

The newsletter

Volume 2 Issue 3

Fall 2009

POD: Point of Distribution, Point of Dispensing

EDS: Emergency Dispensing Site

A POD or EDS, as it is known in Massachusetts, is a space for prophylaxis (antibiotic distribution or vaccination) of exposed and potentially ill persons. While most events requiring the implementation of an EDS will be relatively controlled and localized, a worst-case scenario may require the ability to administer vaccine or dispense medication to 80% of the population in the jurisdiction within 2 days; and then for the remaining 20% of the population over the next day.

The following is from the Massachusetts Department of Public Health Management and Operations manual for emergency use of EDS sites. Regardless of the event, dispensing site size or location, the functions and routing procedures remain essentially the same. Depending on the size of the operation, staff positions will be added or consolidated per Incident Command System (ICS 100) and MRC members will be working under the Operations portion of the system. Many towns are now using the flu vaccine clinics as a way to set up and practice procedures for EDS activation, if ever needed.

Step 1: Triage

When dealing with a communicable disease or public health emergency, potential recipients should be triaged at the point of entry to the dispensing site or at the staging area. As recipients approach the staging area or the dispensing site, security personnel handling outside traffic flow and parking should direct them to the triage area. Triage by an EMT or clinician should occur at this point.

- Recipients who have been exposed to the agent or to cases should be escorted to a separate room/area for interviewing and possible transportation to a quarantine facility.
- Recipients who are medically ill should be referred for medical evaluation and possible transfer to a medical facility by emergency medical services.
- Distressed individuals should be referred to the Behavioral Health Staff.
- Non-English speaking recipients should be assigned a translator.
- Recipients who may have difficulty following directions or who have mobility limitations should be assigned an escort.

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Special points of interest:

EDS function in picture form

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Step 2: Forms and Information (Greeters and assistance should be available throughout the process)

As they are entering the building, recipients are directed to a location where the greeter/educator briefs each group of up to 30. The briefing includes:



- Description of the dispensing site process.
- Discussion of all required forms and instructions and assistance in completing the paperwork.
- Written information about the disease, agent and vaccine/medication, and a toll-free 24/7 telephone number to call with questions.
- Opportunity to ask questions.
- If available, a video may be shown. (In an emergency, state supplied videos may be provided to television channels.)

Step 3: Forms Review

After orientation and the completion of paperwork, individuals and families should be directed to registration tables where the staff will check each recipient's form for completeness and accuracy, collect basic registration information, and ensure that the consent form is signed, unless otherwise instructed. Persons who have indicated they have no contraindications (all no's on form) and who have signed all required forms are directed to the dispensing/vaccination area. Those with contraindications or ANY question of contraindications are to be directed to medical screening.

Step 3A: Screening for Contraindications

Screeners will see only those individuals who have possible contraindications/medical questions. At this time recipients or family representatives may be asked to sign a consent form prior to the receipt of any treatment.

Step 4: Vaccination/Medication Dispensing

After the medical screening, recipients with no medical contraindications are directed to the Vaccination/Medication Dispensing area.

****Emergency supplies to treat anaphylactic reactions must be available at the Vaccination/Medication Dispensing station. At this time, these treatments for anaphylaxis are to be provided by the community or communities within a regional coalition hosting the emergency dispensing site.**

