafford Act through the usual Stafford Act process.

**Q: Is the HIPAA Privacy Rule suspended during a national or public health emergency?**

A: No. The HIPAA Privacy Rule is not suspended during a national or public health emergency. However, the Secretary of HHS may waive sanctions and penalties against a covered hospital that does not comply with certain provisions of the HIPAA Privacy Rule under the Project Bioshield Act of 2004 (PL 108-276) and section 1135(b)(7) of the Social Security Act.

Specifically, the Secretary of HHS may waive sanctions and penalties against a covered hospital that does not comply with the following provisions of the HIPAA Privacy Rule: (1) the requirements to obtain a patient's agreement to speak with family members or friends involved in the patient's care (45 CFR 164.510(b)); (2) the requirement to honor a request to opt out of the facility directory (45 CFR 164.510(a)); (3) the requirement to distribute a notice of privacy practices (45 CFR 164.520); (4) the patient's right to request privacy restrictions (45 CFR 164.522(a)); and (5) the patient's right to request confidential communications (45 CFR 164.522(b)).

**Q: When and to what entities does the HIPAA 1135 waiver granted in response to the 2009 H1N1 influenza pandemic apply?**

A: The HIPAA waiver only applies to hospitals nationwide that have instituted a disaster response plan and for up to 72 hours from the time the hospital implements its disaster response plan. In addition, hospitals may only operate under such a HIPAA waiver during the emergency period beginning on October 23, 2009 through the duration of the HHS Secretary's public health emergency declaration for 2009 H1N1 influenza.

When the Presidential or Secretarial declaration terminates, a hospital must then comply with all the requirements of the Privacy Rule for any patient still under its care, even if 72 hours has not elapsed since implementation of its disaster protocol. HIPAA waivers are only effective if taken in a manner that does not discriminate among individuals on the basis of their source of payment or their ability to pay.

Regardless of the activation of an emergency waiver, the HIPAA Privacy Rule permits disclosures for treatment purposes and certain disclosures to disaster relief organizations. For instance, the Privacy Rule

allows covered entities to share patient information with the American Red Cross so it can notify family members of the patient's location. See 45 CFR 164.510(b)(4).

Learn More: * Visit the weblink below for information on sharing information in emergency situations. http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/emergency/katrinanhipaa.pdf

**Q. When and where are 1135 waivers (not related to HIPAA) in effect?**

A: The Secretary may issue specific waivers or modifications under section 1135 only to the extent they ensure that sufficient health care items and services are available to meet the needs of Medicare, Medicaid, and CHIP beneficiaries in the emergency area during the emergency period. The "emergency area" and the "emergency period" are the geographic area, in which, and the time period, during which, the dual declarations exist. For this event, the emergency area is nationwide and the emergency period begins on October 23, 2009, and will last through duration of the declared Public Health Emergency for 2009 H1N1 influenza. HIPAA waivers are subject to special time limits as discussed above.

**Q: What are practical implementation steps States and Individual Healthcare Providers need to consider?**

**Determining if Waivers Are Necessary**

In determining whether to invoke an 1135 waiver (once the conditions precedent to the authority's exercise have been met), the Assistant Secretary for Preparedness and Response (ASPR) with input from relevant HHS Operating Divisions will determine the need and scope for such modifications. Information considered includes requests from Governors' offices, feedback from individual healthcare providers and associations, and requests to regional or field offices for assistance.

**How States or Individual Healthcare Providers Can Ask for Assistance or a Waiver**

Once an 1135 Waiver is authorized, health care providers can submit requests to operate under that authority or for other relief that may be possible outside the authority to either the State Survey Agency or CMS Regional Office. Requests can be made by sending an email to the CMS Regional Office in their service area, or by calling the State or CMS Regional Office. Email addresses are listed below. Information on your facility and justification for requesting the waiver will be required.

**Review of 1135 Waiver requests**

CMS will review and validate the 1135 waiver requests utilizing a cross-regional Waiver Validation Team. The cross-regional Waiver Validation Team will review waiver requests to ensure they are justified and supportable.

**Implementation of 1135 Waiver Authority**

Providers must resume compliance with normal rules and regulations as soon as they are able to do so and, in any event, the waivers or modifications a provider was operating under are no longer available after the termination of the emergency period.

Federally certified/approved providers must operate under normal rules and regulations, unless they have sought and have been granted modifications under the waiver authority from specific requirements.

