Attachment J1 Section IV: Healthcare Systems_TEST - FINAL

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Introduction

Background
The 2009 H1N1 influenza pandemic underscored the importance of communities being prepared for potential threats to public health security. Because of its unique abilities to respond to infectious, occupational, or environmental incidents, the Centers for Disease Control and Prevention (CDC) plays a pivotal role in ensuring that state and local public health systems are prepared for these and other public health incidents.

The identification of the novel influenza A (H7N9) virus illnesses in China in 2013 highlights the importance of influenza pandemic preparedness. To date, the reported case fatality ratio from human H7N9 infections is more than 30%. Should the H7N9 virus mutate to allow for sustained human-to-human transmission, it appears capable of causing severe disease in all ages. To better prepare for such a scenario, it is important to understand the collective ability of our nation to prepare for and respond to a pandemic of substantially different epidemiology than the 2009 H1N1 pandemic.

State and local public health departments are first responders for public health incidents. To better prepare these agencies to respond, CDC provides funding and technical assistance for state, local, and territorial public health departments through the Public Health Emergency Preparedness (PHEP) cooperative agreement. CDC's Public Health Preparedness Capabilities: National Standards for State and Local Planning provide national standards that help state and local public health departments strengthen their ability to respond to all hazards, including influenza pandemics, and build more resilient communities. Consistent with this approach, the following Pandemic Preparedness Readiness Assessment for State and Local Public Health Planners specifically aligns with 11 public health preparedness capabilities and administrative preparedness planning goals.

Overview
The Pandemic Preparedness Readiness Assessment for State and Local Public Health Planners promotes state, local, and territorial public health preparedness and immunization program collaboration through the administration of a self-assessment designed to measure jurisdictional readiness to respond to an influenza pandemic. Although the content of this assessment does not encompass every contingency or element necessary to effectively respond to an

influenza pandemic, CDC technical experts in differing programs have helped to arrange content within the following seven priority planning areas:

1. Vaccination Planning
2. Epidemiology and laboratory
3. Medical Care and Countermeasures
4. Healthcare Systems
5. Community Mitigation
6. Public Information and Communication
7. Public Health and Immunization Workforce

Information collected from the assessment will not be used to score or competitively rank public health emergency preparedness or immunization programs. Rather, this assessment is designed to identify preparedness gaps, as well as promising state, local, and territorial preparedness practices. Assessment results will be used by the CDC to inform technical assistance and future program improvement initiatives.

Definitions

Allocation: Amount of pandemic influenza vaccine available for ordering.

Allocating: Process of dividing available vaccine among CDC's PHEP awardees or among registered pandemic influenza vaccine providers and facilities within an awardee's jurisdiction.

Critical infrastructure personnel (CIP): The full list of CIP is defined in Guidance on Allocating and Targeting Pandemic Influenza Vaccine; U.S. Department of Health and Human Services (HHS)/U.S. Department of Homeland Security (DHS); 2008 Guidance on Allocating and Targeting Pandemic Influenza Vaccine

Distribution: The process of transporting pandemic influenza vaccine from one location to another.

Enrollment: The process of enabling registered healthcare providers and facilities to legally provide pandemic influenza vaccine.

Ordering: Process of requesting pandemic influenza vaccine from either the federal, state, city, or local government. Orders can be placed against an allocation or independent of allocation.

Non-pharmaceutical interventions (NPIs): Those interventions that can mitigate transmission of influenza and do not involve medical countermeasures. NPIs include voluntary home isolation, school closures, respiratory etiquette, hand hygiene, and routine cleaning of frequently touched surfaces and objects.

Peak vaccine administration capacity: The highest rate at which a jurisdiction is able to provide pandemic influenza vaccine to its population; CDC recommends a peak vaccine administration capacity of at least 10% of the population per week.

Point of dispensing (POD) / mass vaccination clinic: Location for dispensing medical countermeasures, specifically for vaccine, during an influenza pandemic response. Located in a public or private space, this clinic is designed to vaccinate a large group of persons over a short time period. The POD or clinic might target the entire population or people in specific priority or high-risk groups. Public and/or private entities can manage a POD or clinic.

Closed POD: Point of dispensing/vaccination clinic closed to the general public and open only to a specific group (e.g., staff of a participating business or healthcare personnel in a specific hospital).

Open POD: Point of dispensing/vaccination clinic open to the general public, specifically to provide vaccine, during an influenza pandemic response.

Recruitment: The process of soliciting healthcare providers and facilities interested in and willing to provide pandemic influenza vaccine.

Registration: The submission of required information, similar to an application, by healthcare providers or facilities interested in providing pandemic influenza vaccinations.

Retail-based clinics: Non-pharmacy businesses that sell retail products (e.g., Walmart, Target) and serve as PODs/mass vaccination clinics.

School-located vaccination clinics: Vaccination clinics that target students and are typically held on school grounds.

Section IV: Healthcare Systems

Goal: Awardee healthcare systems will be fully prepared and integrated with public health and emergency management during an influenza pandemic response.

Assumptions: During a severe influenza pandemic, healthcare systems may experience:

- A surge in patients;
- Shortages of equipment and supplies, including medications; and
- Significant staff absenteeism.

(End of Page 2)

Section IV: Healthcare Systems

Please select your jurisdiction:

- ❍ Alabama
- ❍ Alaska
- ❍ American Samoa
- ❍ Arizona
- ❍ Arkansas
- ❍ California
- ❍ Chicago
- ❍ Colorado
- ❍ Commonwealth of the Northern Mariana Islands
- ❍ Connecticut
- ❍ Delaware
- ❍ Federated States of Micronesia
- ❍ Florida
- ❍ Georgia
- ❍ Guam
- ❍ Hawaii
- ❍ Idaho
- ❍ Illinois
- ❍ Indiana
- ❍ Iowa
- ❍ Kansas
- ❍ Kentucky

- ❍ Los Angeles County
- ❍ Louisiana
- ❍ Maine
- ❍ Maryland
- ❍ Massachusetts
- ❍ Michigan
- ❍ Minnesota
- ❍ Mississippi
- ❍ Missouri
- ❍ Montana
- ❍ Nebraska
- ❍ Nevada
- ❍ New Hampshire
- ❍ New Jersey
- ❍ New Mexico
- ❍ New York
- ❍ New York City
- ❍ North Carolina
- ❍ North Dakota
- ❍ Ohio
- ❍ Oklahoma
- ❍ Oregon
- ❍ Pennsylvania
- ❍ Puerto Rico

- ❍ Republic of Palau
- ❍ Republic of the Marshall Islands
- ❍ Rhode Island
- ❍ South Carolina
- ❍ South Dakota
- ❍ Tennessee
- ❍ Texas
- ❍ U.S. Virgin Islands
- ❍ Utah
- ❍ Vermont
- ❍ Virginia
- ❍ Washington
- ❍ Washington, DC
- ❍ West Virginia
- ❍ Wisconsin
- ❍ Wyoming

Please select your position:

- ❍ PHEP Director
- ❍ Healthcare Preparedness Program Director
- ❍ Other (please specify) _____

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1. Does your jurisdiction recommend plans to reduce the surge on both hospital emergency departments and acute care units?

❍ Yes

❍ No, but in development

❍ No >>>> Skip to Page 6: 3. Which methods do your plans recommend to assist healthcare systems within your jurisdiction to address significant staff absenteeism because of illness or the need to care for family (please check all that apply)?

Section IV: Healthcare Systems

2. If yes, please check the methods of surge reduction your jurisdiction recommends in plans:

(Alternate care systems: Use of messaging and triage systems to direct patients to the level of care appropriate to meet their needs)*

❑ Immediate Bed Availability (IBA)

❑ Essential healthcare services

❑ Alternate care systems* (please specify) _____

❑ Stressing use of appropriate healthcare partners (pharmacy, private, and public healthcare clinics, physical practices, and mental health)

❑ Other (please specify) _____

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3. Which methods do your plans recommend to assist healthcare systems within your jurisdiction to address significant staff absenteeism because of illness or the need to care for family (please check all that apply)?

❑ Plans do not include recommendations around staff absenteeism

❑ Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP)

❑ Medical Reserve Corps

❑ Public health mutual aid system

❑ Healthcare Preparedness Program (HPP) mutual aid system

❑ State emergency response team

❑ State nurses response team

❑ Other (please specify) _____

Section IV: Healthcare Systems

4. Has your jurisdiction’s state Strategic National Stockpile (SNS) coordinator communicated with key stakeholders to ensure they know what SNS assets they may receive during a pandemic

- ❍ Yes
- ❍ No, but in development
- ❍ No >>>> Skip to End Page: Survey Submitted

5. Please indicate all partners that have been integrated in the state or jurisdictional SNS planning (please check all that apply).

❑ Local public health

❑ Emergency management

❑ Healthcare facilities and/or systems (e.g., hospital systems, Federally Qualified Health Centers, etc.)

❑ Public health mutual aid system

❑ HPP mutual aid

❑ ESAR-VHP Strike Team

❑ State emergency response team

❑ State nurses response team

❑ Other (please specify) _____