King County

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CLERK
KING COUNTY COUNCIL

August 28, 2009

The Honorable Dow Constantine
Chair, King County Council
Room 1200
COURTHOUSE

Dear Councilmember Constantine:

On July 27, 2009, the King County Council adopted Ordinance 16608 making a supplemental appropriation of $1,186,710 to the public health fund; and amending the 2009 Budget Ordinance, Ordinance 16312, Section 92, as amended. The July ordinance included the following proviso:

P6 PROVIDED FURTHER THAT:

> The council recognizes that the H1N1 influenza pandemic continues to evolve and may have a heightened, but as yet unknowable, impact on King County during the 2009-2010 winter influenza season. It is the intent of the council that the Seattle-King County department of public health continue to prepare for and respond to the H1N1 influenza pandemic. By August 17, 2009, the executive shall transmit to the council a written update outlining the known essential costs associated with preparedness for an H1N1 influenza outbreak during the 2009-2010 winter influenza season. The update shall also detail the department's capacity to fund these costs within the existing resources of the public health fund that either may be appropriated for known essential costs or placed in reserve to be appropriated for future essential costs as the disease evolves and those costs become known. The report shall also include information related to potential federal funding for H1N1 preparation and response.
> The update must be filed in the form of 12 copies with the clerk of the council, who shall retain the original and will forward copies to each councilmember and to the lead staff for the budget and fiscal management committee, or its successor.

The attached proviso submittal responds to the County Council's request that the Executive transmit a written update to the council by August 17, 2009 that would detail:

1. Known essential costs related to the preparation for an H1N1 outbreak in King County during the winter influenza season;
2. Funds currently available within the Public Health fund that may be appropriated or placed in reserve for H1N1 preparation and response; and

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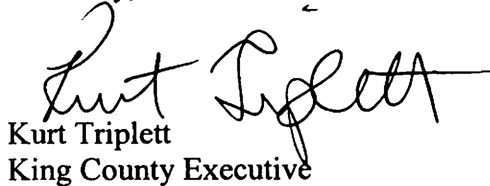
3. Information on federal funding that may become available for local H1N1 preparation and response.

With the adoption of Ordinance 16608, the Department of Public Health will work with council staff on a briefing for the council's Budget & Fiscal Management Committee at the beginning of September that will provide the Committee with a broader picture of the resource needs, availability, and timing for H1N1 preparation and response.

Thank you for your consideration of the proviso response. We look forward to answering any questions or concerns you may have. Please feel free to call Michael Loehr, Public Health Emergency Preparedness Section Manager, at 206-263-8687 if you need further assistance.

Sincerely,



Kurt Triplett
King County Executive

Enclosure

cc: King County Councilmembers
ATTN: Tom Bristow, Interim Chief of Staff
Saroja Reddy, Policy Staff Director
Anne Noris, Clerk of the Council
Frank Abe, Communications Director
Beth Goldberg, Deputy Director, Office of Management and Budget
David Fleming, Director and Health Officer, Seattle-King County Department of Public Health (DPH)
Kathie Huus, Chief of Staff, DPH
Dorothy Teeter, Chief of Health Operations, DPH
Benjamin Leifer, Chief Administrative Officer, DPH
Connie Griffith, Chief Financial Officer, DPH
Jeff Duchin, MD, Prevention Division Chief, Communicable Disease Control, Epidemiology & Immunization Section, DPH
Michael Loehr, Emergency Preparedness Section Manager, DPH

August 28, 2009

Priorities for H1N1 Influenza Preparedness and Response
Public Health – Seattle & King County

Fall 2009 – Spring 2010

This report is provided in response to Proviso P-6, in Ordinance 2009-0384, adopted July 27, 2009, which reads as follows:

> The council recognizes that the H1N1 influenza pandemic continues to evolve and may have a heightened, but as yet unknowable, impact on King County during the 2009-2010 winter influenza season. It is the intent of the council that the Seattle-King County department of public health continue to prepare for and respond to the H1N1 influenza pandemic. By August 17, 2009, the executive shall transmit to the council a written update outlining the known essential costs associated with preparedness for an H1N1 influenza outbreak during the 2009-2010 winter influenza season. The update shall also detail the department's capacity to fund these costs within the existing resources of the public health fund that either may be appropriated for known essential costs or placed in reserve to be appropriated for future essential costs as the disease evolves and those costs become known. The report shall also include information related to potential federal funding for H1N1 preparation and response.
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> The update must be filed in the form of 12 copies with the clerk of the council, who shall retain the original and will forward copies to each councilmember and to the lead staff for the budget and fiscal management committee, or its successor.