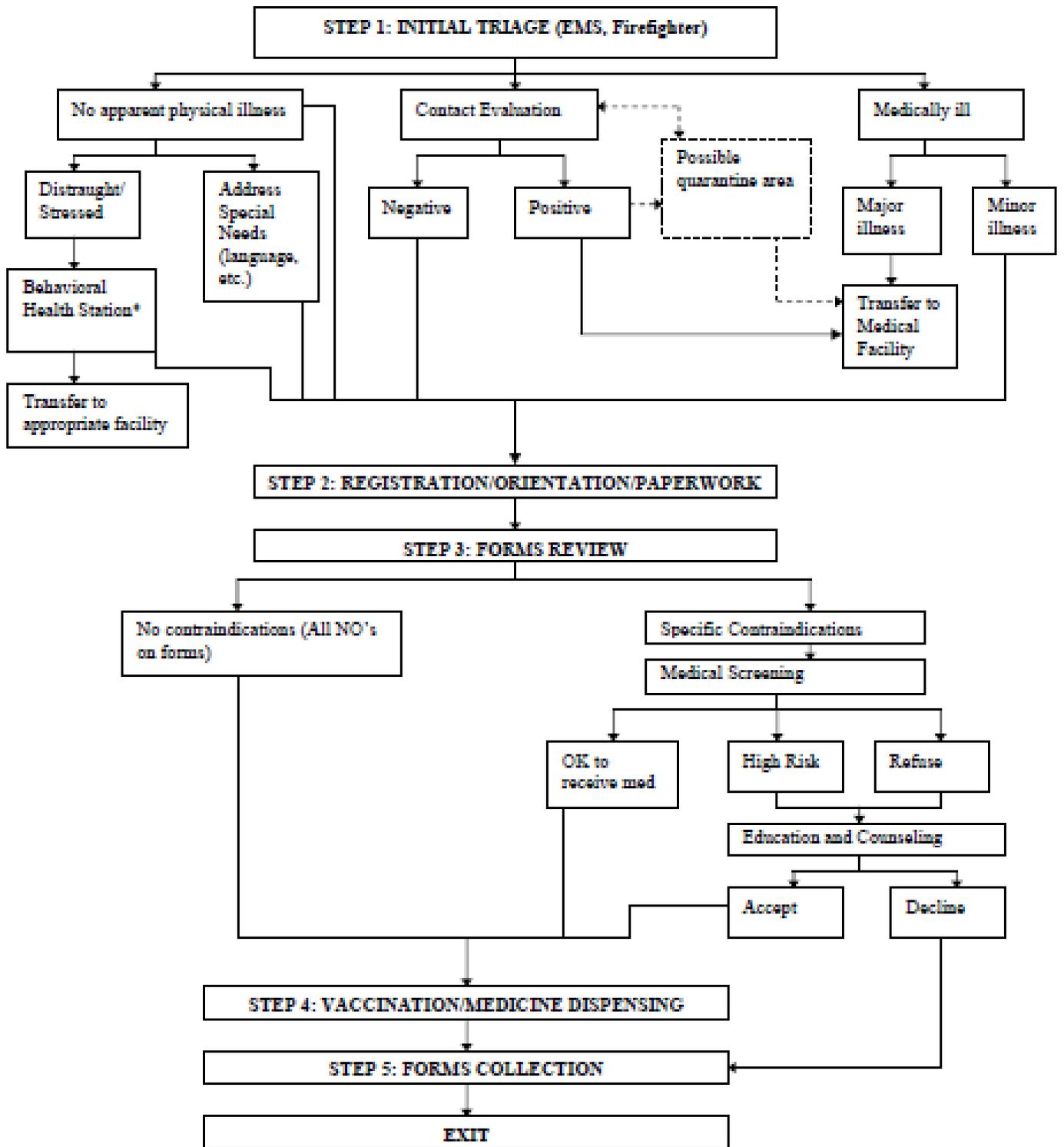
For vaccination: Screens should be available to afford privacy to persons who need to remove clothing in order to expose the vaccination site. The vaccine recipient then proceeds to the vaccine administrator who administers the vaccine, instructs the vaccine recipient on post-vaccination care of the vaccination site and completes the necessary documentation.

For medication dispensing: The recipient is given a supply of the appropriate medications based on the medical screening, and when possible, takes the first dose of the medication at the dispensing station.

Step 5: Forms Collection and Exit

Before leaving the dispensing site, recipients are routed to a forms collector stationed near the exit. This individual collects all required paperwork, answers any remaining questions, and informs recipients that they are finished with the process.

Figure 2: Emergency Dispensing Site Operations Flowchart



* Behavioral Health Staff as well as Security Staff may be located at various points throughout the EDS

CDC Novel H1N1 Vaccination Planning Q&A July 24, 2009

How will novel H1N1 vaccine be purchased?

Planners should assume novel H1N1 vaccine will be procured and purchased by the federal government and made available for vaccinators at no cost.

When will the decision to administer vaccine be made?

For planning purposes, it should be assumed that vaccine will be administered beginning in the fall.

When will vaccine shipping begin?

Actual dates cannot be provided at this time as they are affected by several factors including manufacturing time and time needed to conduct clinical trials. Planners should assume shipping of vaccine will begin mid-October.

How many manufacturers are producing vaccine?

Five manufacturers are producing vaccine for the U.S.: Sanofi Pasteur, Novartis, GSK, Medimmune, and CSL.

How much vaccine can be expected to be available for shipping when shipping begins?

Given uncertainties around vaccine yield and formulation, it is not possible to provide specific numbers at this time. Planners should use the following 3 hypothetical scenarios for planning purposes: the initial amounts manufactured by the five manufacturers considered together will total 40 million, 80 million, or 160 million doses of vaccine. For planning purposes, planners should assume that vaccine will become available for shipping from the five manufacturers over a one month period. The above assumptions are based on a 15ug/dose formulation which is subject to change based on clinical trials.

How much vaccine can be expected in subsequent shipments?

