

Faculty Disclosure

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Dr.'s Gorby and Schaefer have listed no financial interest/arrangement that would be considered a conflict of interest.

2009 H1N1 Influenza: Lessons Learned/Confirmed

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Perception of Risk

- Imagine that pandemic flu has broken out in your community and you are the public health official charged with a vaccine strategy
- 600 lives are at stake
- You can choose between one of two vaccines

Vaccine scenario #1

- Vaccine #1
 - Efficacy is known
 - Will definitely save 200 lives
- Vaccine #2
 - Experimental
 - 33% chance that all 600 people will be saved but 67% chance that no one will be saved

Vaccine scenario #2

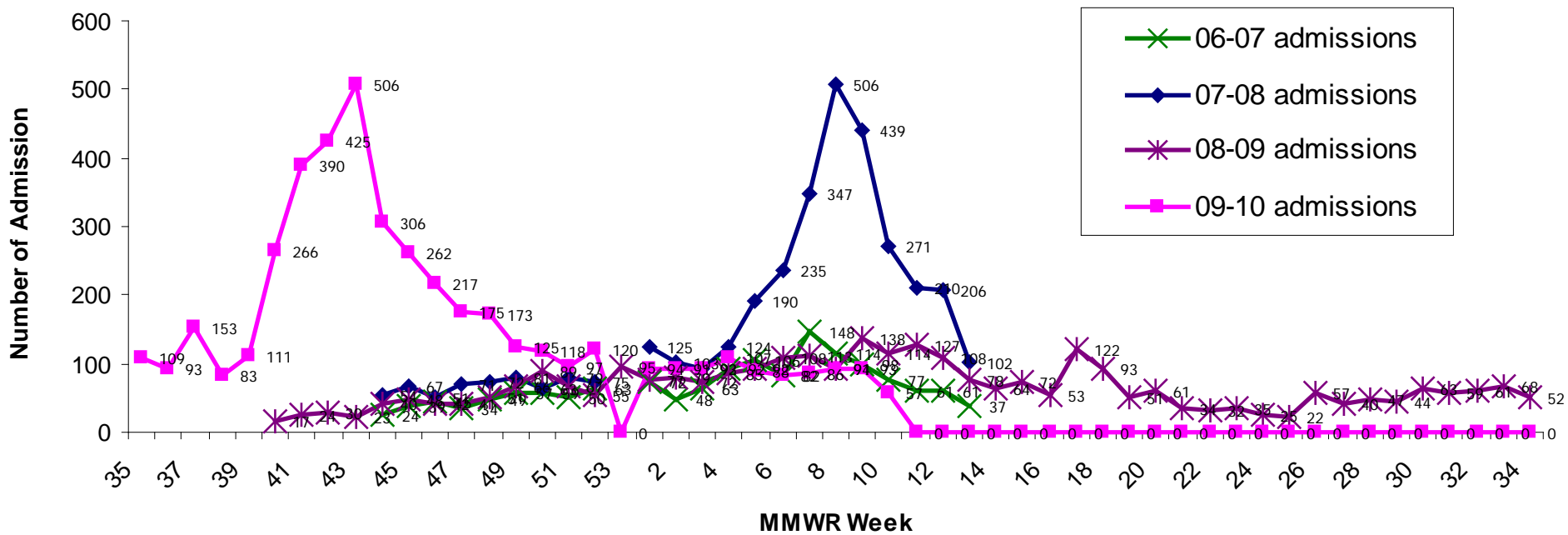
- Vaccine #1
 - Efficacy is known
 - 400 of the 600 people will definitely die
- Vaccine #2
 - Experimental
 - 33% chance that no one will die, and a 67% chance that everyone will die

Perception of Risk

- The two situations are exactly the same
- First scenario framed as saving 200 lives
- Second scenario framed as letting 400 people die
- Conclusion: People's risk-taking behavior changed significantly depending upon how they read the words "save" and "die"



Spring 2009: 1st Wave



Source: NDHHS ILI Hospital Admission Survey

1st Case in NE: Omaha VAMC

- 4/24/09– MMWR describes California and Texas cases of “swine influenza A (H1N1)”
- 4/26/09– VA patient visiting from San Diego comes to admitting area at Omaha VA
- 4/29/09– HAN sent out: Probable case
- 4/30/09– Probable case is confirmed



Lessons Learned/Confirmed

- Importance of rapid dissemination of public health information
 - ER resident contacted Dr. Safranek while patient was in ER
- Indeed, it is important to “feed” the media
- Prior printed communications
- “Draft” press releases
- The word “pandemic”



Lessons Learned/Confirmed

- Antivirals
 - Who should be prophylaxed ?
- Masks
 - Do they work?
 - JIT Fit-testing?
 - Should businesses use them?
- School closures
 - Close with one case?

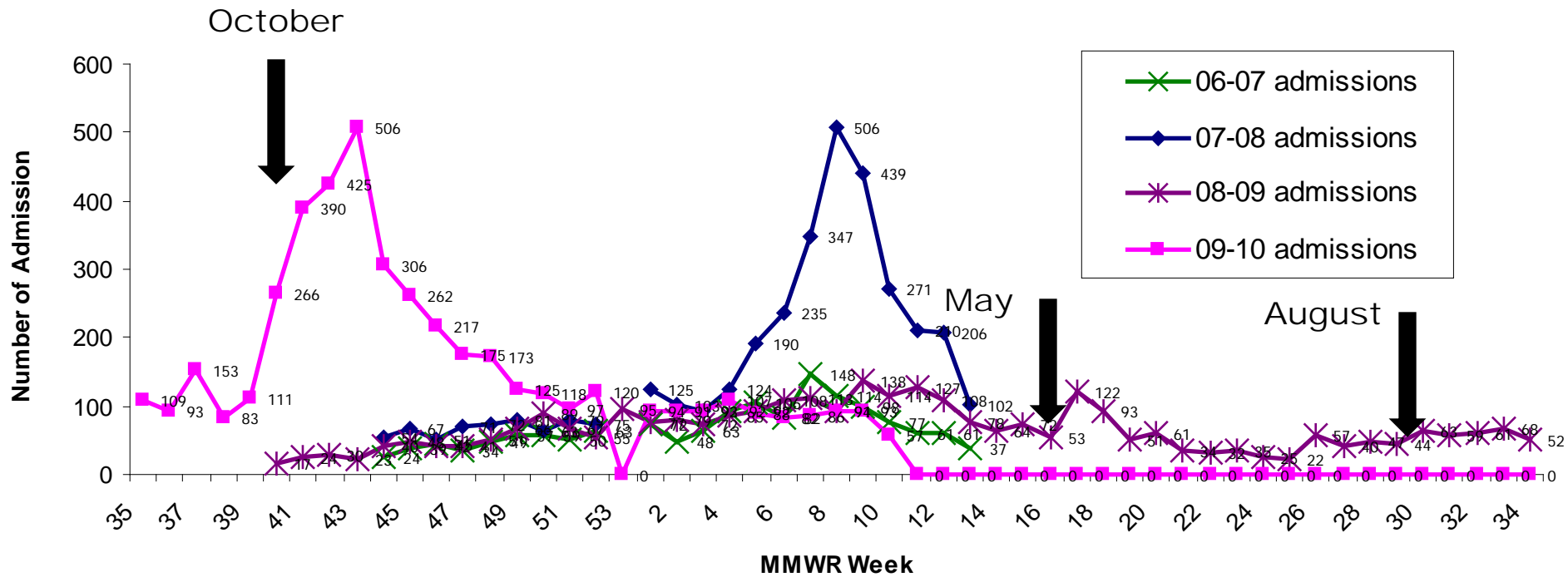


Lessons Learned/Confirmed

- Covering staff shortages
 - When to close clinics
 - Tracking absenteeism
- Just in time fit-testing
- Public Information Officers need additional staff support
- Screening script for employees/patients



Summer 2009: Between Waves



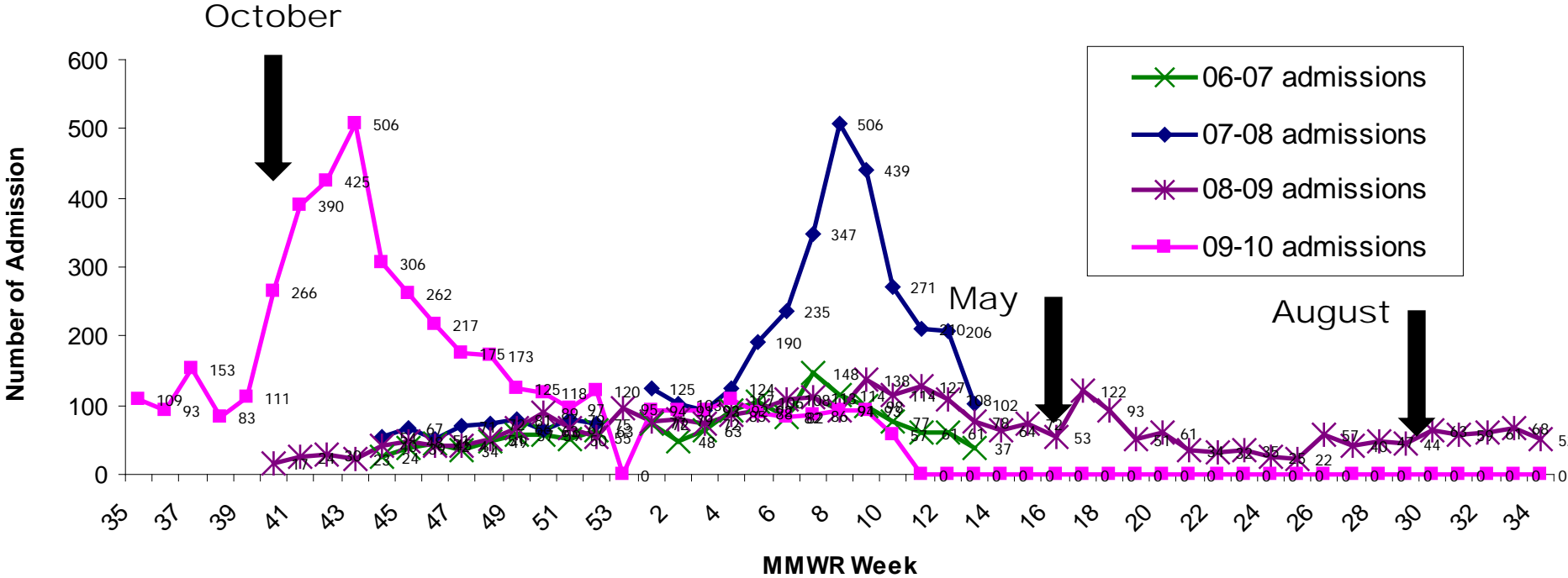
Source: NDHHS ILI Hospital Admission Survey

Lessons Learned/Confirmed

- No real break in the work
 - H1N1 Fatigue
- Preparation for the vaccine
 - The single largest campaign ever attempted
- Anxiety of prioritizing vaccine
 - As deaths occurred anxiety increased and no vaccine available
- Many org's scramble to fill gaps in plans



Fall/Winter 2009: 2nd Wave



Source: NDHHS ILI Hospital Admission Survey

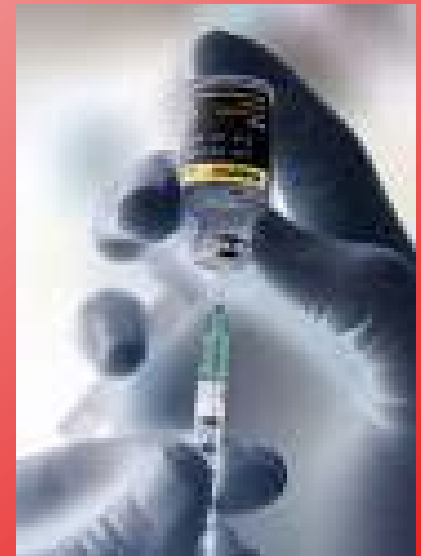
Lessons Learned/Confirmed

- Rapid testing
- CU: team approach & connections critical
- CU: leadership support eased implementation
- CU: Timely communication via technology
- CU: County/State Public Health support



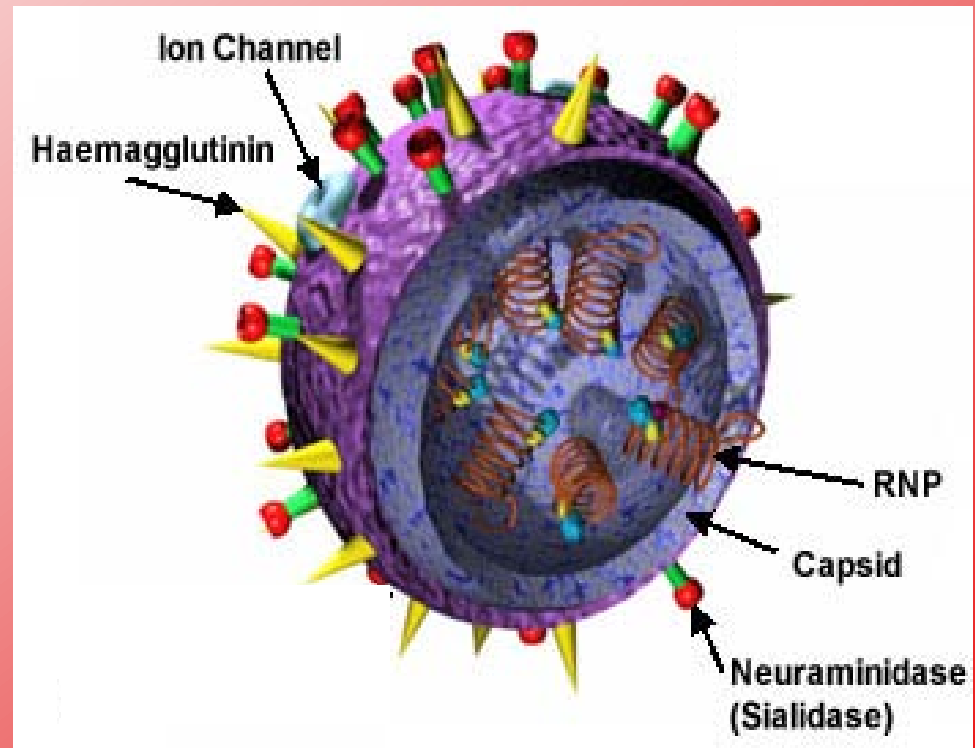
Lessons Learned/Confirmed

- CU: Isolation of infected students; NPI communication invaluable
- Vaccine clinics
- Diverse perception of vaccine risk/benefit
- Max ICU capacity late October
- Sparing of elderly
- CDC recs changed rapidly
- Uncertain stockpiling needs



2010: Where have we been?

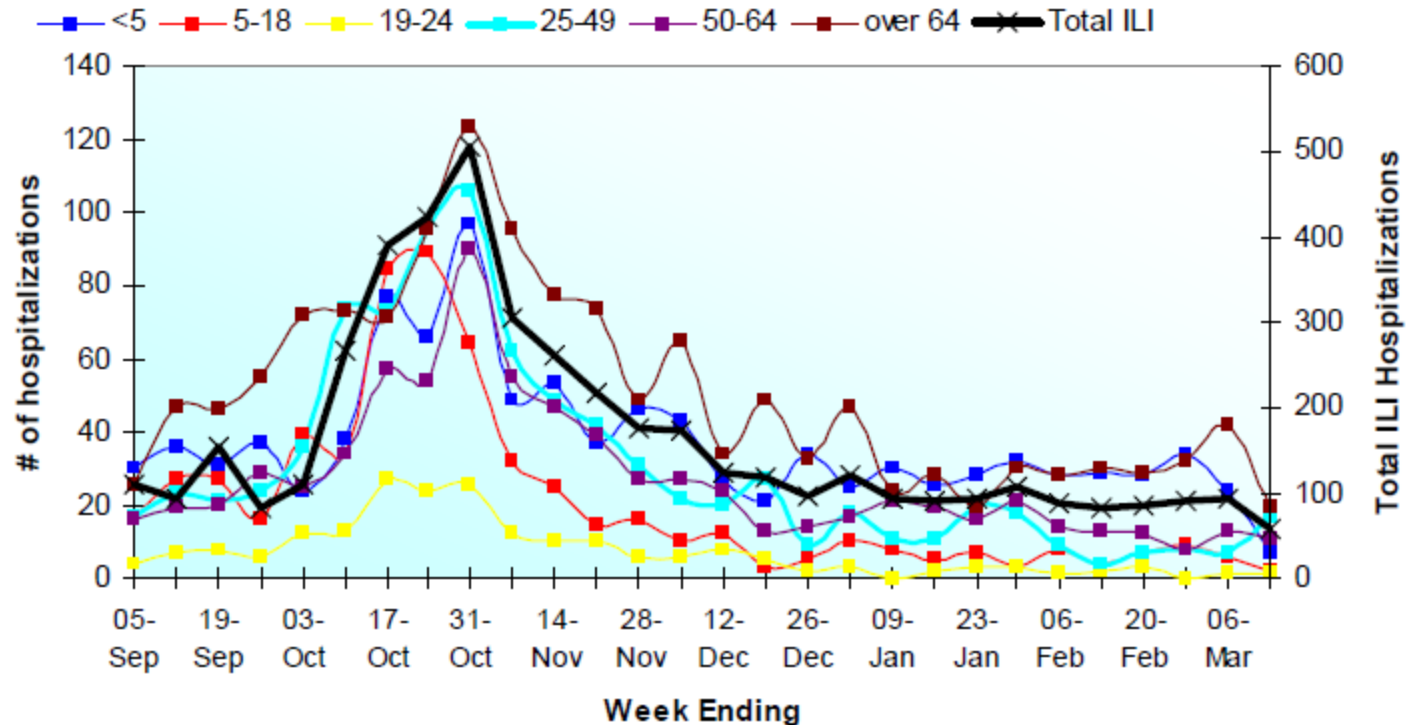
- National data
 - 59 million ill
 - 265,000 hospitalized
 - 12,000 deaths



Where have we been?

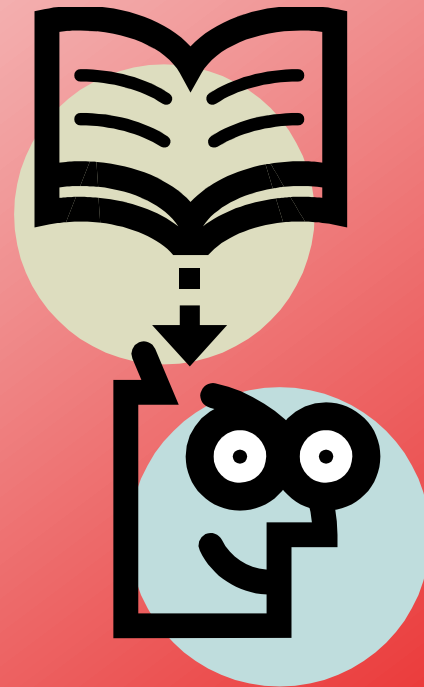
Week ending	Admitted this week						Total
	<5	5-18	19-24	25-49	50-64	over 64	
13-Mar-10	7	2	1	17	11	19	57
	12%	4%	2%	30%	19%	33%	

Influenza-like Illness (ILI) Hospitalizations, by age, 2009-2010



2010: Where are we going?

- H5N1 ?
- Isolation recs for H1N1 next flu season
- Resistance (limited for now)
- 3rd Wave?
- Winter 2010 flu vaccine



Summary

- Perception of risk drove everything
- Don't preprint anything with "pandemic" on it
- Communication always needs to improve
- Just because we had a pandemic, it doesn't mean pandemic planning stops.
- Kudos to local media for being responsible partners