**Frequently Asked Questions**

Further information on the 1135 Waiver process can be found at: http://www.cms.hhs.gov/H1N1/

Questions regarding 1135 that are not addressed at the above website can be sent to the following mailbox: Pandemic@cms.hhs.gov

**Email Addresses for CMS Regional Offices**

ROATLHSQ@cms.hhs.gov (Atlanta RO): Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

RODALDSC@cms.hhs.gov (Dallas RO): Arkansas, Louisiana, New Mexico, Oklahoma, Texas

ROPHIDSC@cms.hhs.gov (Northeast Consortium): Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia, New York, New Jersey, Puerto Rico, Virgin Islands, Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

ROCHISC@cms.hhs.gov (Midwest Consortium): Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin, Iowa, Kansas, Missouri, Nebraska

ROSFOSO@cms.hhs.gov (Western Consortium): Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming, Alaska, Idaho, Oregon, Washington, Arizona, California, Hawaii, Nevada, Pacific Territories.

Subject: FW: Public Readiness and Emergency Preparedness (PREP) Act
Extracted from: HHS.gov (Website)

The PREP Act authorizes the Secretary of the U.S. 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.

Direct any questions to Jennifer Dunaway, State of Nevada, NSHD/PHP, 775.684.4228

Current as of 10/27/09

# H1N1 Influenza Pandemic Emergency Authorities Matrix

| Public Health Emergency (PHE) | Addition of National Emergencies Act (NEA) Declaration to PHE | Stafford Act - Emergency Declaration |
|---|---|---|
| **Authority:**<br>SEC/HHS authorized to declare a Public Health Emergency under the PHSA, 42 U.S.C. § 247d.<br><br>**Implementation:**<br>SEC/HHS declared a nationwide PHE for the H1N1 flu outbreak on 26 APR 09, and renewed it on 24 JUL 09 and 1 OCT 09.<br><br>**Duration:**<br>90 days or until SEC/HHS declares emergency no longer exists.<br><br>**Geographical Restriction:**<br>A designated geographic area as specified in the declaration. | **Authority:**<br>POTUS may declare unilaterally a National Emergency under the NEA. 50 U.S.C. §§1601-1651. This NEA allows an important section of the PHSA to become effective, called HHS's section 1135 waiver authority.<br><br>**Implementation:**<br>POTUS declared a National Emergency on 23 OCT 09.<br><br>**Duration:**<br>1 year (declaration). "1135 waivers" issued by HHS under the Social Security Act generally last for the duration of the public health emergency; HIPPA and non-pandemic related EMTALA waivers under section 1135 last 72 hours after a hospital implements its disaster response plan.<br><br>**Geographical Restriction:**<br>None required by the National Emergencies Act. | **Authority:**<br>POTUS may declare an Emergency upon gubernatorial request or unilaterally if he determines the incident is within the primary responsibility of the U.S. Government, *etc.* 42 U.S.C. § 5191(b). For emergency declaration requirements, see 44 C.F.R. 206.35.<br><br>**Implementation:**<br>None to date.<br><br>**Duration:**<br>As specified in the declaration.<br><br>**Geographical Restriction:**<br>As specified in the declaration or as amended by FEMA. |
| **Relief Authorized <u>without</u> a PHE declaration:**<br><br>HHS has broad authority under other sections of the PHS Act and other laws administered by HHS to assist states and other entities during an emergency even without a formal PHE declaration under section 319. For example, under section 311 of the PHS Act, the secretary may, at the request of a state or local authority, extend temporary assistance to states or localities to meet health emergencies that warrant federal assistance.14 Other examples include: promoting research and studies into the causes, diagnosis, treatment, control, and prevention of diseases under section 301 of the PHS Act; establishing isolation and quarantine under section 361 of the | **Relief authorized under the NEA alone:**<br><br>None. *See* 50 U.S.C. § 1631. The NEA authorizes the President to declare a national emergency and activate existing statutory provisions that authorize the exercise of special or extraordinary power. **The NEA is a procedural device—it does not provide any specific emergency authority on its own.**<br><br>**Relief authorized when NEA is coupled with a Public Health Emergency declaration:**<br><br>Section 1135 of the Social Security Act [42 USC §1320b–5] | **Assistance to States/ Localities and, Indirectly, to Individuals:**<br><br>As specified in the new Disaster Assistance and Disaster Operations Fact Sheet on Pandemic Influenza 9580.106 signed 22 OCT 2009.<br><br>• Emergency Protective Measures (Category B) may be available from the federal government and its agencies and departments to assist state and local governments and certain private non-profit organizations. These include Category B Emergency Protective Measures for which the state will incur a 25% cost share. These measures include: |

NOTE: This matrix is a synopsis of the authorities discussed in it, and it is not intended to be used as comprehensive legal guidance.

| Public Health Emergency (PHE) | Addition of National Emergencies Act (NEA) Declaration to PHE | Stafford Act - Emergency Declaration |
|---|---|---|
| PHS Act; maintaining and deploying the Strategic National Stockpile under section 319F-2 of the PHS Act; and deploying National Disaster Medical System teams under section 2812 of the PHS Act and select members of the Medical Reserve Corps under section 2813 of the PHS Act.<br><br>**Relief authorized under a PHE declaration (without either a National Emergency Act proclamation or Stafford Act Declaration):**<br><br>SEC/HHS may take appropriate actions to respond to the emergency such as: making grants; entering into contracts; making temporary hiring appointments; conduct/support an investigation into the cause, treatment, or prevention of the disease or disorder; and make disbursements from the Public Health Emergency Fund. 42 U.S.C. § 247d.<br><br>The Secretary may grant extensions or waive sanctions relating to submission of data or reports required under HHS laws. A Public Health Emergency declaration can be a necessary step in enabling the secretary to take a variety of discretionary actions under other authorities to respond to the PHE. For example, she may: waive certain prescription and dispensing requirements; exempt for up to 30 days a person from select agents requirements; adjust Medicare reimbursement for certain Part B drugs; waive certain Ryan White HIV/AIDS grant program requirements; and declare an emergency justifying emergency use of an investigational product under section 564 of the Federal Food Drug and Cosmetic Act.<br><br>**Relief authorized under a PHE declaration (when there is either National Emergency Act proclamation or a Stafford Act Declaration):**<br><br>See next column describing National Emergencies Act. | permits the Secretary of Health and Human Services to waive certain regulatory requirements for healthcare facilities in response to emergencies. Two conditions must be met for the Secretary to be able to issue such "1135 waivers": first, the Secretary must have declared a Public Health Emergency; second, the President must have declared a National Emergency either through a Stafford Act Declaration or National Emergencies act Declaration. If these conditions are met, then HHS may issue specific waivers or modifications under section 1135 in response to particular needs, and only within the geographic and temporal limits of the emergency declarations.<br><br>The Secretary will issue waivers or modifications under section 1135 for specific requirements to match the specific situational needs. The requirements that may be waived include certain requirements related to Medicare, Medicaid or the Children's Health Insurance Program (CHIP), the Emergency Medical Treatment and Active Labor Act (EMTALA), and the Health Insurance Portability and Accountability Act (HIPAA). These requirements provide important protections for patients during normal day-to-day operations, but they may impede the ability of healthcare facilities to fully implement disaster operations plans that enable appropriate care during emergencies. In addition, requirements under the Emergency Medical Treatment and Active Labor Act (EMTALA) prohibit hospitals from sending an individual to an off-campus location for an appropriate screening. | Emergency medical care (non-deferrable medical treatment of disaster victims in a shelter or temporary medical facility and related medical facility services and supplies, including emergency medical transport, X-rays, laboratory and pathology services, and machine diagnostic tests); Temporary medical facilities (for treatment of disaster survivors when existing facilities are overloaded and cannot accommodate the patient load); Purchase and distribution of food, water, ice, medicine, and other consumable supplies; Management, control, and reduction of immediate threats to public health and safety (e.g., to include sanitizing eligible public facilities) ;Movement of supplies and persons; Security, barricades and fencing, and warning devices; Congregate sheltering (for disaster survivors when existing facilities are overloaded and cannot accommodate survivors' needs); Communicating health and safety information to the public; Technical assistance to State and local governments on disaster management and control; Search and rescue to locate and recover members of the population requiring assistance, and to locate and recover human remains; and Recovery and disposal of animal carcasses (except if another federal authority funds the activity - e.g., U.S. Department of Agriculture, Animal, Plant and Health Inspection Service provides for removal and disposal of livestock). |



NOTE: This matrix is a synopsis of the authorities discussed in it, and it is not intended to be used as comprehensive legal guidance.

FEMA

DISASTER ASSISTANCE

# FACT SHEET

9580.106

# PANDEMIC INFLUENZA

## Disaster Declaration

- The Department of Homeland Security (DHS), including the Federal Emergency Management Agency (FEMA), in cooperation and coordination with various State and Federal agencies, is prepared to take appropriate and authorized action in response to requests for Federal assistance through the Stafford Act as a result of a pandemic influenza.

- In order to assist States in assessing impacts and evaluating the need for Federal assistance in a pandemic influenza, FEMA has developed these guidelines for requesting Stafford Act assistance from the Federal Government.

- For the purpose of emergency declarations under the Stafford Act for pandemic influenza, FEMA anticipates that its recommendations to the President will be:

  - Limited to Public Assistance Emergency Protective Measures, also called "Category B" measures (see further clarification below);

  - Further limited to Direct Federal Assistance (DFA); and

  - That the Federal Government pays 75% of the cost of these direct Federal resources, with the State responsible for the remaining 25%.

- As with all declaration requests, FEMA utilizes a variety of evaluation criteria and factors, as established under Title 44 Code of Federal Regulations. However, the four primary evaluation criteria for a State request for a pandemic influenza emergency declaration are:

- Whether the State has directed execution of its State emergency plan; and
- Whether the requesting State has demonstrated that its incidence of influenza is significantly higher than the State's seasonal average; and
- Whether the State can demonstrate that effective response to the pandemic event is beyond the capability of the State and affected local governments; and
- Whether the State has identified *specific,* supplemental direct Federal emergency assistance that is required to save lives, protect public health and safety, or lessen or avert the threat of a disaster.

- Other federal agencies, such as the U.S. Department of Health and Human Services (HHS), also have authority to provide assistance to support jurisdictions during pandemic events Assistance provided by FEMA under the Stafford Act may not duplicate assistance provided or available under the authority of another Federal agency.
- The President retains sole authority to approve all declaration requests, irrespective of any FEMA recommendation.

## Direct Federal Assistance

- Under a Presidential declaration as described above, the following Emergency Protective Measure assistance may be provided directly by the Federal Government:
  - Emergency medical care (non-deferrable medical treatment of disaster victims in a shelter or temporary medical facility and related medical facility services and supplies, including emergency medical transport, X-rays, laboratory and pathology services, and machine diagnostic tests).
  - Temporary medical facilities (for treatment of disaster survivors when existing facilities are overloaded and cannot accommodate the patient load).
  - Purchase and distribution of food, water, ice, medicine, and other consumable supplies.
  - Management, control, and reduction of immediate threats to public health and safety (e.g., to include sanitizing eligible public facilities).
  - Movement of supplies and persons.
  - Security, barricades and fencing, and warning devices.

- Congregate sheltering (for disaster survivors when existing facilities are overloaded and cannot accommodate survivors' needs).
- Communicating health and safety information to the public.
- Technical assistance to State and local governments on disaster management and control.
- Search and rescue to locate and recover members of the population requiring assistance and to locate and recover human remains.
- Storage and internment of unidentified human remains.
- Mass mortuary services.
- Recovery and disposal of animal carcasses (except if another Federal authority funds the activity - e.g., U.S. Department of Agriculture, Animal, Plant and Health Inspection Service provides for removal and disposal of livestock).

- Direct Federal assistance may be available through mission assignments (see Attachment #1), internal FEMA capabilities, or a combination of the two.

Elizabeth A. Zimmerman — 10.22.09
Assistant Administrator — Date
Disaster Assistance Directorate

William L. Carwile, III — 10/2-/09
Assistant Administrator — Date
Disaster Operations Directorate

# DISASTER ASSISTANCE FACT SHEET DAP9580.106

# PANDEMIC INFLUENZA

## Attachment #1

**Pre-Scripted Mission Assignments (PSMA) That May Accommodate H1N1 Influenza Direct Federal Assistance (DFA) Support**

| Task # | Pg #* | ESF | Agency | PSMA Title |
|---|---|---|---|---|
| 1 | 257 | 6 | USACE | National Water |
| 1 | 258 | 6 | USACE | National Ice |
| 1 | 298 | 8 | HHS | Emerg Prescription Asst & Medical Equipment Replacement Program |
| 2 | 225 | 5 | OSHA | Implement the Worker Safety & Health Support Annex |
| 2 | 284 | 8 | HHS | Public Health Services |
| 2 | 292 | 8 | HHS | Food & Product Safety Inspection |
| 2 | 294 | 8 | HHS | Behavioral Health Care |
| 2 | 295 | 8 | HHS | Environmental Health-Hazard Identification & Control Measures |
| 3 | 153 | 1 | USCG | Rotary Wing Lift |
| 3 | 156 | 1 | USCG | Fixed Wing Transportation Support |
| 3 | 158 | 1 | DoD | Rotary Wing Lift (Med) |
| 3 | 160 | 1 | DoD | Rotary Wing Lift (Heavy) |
| 3 | 161 | 1 | DoD | Tactical (Ground) Transportation Support |
| 3 | 163 | 1 | DoD | Strategic Transportation Support |
| 3 | 209 | 4 | USFS | MOB Centers |
| 3 | 231 | 5 | USACE | Logisitical Support |
| 3 | 259 | 6 | USACE | Commodity Team |
| 3 | 271 | 7 | USACE | Acquire Mobilization Centers |
| 3 | 273 | 7 | USACE | Acquire Federal Operational Staging Areas-NLSA |
| 3 | 276 | 7 | DoD | Mobilization Center |
| 3 | 277 | 7 | DoD | Operational Staging Area |
| 4 | 212 | 5 | FPS | Contract Security Officers |
| 4 | 352 | 13 | CBP | Force Protection Non-USAR |
| 4 | 355 | 13 | ICE | Contract Security Officers |
| 4 | 357 | 13 | NPS | Law Enforcement Strike Team (Field Ops) |
| 5 | 286 | 8 | HHS | Medical Care and Support |
| 5 | 288 | 8 | HHS | Federal Medical Station |
| 5 | 289 | 8 | HHS | National Disaster Medical System (Patient Evacuation) |
| 5 | 290 | 8 | HHS | NDMS (DMAT, NVRT, DMORT) |
| 5 | 301 | 8 | HHS | ALRT Push Package |
| 5 | 309 | 8 | DoD | Strategic Patient Movement & Airlift |
| 6 | 288 | 8 | HHS | Federal Medical Station |
| 6 | 289 | 8 | HHS | National Disaster Medical System (Patient Evacuation) |
| 6 | 290 | 8 | HHS | NDMS (DMAT, NVRT, DMORT) |
| 6 | 307 | 8 | DoD | Temporary Medical Treatment Facilities |
| 7 | 264 | 6 | USFS | Communications Cache Support, Shelter Items |
| 7 | New | 6 | CNCS | Corp for National and Community Service (CNCS) Field Deployment |
| 8 | 284 | 8 | HHS | Public Health Services |
| 8 | 370 | 15 | FEMA | OFA SME to Support ESF #15 External Affairs |
| 9 | 201 | 3 | USACE | Technical Assistance to State |
| 9 | 216 | 5 | NGA | Geospatial Intelligence Analytical Support |
| 9 | 284 | 8 | HHS | Public Health Services |
| 9 | 300 | 8 | HHS | Technical Assistance |
| 9 | 348 | 11 | USDA | Technical Assistance to States |
| 9 | New | 6 | USDA | Animal Plant and Health Inspection Service (APHIS) |
| 10 | 322 | 9 | NPS | SAR Field Operations |

# Nevada State Health Division
## Public Health Preparedness

**October 30, 2009**

### In This Report



## Introduction

The purpose of this report is to provide pertinent public health information to public health, healthcare providers, and other community stakeholders, as well as to the general public. This report will be published weekly.

## Nevada State Public Health Laboratory Counts

According to the Nevada State Public Health Laboratory (NSHPL), as of 11:00am PT, October 28, 2009, Nevada had 2,323 **confirmed** cases of H1N1 flu and 60 **probable** cases. All of the probable cases, with one exception, are due to samples with viral loads too low for subtyping. ****Does not include private laboratory testing****

| Nevada State Public Health Laboratory Cases of H1N1 Flu Infection | | | |
|---|---|---|---|
| **County** | **Confirmed** | **Probable** | **Deaths** |
| Carson City | 343 | 19 | 0 |
| Clark | 274 | 6 | 18 |
| Washoe | 1,037 | 26 | 2 |
| Other 14 counties | 669 | 9 | 1 |
| **Total** | 2,323 | 60 | 21 |

The NSPHL has tested a total of 5,795 samples since April 26, 2009. Cumulative total results, detailed for the last 12 weeks, are noted below. No samples identified as H1, H3 or B have been received since May 2009, thus cumulative totals remain unchanged. ****Does not include private laboratory testing****

| | Total Tested | H1N1 | % H1N1 | H1 | H3 | B | Total Other | % Other | Total Negative | % Negative |
|---|---|---|---|---|---|---|---|---|---|---|
| **October 28, 2009** | **5,795** | **2,323** | **40.1%** | **20** | **73** | **78** | **171** | **2.9%** | **3,301** | **57.0%** |
| October 14, 2009 | 4,714 | 1,871 | 39.7% | 20 | 73 | 78 | 171 | 3.6% | 2,672 | 56.7% |
| October 7, 2009 | 4,467 | 1,677 | 37.6% | 20 | 73 | 78 | 171 | 3.8% | 2,619 | 58.6% |
| September 30, 2009 | 4,119 | 1,526 | 37.1% | 20 | 73 | 78 | 171 | 4.1% | 2,422 | 58.8% |
| September 17, 2009 | 3,476 | 1,179 | 33.9% | 20 | 73 | 78 | 171 | 4.9% | 2,126 | 61.2% |
| September 3, 2009 | 3,034 | 917 | 30.2% | 20 | 73 | 78 | 171 | 5.7% | 1,946 | 64.1% |
| August 20, 2009 | 2,618 | 794 | 30.4% | 20 | 73 | 78 | 171 | 6.5% | 1,673 | 63.1% |
| August 13, 2009 | 2,459 | 713 | 29.0% | 20 | 73 | 78 | 171 | 7.0% | 1,575 | 64.0% |
| August 6, 2009 | 2,320 | 663 | 28.6% | 20 | 73 | 78 | 171 | 7.4% | 1,486 | 64.0% |
| July 23, 2009 | 1,876 | 468 | 24.9% | 20 | 73 | 78 | 171 | 9.1% | 1,237 | 66.0% |
| July 16, 2009 | 1,667 | 381 | 22.9% | 20 | 73 | 78 | 171 | 10.3% | 1,115 | 66.8% |
| July 2, 2009 | 1,450 | 293 | 20.2% | 20 | 73 | 78 | 171 | 11.8% | 986 | 68.0% |

** update not available for October 21, 2009 & July 30, 2009

## H1N1 Vaccination Activities

### Target Groups

On July 29, 2009, the Advisory Committee on Immunization Practices (ACIP)-an advisory committee to the Centers for Disease Control and Prevention (CDC)-recommended that H1N1 flu vaccine be made available first to the following five groups:

- Pregnant women.
- Healthcare workers and emergency medical services workers.
- People 6 months through 24 years of age.
- People who care for infants under 6 months of age.
- People 24 through 66 years of age with chronic medical conditions.

### Vaccine Distribution

- For the week ending October 30, 2009 Nevada's expected allotment was to have been 85,934 doses. Nevada actually received 63,000 doses, or a little over 73% of the expected allotment.
- In total, as of October 28, 2009, Nevada has been allocated 206,900 doses of vaccine allocation from the CDC. Of that, 143,900 doses have been ordered, received and distributed to public health entities, community health nurses, and Federally Qualified Health Centers (in rural areas without a public health presence).
    - FluMist (intranasal) – 64,800
    - Injectable (shots) – 79,100

### Healthcare Providers

- Provider enrollment is taking place for H1N1 vaccine. As of October 28, 2009, 666 providers have submitted enrollment forms, with 580 enrollments completed.
- The IZ Program will not ship vaccine to any provider who has not enrolled. Provider enrollment deadlines are now on Fridays, by 5pm, in order to receive initial vaccine allotments the following week.
- The IZ Program is conducting weekly provider teleconferences, with an average of over 100 participants. This is an information sharing call, ending with questions and answers. Notes from these calls are posted every week on the www.flu.nv.gov website for those providers who are unable to attend.
- Provider webinars began on October 13, 2009. Topics include proper vaccine storage and handling, as well as reporting and ordering requirements. Numerous sessions have been scheduled and the schedule can be found at www.flu.nv.gov, under the Healthcare Provider tab and scroll down to Webinars. Webinar registration information is also provided.
- Also under the Webinar section is a *How To Administer Vaccine* self-study course for healthcare providers.

### Tracking of Doses Administered

As NSHD receives shipments of the H1N1 vaccine and distributes it across Nevada, public, private and tribal providers will be required to report the doses that they administer on a weekly basis. The NSHD's IZ Program has begun collecting this data and reporting it as required to the CDC. County breakdowns for the first two (2) weeks will be provided in next week's report.

- As of October 28, 2009, a total of **31,455** doses of H1N1 vaccine have been administered throughout the state, by both private and public providers.
    - **22,862** doses (October 18-24, 2009)
        - Carson City = 1,833
        - Churchill = 101
        - Clark = 17,858
        - Douglas = 137
        - Elko = 279
        - Humboldt = 14
        - Lincoln = 28
        - Lyon = 18
        - Mineral = 17
        - Nye = 207
        - Storey = 4
        - Washoe = 2,253
        - White Pine = 113
        - Vaccine has not yet been administered in Esmeralda, Eureka, Lander and Pershing counties.
    - **7,852** doses (October 11-17, 2009)
    - **741** doses (October 4-10, 2009)

## H1N1 Planning and Response Activities

Planning and response activities have been ongoing to ensure Nevada is ready to act during the 2009-2010 influenza season. These ongoing activities include:

- H1N1 vaccine (nasal spray and shots) are now being offered by local health departments, for those who are in the CDC's target groups listed on page 2 of this report. Vaccines are offered at no cost, on a first-come, first-served basis. Check the **H1N1 Flu Vaccine Locator** at: http://health.nv.gov/ or contact the appropriate local health department for clinic specific information. Some upcoming clinics are listed below.
    - **Thursday, December 17, 2009 from 10am – 6pm** (based on vaccine availability)
        - Humboldt County
          102 E. Haskell Street, Winnemucca
          Nasal spray and shots offered
    - **Thursday, December 3, 2009 from 10am – 6pm** (based on vaccine availability)
        - Humboldt County
          102 E. Haskell Street, Winnemucca
          Nasal spray and shots offered
    - **Thursday, November 19, 2009 from 10am – 6pm** (based on vaccine availability)
        - Humboldt County
          102 E. Haskell Street, Winnemucca
          Nasal spray and shots offered
    - **Thursday, November 5, 2009 from 10am – 6pm** (based on vaccine availability)
        - Humboldt County
          102 E. Haskell Street, Winnemucca
          Nasal spray and shots offered
    - **Thursday, October 29, 2009, from 1pm – 7pm**
        - Washoe County Health District - Admin Complex, Building B, 1st floor
          1001 E. Ninth Street, Reno (corner of Wells Ave & 9th St., south of Livestock Event Center)
          Nasal spray and shots offered
    - **Wednesday, October 28, - Thursday, October 29, 2009**
        - Carson City Elementary Schools (grades K-5th)
          Carson City
    - **Monday, October 26 – Thursday, October 29, 2009 from 10am – 6pm** (based on vaccine availability)
        - Ravenholt Public Health Center
          625 Shadow Lane, Las Vegas
          Nasal spray offered
- Carson City's October 29, 2009 H1N1 clinic listed in last week's report has been cancelled due to shortage of vaccine.
- For the week of October 18-24, 2009, the toll-free bilingual hotline (866-767-5038) received 4,848 calls seeking information on H1N1, more than double the number of calls from the previous week. The total calls received for the previous week (October 11-17, 2009), was 2,276. .
- The NSHD conducted a vaccination clinic for Health and Human Services as well as Department of Public Safety personnel. Seasonal influenza vaccine was offered to all and H1N1 vaccine was offered to those who are in the CDC priority groups. Approximately 350 people were vaccinated in a five (5) hour period.
- NSHD activated its Division Operations Center (DOC) to manage all H1N1 planning and response efforts. The DOC follows the Incident Command System (ICS) structure. Weekly meetings are conducted to discuss Health Division H1N1 activities and updates.
- The NSHD conducts a weekly conference call with the local health departments to share H1N1 planning and response activities and information to ensure effective and unified H1N1 operations statewide.

## H1N1 Tribal Community Activities

The NSHD's PHP Tribal Liaison is working with the various tribal communities to ensure that they are prepared for the 2009-2010 influenza season.

- Tribal clinics are now administering the H1N1 vaccine in their communities.
- Indian Health Board of Nevada is participating in NSHD's weekly H1N1 vaccine distribution conference call.

## H1N1 Public Information Activities

The NSHD's Public Information Officer (PIO) is working with PIOs at the state and local levels to keep the public informed during the 2009-2010 influenza season and to provide consistent information across the state. Public information activities include:

- Constant updating of the toll-free bilingual hotline (866-767-5038) with general information on H1N1 influenza and H1N1 vaccination clinics being conducted statewide by local health departments.
- Continuing conducting bimonthly PIO meetings, with NSHD PIO serving as the lead.
- Scheduled for October 29, 2009 a second conference call with frontier and rural "PIOs" (those in the rural counties that have been assigned PIO duties for their county).
- Nevada Broadcasting Association flu prevention radio spots in English and Spanish are now airing on the radio statewide.
- PHP funded flu prevention ads are appearing in Parents Magazine on H1N1 (Nov issue).
- Continuing to update the www.flu.nv.gov website.

## H1N1 Disease and Surveillance Activities

Influenza surveillance is being conducted in conjunction with H1N1 vaccination activities. In preparation for the upcoming 2009-2010 influenza (regular and H1N1) season, the following disease and surveillance activities are underway:

- Continue weekly tracking of seasonal and H1N1 influenza confirmed cases, hospitalizations, and deaths in Nevada.
- Continue providing information as requested to the CDC's Influenza Branch.
- Continue regular monitoring of over-the counter (OTC) healthcare products usage in Nevada and nationwide using the National Retail Data Monitor (NRDM) system. NRDM monitors the sales of these OTCs to help identify disease outbreaks as early as possible.
- Continue daily monitoring of EpiCenter activity. EpiCenter collects and analyzes real-time data from emergency departments of participating Nevada hospitals and urgent care facilities. This provides a picture to public health of disease activity occurring in Nevada and also serves as another tool in the early detection of disease outbreaks.

## Seasonal Influenza Activity

### Seasonal Influenza Statistics

According to the CDC, for MMWR **week 41** (October 11-17, 2009), influenza activity increased in the U.S. Nationwide a total of 30,027 hospitalizations and 2,827 deaths "associated with influenza virus infection, or based on syndromic surveillance for influenza and pneumonia" were reported to the CDC from August 30-October 17, 2009, 2009. According to the CDC:

- Patient visits to doctors for influenza-like illness (ILI) increased steeply since last week and overall, are much higher than what is expected for this time of year. ILI activity now is higher than what is seen at the peak of many regular flu seasons.
- Total influenza hospitalization rates for adults and children that are *laboratory-confirmed* as influenza are higher than expected for this time of year and continue to rise.
- The proportion of deaths associated with pneumonia and influenza has increased and has been higher than what is expected at this time of year for two weeks. A total of 95 laboratory confirmed 2009 H1N1 pediatric deaths have been reported to the CDC since April 2009.
- Forty-six (46) states are reporting **widespread** influenza activity. The number of states reporting widespread activity is unprecedented during seasonal flu. Last week there were 41 states reporting widespread influenza activity.

**Nevada** has 5 reporting regions. For MMWR week 41, we are at "**widespread**" activity, which is defined as outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state with recent laboratory evidence of influenza in those regions.

Additional information on influenza activity and surveillance can be found at http://www.cdc.gov/flu/weekly/fluactivity.htm

## CDC Updates

The CDC has recently issued the following:

- *H1N1 Influenza A 2009 Monovalent Vaccine Dosage Chart* at: http://www.cdc.gov/h1n1flu/whatsnew.htm (PDF file).
- *For Providers: prevention of Pneumococcal Infections Secondary to Seasonal and 2009 H1N1 Influenza Viruses Infection* at: http://www.cdc.gov/h1n1flu/vaccination/provider/provider_pneumococcal.htm.
- *Questions & Answers: prevention of Pneumococcal Infections Secondary to Seasonal and 2009 H1N1 Influenza* at: http://www.cdc.gov/h1n1flu/vaccination/public/public_pneumococcal.htm.
- *What Adults With HIV Infection Should Know About 2009 H1N1 Flu* at: http://www.cdc.gov/h1n1flu/hiv_flu.htm.