HEALTH AND MEDICAL AREA COMMAND SITUATION REPORT

Last situation report for current H1N1 response activity								
PUBLIC HEALTH – SEATTLE AND KING COUNTY								
REPORT #: 14		OPERATIONAL PERIOD: 12/15/09-12/22/09	DATE: 12/18/09	TIME: 15:00				
Incident Name/Inci Planning	MISSION #: H1N1: 09-2887 Howard Hanson Dam: 09-2821							
Locations/Areas Affected: H1N1: King County; Howard Hanson Dam/Green River: City of Auburn, City of Kent, City of Renton, City of Tukwila, Unincorporated King County								
HEALTH AND MEDICAL AREA COMMAND CENTER (ACC) STATUS								
ACC Activation Status:	ACTIVATED							
Location:	□ Primary Location	☐ Alternate Site:						
Hours of Operations:	24 Hour Ops.	☑ Days/Hours:Monday - Friday8 am - 5 pm		Off Hours Emergency Contact 24/7: Public Health Duty Officer				
EMERGENCY PROCLAMATIONS/DECLARATIONS								

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JURISDICATIONS	NAME OF JURISDICTION	I DATE	COMMENTS			
County Proclamation:	⊠ Yes □ No	Thursday, 9/10/09	The King County Executive proclaimed an emergency regarding potential flooding in the Green River Valley as a result of problems with the Howard Hanson Dam			
Washington State Proclamation:	☐ Yes					
Federal Health Declaration:	⊠ Yes □ No	Sunday, 4/26/2009	The Department of Health and Human Services issued a nationwide public health emergency declaration in response to recent human infections with a newly discovered swine influenza A (H1N1) virus			
National Emergency Declaration	⊠ Yes □ No	Saturday, 10/24/09	The President declared a National Emergency for H1N1 Influenza through the National Emergencies Act, which allows healthcare facilities to petition for Social Security Act Section 1135 waivers for specific needs (i.e. waivers for specific EMTALA, HIPAA or CMS regulations).			
Federal Disaster Declaration:	☐ Yes ⊠ No					

RESPONSE GOALS

H1N1

- Protect the public's health by minimizing the spread of H1N1 influenza in the community
- Achieve situational awareness about flu activity in King County and impacts on the healthcare system and the broader community
- Support the informational and medical resource needs of healthcare partners
- Maintain consistent and timely public information about H1N1 flu and response activities
- Maximize availability of H1N1 vaccine to protect the public's health
- Maintain continuity of Public Health operations

Green River

- Mitigate the impact of flooding to healthcare partners and Public Health sites
- Establish plans to assist with evacuation and sheltering of the medically fragile
- Maintain consistent and timely messaging to the public and partners about the threat of the Green River flooding and impacts to the healthcare system
- Mitigate and monitor the Environmental Health impacts of a flood

SUMMARY OF EVENT

H1N1 Situation in King County:

- Emergency department (ED) visits for influenza like illness (ILI) have been decreasing for five consecutive weeks.
- For the week ending 12/12/09, the proportion of ED visits for ILI was equivalent to levels observed at this time last year, as well as levels observed just before the spring H1N1 outbreak started.
- Hospital admissions for laboratory-confirmed influenza have been decreasing for the past several weeks.
- One death in a King County resident confirmed to have 2009 H1N1 influenza occurred during week 49. The individual, a middle-aged man, had underlying health conditions.
- The percentage of specimens testing positive for influenza from our outpatient surveillance system has been decreasing for the past several weeks.
- Twelve long-term care facilities have reported cases of influenza like illness in their facilities since mid-October.

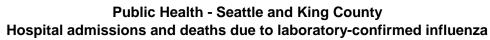
For information on current surveillance and testing guidelines for 2009 H1N1 influenza, see: http://www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/swineflu/providers.aspx.

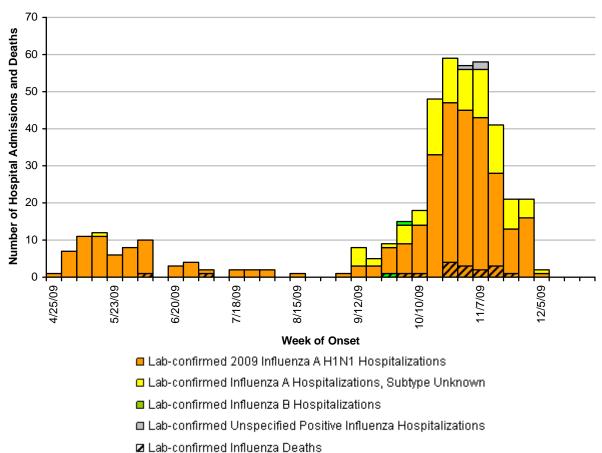
Case counts, 2009-2010 flu season (updated 12/14/09).

2009-2010 Influenza Season (starting October 5th):

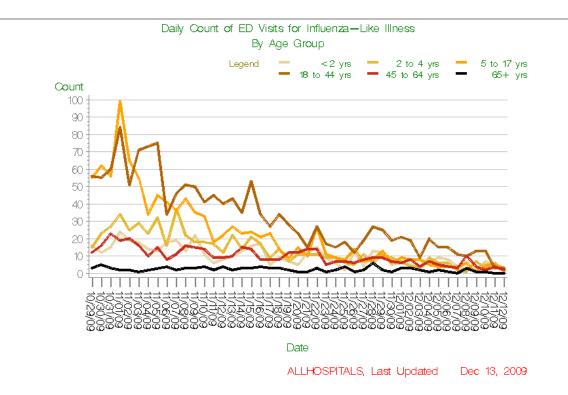
Lab-confirmed 2009 Influenza A H1N1 Hospitalizations: 253 Lab-confirmed 2009 Influenza A H1N1 Deaths: 15

Lab-confirmed Influenza Hospitalizations, not H1N1 or not tested for H1N1: 89
Lab-confirmed Influenza Deaths, not H1N1 or not tested for H1N1: 0





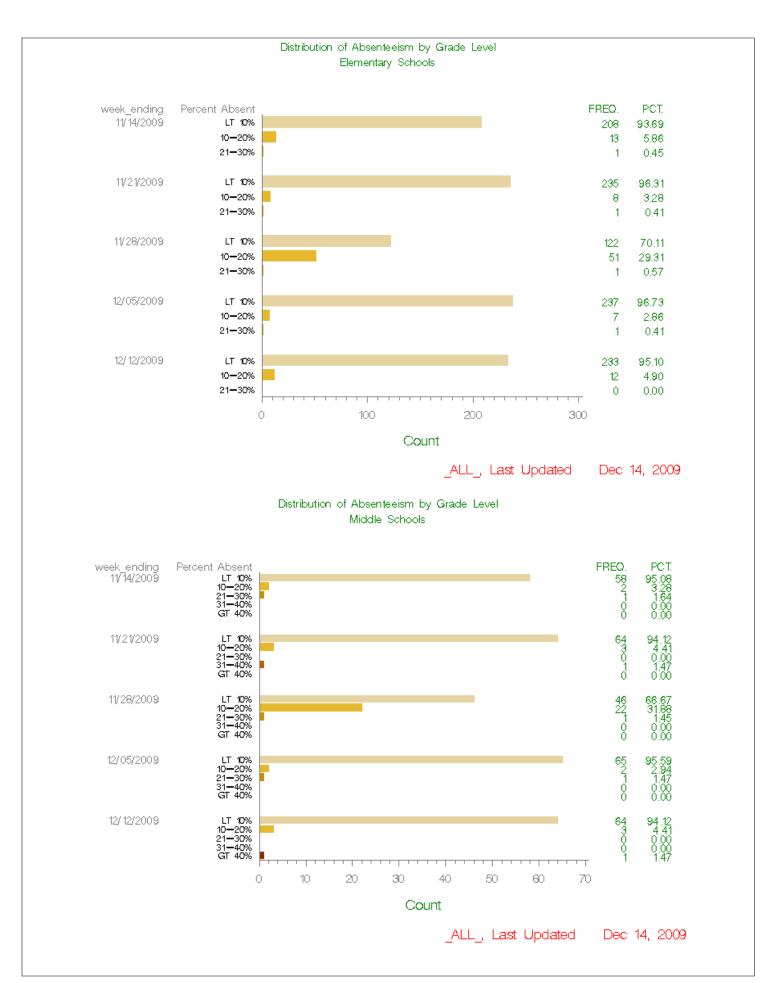
Syndromic Surveillance (updated 12/10/09): Emergency department (ED) visits due to influenza like illness (ILI) have been decreasing for the past several weeks, and were below the peak observed during the spring 2009 H1N1 outbreak for the week ending 12/5/09. The volume of ED ILI visits is currently highest among adults ages 18-44 years, followed by children ages 5-17 years. ED admissions for ILI increased through September and October, but have been decreasing since the start of November. Overall, the weekly count of ED admissions for pneumonia was on a downward trend from the peak in March 2009 through the end of September 2009, with increasing counts beginning in early October 2009.

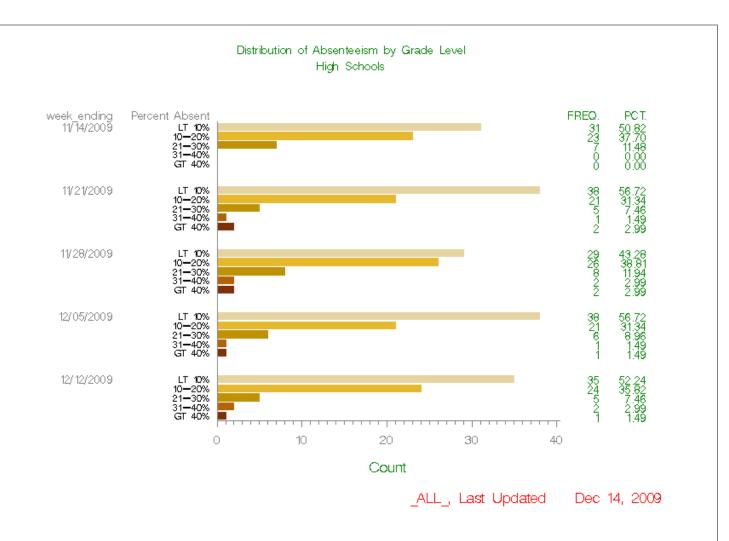


P & I (Pneumonia and Influenza) Deaths (updated 12/10/09): 5.5% of deaths reported from 11/25/2009 to 12/5/2009 were attributed to pneumonia and influenza. During the period 11/22/09 through 11/24/09, 13.9% of deaths were attributed to pneumonia and influenza. At the peak of flu season, the national epidemic threshold typically ranges from 7.5 - 8.0%.

Long-term Care Facilities (updated 12/10/09): Public Health has received reports of ILI from twelve long-term care facilities since mid-October. In several instances, illness was limited to one resident, or to staff who did not have patient contact. Three facilities were recommended to initiate antiviral prophylaxis to limit further transmission among residents and staff.

School Absenteeism (updated 12/10/09): Eighteen of 19 King County school districts are reporting absenteeism through our automated system. Historical data allowing examination of trends over time are only currently available for three districts. Please note that many schools were not in session during the week ending 11/28/09, and so those data should be interpreted with caution.





H1N1 VACCINE

As of December 12, 2009 the Public Health – Seattle & King County's H1N1 Vaccine Recommendations are:

- Any person 6 months of age and older who desires to be protected against H1N1 influenza may now be vaccinated.
- King County healthcare providers continue to aggressively vaccinate persons in target populations. This includes:
 - Pregnant women
 - People who live with or care for children younger than 6 months of age
 - People between the ages of 6 months and 24 years old
 - People between 25 through 64 years of age with chronic health conditions or weakened immune systems
 - Healthcare and emergency workers
- In vaccination settings where demand among target populations is still high, health care providers may decide to
 vaccinate patients in target populations and refer patients outside of the target group to pharmacies or community
 clinics for vaccination.

People should continue to contact their health care providers for H1N1 vaccine. Vaccine is also available at selected local pharmacies and at free clinics offered by Public Health , SeaMar and HealthPoint on selected days.

H1N1 Vaccine Allocation: As of December 18, 2009, an estimated 514,000 doses of H1N1 vaccine have been received in King County.

Free swine flu vaccinations for people who can't afford to pay: King County residents who can't afford to pay for H1N1 vaccination will have an opportunity to get vaccinated at 11 drop-in locations throughout King County on Saturday December 19th. Select locations will also have drop in locations open next week. For more information on locations and hours, please visit: http://www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/swineflu/clinics.aspx

Supply and Allocation Updates: Vaccine supply and allocation updates are now being posted to our website on Fridays: Please visit www.kingcounty.gov/health/H1N1 for more detailed information.

Pharmacy Information: Pharmacies continue to receive allocations of vaccine. More information about vaccination options at pharmacies, including locations, hours and contact information is available at http://www.kingcounty.gov/healthservices/health/preparedness/pandemicflu/swineflu/pharmacies.aspx

MEDICAL RESOURCES

Strategic National Stockpile (SNS) Personal Protective Equipment (PPE)

Public Health has evaluated the compliance requirements outlined in the OSHA instruction document dated 11/20/09 and has assessed this information as it regards the PPE Allocation Strategy. Further work on resource conservation strategies is underway.

The supply chains for many types of commercially available have opened recently. Therefore, no PPE resources from the SNS have been allocated to healthcare partners.

Antiviral Dispensing in the Community

Prescriptions filled at community dispensing sites have dropped this week by 90%. Only two courses were dispensed and both were 75mg courses.

PUBLIC HEALTH FLU HOTLINE

The Public Health Flu Hotline is open and staffed with general operators and nurses to answer questions on general health and safety questions about H1N1 influenza, including home care, vaccine safety, and preventative tips. Call volumes have increased by approximately 18% from the previous week with call volumes averaging around 148 calls per 24 hour period. The Flu Hotline number is 1-877-903-KING (5464).

CURRENT GREEN RIVER SITUATION

Many Green River Flood response plans are in the process of being finalized, including those for Medical Needs Sheltering, Medical Evacuation and Environmental Health response. Public Health will continue to work with our local, state and federal partners to address ongoing caps regarding short and long term case management, discharge planning, and mental health response.

HEALTH AND MEDICAL AREA COMMAND - OPERATIONAL OBJECTIVES

H1N1 Objectives

- 1. Maintain situational awareness regarding flu activity in King County and impacts on the healthcare system and the broader community
- 2. Allocate available formulations for H1N1 vaccine
- 3. Develop long term plan for vaccine distribution to those who cannot afford to pay
- 4. Maintain timely and accurate H1N1 messaging and communications to providers, partners and the public
- 5. Demobilize select H1N1 operations

Green River Objectives

1. Maintain situational awareness regarding potential flood risk along the Green River

MAJOR ACTIONS

H1N1

- Ongoing influenza surveillance
- Operating Public Health Flu Hotline with general operators and nurses to answer H1N1 influenza questions

- Developing communication materials and addressing media inquiries regarding H1N1 vaccine delivery.
- Managing allocation of available H1N1 vaccine formulations
- Providing vaccine to individuals who cannot afford to pay for vaccine through public clinics at select Public Health Centers, HealthPoint and SeaMar
- Collecting and analyzing H1N1 Healthcare Report
- Maintain tracking systems for antivirals from regional cache
- Demobilization planning for select H1N1 operations

GREEN RIVER

- Coordinate with local and state ESF 6 partners regarding case management and mental health response gaps
- Final review of ESF 6 response plans

ESF-8	SITUA	TION STA	TUS REP	ORT – H1N1
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Area Commander: Michael Loehr