Consistent with the intent of the proviso, this report is organized into the following three sections:

PART 1 of this document describes the core preparedness activities currently underway:

A. Making H1N1 vaccine available community-wide

B. Mitigating the impacts of the fall outbreak through mobilization of antiviral medicines, education and outreach to key partners, and coordinating policy level planning with public and private schools

C. Maintaining continuity of critical health and medical services

PART 2 describes funding strategies that may be utilized for H1N1 preparedness and response efforts

PART 3 describes the current availability of federal H1N1 preparedness funds, and how they may be applied in Washington State.

Overview

The current H1N1 influenza pandemic began in late April, spread to multiple continents and continues to infect residents across King County. Public Health – Seattle & King County is currently planning for an expected resurgence of H1N1 outbreaks, particularly in schools, this fall. Although the severity of the disease appears generally similar to seasonal flu, with H1N1, hospitalization rates are higher among children and young adults and the majority of deaths occurred in younger adults compared with seasonal flu.

H1N1 has three important distinctions from seasonal influenza that necessitate in-depth planning with a wide array of healthcare and community partners. First, the infection has the potential to be much more prevalent in King County residents than seasonal influenza due to a relative lack of immunity in this population. Second, the lack of H1N1 vaccine early in the flu season increases the potential for widespread outbreaks and disease among the most vulnerable who are normally vaccinated. Third – conceptually – vaccine will be available late and will require planning for large scale community immunization. Increased risk for severe illness exists for pregnant women, children, and persons with underlying health conditions. Consequently, public perception of this health threat may differ greatly from seasonal influenza, and thus we must plan for a wide range of potential reactions by our communities.

Guided by the above working assumptions, Public Health – Seattle & King County is developing new capabilities and planning with regional partners to respond to a possible fall epidemic of influenza, including disease caused by the new H1N1 strain, in our communities. We are improving our abilities to store and distribute vaccines, antiviral medicines, and medical supplies; expanding our education and outreach efforts; adding surge capacity to the Public Health response; and protecting vulnerable populations.

PART 1

A. Community-wide Vaccination

The primary goal of our preparedness efforts this fall is to ensure the availability of H1N1 vaccine to all persons in King County for whom the vaccine is recommended and who choose to be vaccinated as soon as vaccine supplies are available to us. Our primary strategy for receiving, distributing and dispensing H1N1 vaccine will focus on adapting existing vaccine distribution infrastructure to incorporate additional healthcare providers, thereby expanding availability across the county. Due to evolving circumstances and frequently updated information around federal vaccine guidance and policy decisions, presumed availability of vaccine, and disease characteristics, our planning efforts necessarily incorporate several key assumptions:

- We plan to make novel H1N1 vaccine available county-wide as soon as it is available, however initial vaccine supplies may be limited and may be delayed until after the outbreak begins and possibly until after it peaks.
- Vaccine distribution will follow federal guidelines from the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP) for use of novel influenza A H1N1 vaccine. Included in these guidelines are the following priority groups to be utilized in the early stages of the event when vaccine supplies can not yet accommodate the entire population:

Priority Group	**King County Population**
☐ Pregnant women	33,951
☐ All persons 6 months to 24 years of age	560,450
☐ Household contacts and caregivers of infants under 6 months of age	unknown
☐ All persons 25 to 64 years of age with one or more high risk conditions *	264,000
☐ Healthcare workers	74,500
☐ Emergency Medical Services workers	4,420
TOTAL	**937,321** *(49.1% of KC population)*

** High risk conditions include:* chronic lung (including asthma) or cardiovascular (except hypertension), kidney, liver, neurological/neuromuscular, blood system, or metabolic

disorders (including diabetes mellitus) and immune system suppression (including that caused by medications, treatments or by HIV).

- If further prioritization of vaccine is necessary due to limited supplies, a subset of people eligible for initial vaccination will include pregnant women, children 6 months through 4 years of age, household contacts and caregivers of children younger than 6 months of age, children 5 through 18 years of age who have chronic medical conditions, healthcare and Emergency Medical Services personnel.
- Two vaccinations 3-4 weeks apart will be required to produce protection from infection; one vaccination will provide little to no protection.
- In advance of our receiving vaccine in King County, mitigation measures to reduce the spread of disease and severity of illness may be necessary including distribution and tracking of antiviral medicines to healthcare facilities, policy decision making around operations of schools and child care facilities, and coordinated health and safety messaging.

Central to the existing vaccine distribution infrastructure is the Vaccine for Children Program (VFC), which currently includes approximately 340 healthcare facilities registered in King County to receive and administer vaccines each year to children representing the vast majority of child immunizations delivered in the county. We must identify and recruit additional healthcare providers including obstetricians and internists to administer the novel H1N1 vaccine under the VFC program to adult target populations, including pregnant women, in addition to children. We must also develop capacity to provide technical assistance to healthcare workers regarding specific protocols associated with storage, handling and administering novel H1N1 vaccine and information on vaccine safety and reporting potential vaccine-related adverse events.

We must plan now with pharmacies, Community Health Clinics, large medical practices, specialty clinics, hospitals and Emergency Medical Services organizations to incorporate them into the community-wide vaccination program. Participation by these organizations is key to ensuring wide distribution and availability of vaccine to people within defined priority groups. This level of planning will require significant staffing resources dedicated to building partnerships and gaining commitments from key healthcare organizations.

Our planning must also account for people who may not have access to vaccine through the VFC program or from healthcare facilities listed above. We must identify a sufficient number of healthcare facilities around the county where vaccine would be accessible to people who could not otherwise afford to be vaccinated. We are planning to utilize our Public Health Centers to administer vaccine to Public Health patients and to persons who lack a medical provider and can not afford an administrative fee to receive the vaccine. However, we must expand our planning with other healthcare organizations to identify an appropriate number of sites, dispersed across the county that can serve in this capacity.

The amount of H1N1 vaccine that will be initially shipped to King County this fall is currently unknown, and thus our plans must anticipate that H1N1 vaccine supplies

may be limited in the early stages of the vaccination effort. In addition, predicting public demand for the H1N1 vaccine in advance is not possible as there are many factors, still unfolding, that may effect the public's perception of the threat and the value of the vaccine. Outbreaks occurring across our community, particularly in school age children, before vaccine is available; a real or perceived shortage of vaccine supplies; and heightened public awareness and anxiety over reported deaths from H1N1 early in the flu season may generate a surge in public demand for vaccine. Conversely, public apathy toward the illness; confusion about the need for multiple vaccines for different strains; or fear and mistrust regarding the safety of the vaccine may reduce demand.

As the demand for vaccination among the priority groups is met and supplies become more plentiful, vaccine will be made available to additional persons in King County for whom vaccination is recommended and who choose to be vaccinated. In order to know the extent of progress being made in vaccinating priority groups, we must develop plans and systems that will enable us to track and report to the Washington Department of Health and/or the CDC the status of vaccine distribution across the county and any adverse reactions to the vaccine reported by healthcare providers. Developing such a reporting mechanism, even using existing infrastructure as a foundation, will require significant investment of staffing time and resources to accommodate the needs of a community-wide vaccination effort.

Developing the community-wide vaccination plan requires a surge of staff resources, a high degree of expertise and close integration between a cross section of internal staff and community partners. We have redirected several Public Health staff from their daily responsibilities toward H1N1 vaccine planning efforts. However, additional staff are needed to initiate and complete several core planning functions. Establishing and maintaining direct coordination with healthcare partners to enhance planning, coordination and capacity around the VFC program will require temporary expansion of the Immunization Program by up to six positions. Development of plans for vaccine usage reporting, prioritization of distribution and resource logistics are also key components of this planning process. We must add expertise to our planning efforts by incorporating pediatricians and pharmacists to assist with coordination and planning across key healthcare sectors. We must augment our public information team to create essential messages around the vaccine distribution plan, develop strategies for widespread distribution and oversee translation and dissemination across multiple media. We must also develop plans specifically detailing how our Public Health centers will serve as vaccine and antiviral dispensing sites across the county for the duration of the fall and winter. These plans must address staffing needs, resource management, communications, and be sufficiently flexible to account for changes in supply levels or disease severity.

B. Mitigating Impacts - Antiviral medicines, Contingency Planning with Schools and Childcare Centers, and Public Education

It is possible that outbreaks of H1N1, particularly in school and child care settings, may begin soon after classes resume in September, well before the initial doses of