The actual weekly production is unknown at this time. For planning purposes, planners should plan for the following three hypothetical scenarios: weekly production from the five manufacturers will total 10 million, 20 million, and 30 million doses. However, weekly production could be larger depending on manufacturing capacity.

How will vaccine be shipped to projects areas (CDC Public Health Emergency Preparedness grantees)?

Plans are currently being developed. Two main options are being explored based on previous pandemic planning: shipping by manufacturers and their commercial distributors to project area-designated ship-to sites, and centralized distribution, which would likely allow vaccine shipments to a larger number of ship-to sites. Both options would require an active role of the state immunization program in designating ship-to sites and relative allocations. More information on this will be provided in the coming weeks.

How frequently will vaccine shipments arrive?

The frequency of shipments will depend upon several factors, including the method of distribution used and the frequency of vaccine orders placed by the states.

Will vaccine be in multi-dose vials?

The majority of vaccine will be in multi-dose vials, the remainder in single dose vials or nasal sprayers. The aim is to have enough vaccine in single dose vials (i.e. preservative free) for young children and pregnant women.

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How will vaccine be allocated among project areas (the CDC PHEP grantees)?

Vaccine will be allocated to each project area in proportion to its population (pro rata). Estimated allocations under the different planning scenarios have been sent to each project area.

Will syringes and needles be provided with vaccine?

HHS plans to provide needles and syringes. Plans for ensuring the distribution of these products to ship-to sites are currently being developed. Plans are being made to also provide sharps containers and alcohol swabs.

Will two doses of vaccine be required?

This will not be known until the late summer- early fall, once clinical trials are completed. For planning purposes, planners should assume that two doses will be needed for person.

What will be the recommended interval between the first and second dose?

This will not be known until clinical trials are complete. For planning purposes, planners should assume 21-28 days between the first and second vaccination.

How much Thimerosal-free vaccine will be available?

It is anticipated that enough thimerosal-free vaccine in pre-loaded syringes will be available for young children and pregnant women.

Will there be federal requirements to recall persons for their second dose, if a second dose is needed?

We do not anticipate a federal requirement to send out recall notices. Providing information on second dose at the time of the first dose, as well as using the media to disseminate this message will be the primary means of educating persons about who needs a second dose administered.

Will it be necessary for the first and second dose to be the same product?

Ideally, first and second doses would be from the same product. However, practical considerations make this difficult to implement so it would be preferable if products could be used interchangeably. A definitive answer on this issue will not be available until late summer – early fall once clinical trials are conducted.

Can seasonal vaccine and novel H1N1 vaccine be administered at the same time?

This will not be known definitively until the clinical trials have been completed, however, planners should assume co-administration is possible.

Will vaccine be adjuvanted?

This may not be known until early fall, once clinical trials are completed.

If vaccine is adjuvanted, how will it be formulated?

Formulation will vary by provider. For Novartis, vaccine may be preformulated with adjuvant. For CSL, GSK and Sanofi Pasteur, mixing of vaccine and adjuvant at the site of administration will be necessary. Specific information on storage requirements and procedures for mixing vaccine and adjuvant will be provided by CDC. Medimmune vaccine will not be adjuvanted.

Will the vaccine be administered under EUA (Emergency Use Authorization) and if so what are the implications?

Every effort will be made to avoid the need for administering the vaccine under EUA, however the need for EUA will not be known until late summer – early fall. CDC will provide information on EUA requirements so that planners can plan for that contingency.

Can public health clinics charge for vaccine administration?

If federal funds are provided to project areas to cover vaccine administration costs, it is likely that public health would not be allowed to charge for vaccine administration.

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When will a decision be made about priority groups for H1N1 vaccine?

The ACIP and other federal advisory bodies will be reviewing available data over the summer, considering available epidemiologic data from this spring's experience in the Northern hemisphere and from the upcoming Southern hemisphere influenza season, as well as other relevant data including serologic studies. Recommendations from ACIP will be issued before Fall.

Will there be flexibility in how states implement prioritization?

State and local health departments are strongly encouraged to adhere to national guidelines on vaccine prioritization. Uniformity in prioritizing vaccine is considered a significant national interest.

Will there be requirements regarding documentation of priority group membership?

For priority groups based on risk status, planners should assume there will be no federal requirements for vaccinators to require documentation of priority group status such as a doctor's note documenting pregnancy or risk status. If vaccination is recommended for critical infrastructure personnel, systems will need to be put in place to ensure persons presenting for vaccination have been identified by their employer as critical personnel.

Based on information currently available, for what populations should planners develop vaccination plans?

For planning purposes, CDC recommends that planners focus on the following populations: Students and staff (all ages) associated with schools (K-12) and children (age ