PIRA_Section III: Medical Care & Countermeasures_TEST - FINAL

Form Approved

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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 III: Medical Care and Countermeasures

Goal: Each awardee will distribute medical countermeasures (MCM) during an influenza pandemic in collaboration with hospitals, healthcare coalitions, and pharmacies to assure that these MCMs reach the affected population(s) in an efficient, equitable, and timely manner.

Planning Assumptions:

• Awardees are working collaboratively with hospitals, healthcare coalitions, and pharmacies to optimize MCM distribution during an influenza pandemic.
• Jurisdictions that have mechanical ventilators and respiratory protective devices stockpiled in advance of a severe influenza pandemic will use these to offset commercial shortages of these devices.
• During a severe influenza pandemic, the number of commercially available and stockpiled ventilators and respiratory protective devices (RPDs) within the jurisdiction may not be able to meet the entire need.

Information gathered will help to inform the development of tools to assist awardees to improve planning for state-level allocation, distribution, and use of MCMs during an influenza pandemic.

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Section III: Medical Care and Countermeasures

Please select your jurisdiction:

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

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

Please select your position:

- m PHEP Director
- m Strategic National Stockpile Coordinator
- m Healthcare Preparedness Program Director

m Other (please specify) _____

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Section III: Medical Care and Countermeasures

1. Does your agency manage a stockpile of mechanical ventilators for distribution to hospitals in your jurisdiction during an influenza pandemic?

(Please do not include any additional stockpiles that might be available for use but are not directly managed by your agency.)

mYes

mNo >>>> Skip to Page 6: 3. Does your jurisdiction plan to distribute ventilators during an influenza pandemic?

Section III: Medical Care and Countermeasures

2. Please describe the make, model, and number of mechanical ventilators that you currently have stockpiled:

Make

Ventilator 1: _____

Ventilator 2: _____

Ventilator 3: _____

Ventilator 4: _____

Model

Ventilator 1: _____

Ventilator 2: _____

__

Ventilator 3: _____
_____
__

Ventilator 4: _____
_____
__

Number Stockpiled

Ventilator 1: _____
_____
__

Ventilator 2: _____
_____
__

Ventilator 3: _____
_____
__

Ventilator 4: _____
_____
__

Section III: Medical Care and Countermeasures

3. Does your jurisdiction plan to distribute ventilators during an influenza pandemic?

mYes, directly from the U.S. Strategic National Stockpile

mYes, through allocations from the state health department from the U.S. Strategic National Stockpile

mYes, from state stockpiles

mNo

mNot sure

Section III: Medical Care and Countermeasures

The following set of questions asks possible ways your jurisdiction may choose to allocate ventilators during a severe influenza pandemic; assuming uniform demand across hospitals:

4. Please state which of the following considerations below will your jurisdiction allocate ventilators for. Please respond with an N/A if the consideration is not applicable to your jurisdiction.

	Yes	No	N/A
Size of jurisdictional population	m	m	m
Size of population served by a hospital	m	m	m
Number of ICU beds in a hospital	m	m	m
First come/first served basis (e.g., provide ventilators based on the order in which requests are received until stockpiled supply is	m	m	m

depleted)			
Availability of trained and qualified staff to operate additional ventilators and care for patients with complex illnesses	m	m	m
Sufficient space to accomodate additional ventilated patients	m	m	m
Equipment needed to support additional ventilaged patients	m	m	m
Other factors	m	m	m

5. Did your jurisdiction conduct a hospital-based assessment between June 30, 2010 and June 30, 2014 to determine their mechanical ventilation capabilities? Please indicate which of the following considerations were included in the assessment (please check all that apply)?

q No assessment conducted

q Number of ventilators in normal conditions

q Availability of "surge" ventilators

q Types of populations to be served during an influenza pandemic (e.g., underserved or vulnerable populations)

q Availability of trained and qualified staff to operate additional ventilators and care for patients with complex illnesses

q Sufficient space to accomodate additional ventilated patients

q Adequeate equipment needed to support additional ventilated patients

q Familiarity of hospitals with portable ventilators used in the U.S. Strategic National Stockpile (SNS)

6. Please enter the percentage of the hospitals within your jurisdiction that were included in your assessment.

(Please enter a percentage) _____

7. How will your jurisdiction coordinate hospital requests for ventilators during an influenza pandemic (please check all that apply)?

q Through ESF-8 lead

q Through state, regional, or local hospital associations

q Through state, regional, or local healthcare coalitions

q Other (please specify) _____

Section III: Medical Care and Countermeasures

8. Has your jurisdiction determined when and how it will train healthcare systems to operate federally stockpiled ventilators that are distributed to hospitals?

mYes

mNo, but in development

mNo >>>> Skip to Page 9: 9. Has your jurisdiction collaborated with hospitals and/or healthcare coalitions to stockpile fit-tested respiratory protective devices for their healthcare workforce that could be used during an influenza pandemic?

mDon't know

Respiratory Protective Devices

9. Has your jurisdiction collaborated with hospitals and/or healthcare coalitions to stockpile fit-tested respiratory protective devices for their healthcare workforce that could be used during an influenza pandemic?

mYes

mNo

Respiratory Protective Devices

10. Since June 2010, has your jurisdiction issued recommendations or guidance to hospitals and/or healthcare coalitions about stockpiling fit-tested respiratory protective devices for their healthcare workforce?

mYes

mNo >>>> Skip to End Page: Survey Submitted

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Respiratory Protective Devices

11. If yes, which of the following items were included in your jurisdiction's guidelines?

q Number of respiratory protective devices to stockplie based on the projected duration of the pandemic

q Recommendations about who should wear respiratory protective devices

q Recommendations about circumstances in which respiratory protective devices should be worn

q Recommendations about fit-testing for respiratory protective devices

q Other (please specify) _____

Medical Countermeasures Distribution and Dispensing

12. Which of the following partnerships has your jurisdiction established to enhance antiviral distribution/ dispensing during a pandemic (please check all that apply)?

q We have not established partnerships to enhance antiviral distribution / dispensing during a pandemic

q Community pharmacies

q Pharmaceutical distributors

q State Board of Pharmacy

q Pharmacy training programs

q Other (Please specify) _____

13. Please describe the role of these partners in your jurisdiction's antiviral distribution/dispensing plans.

_____

_____

_____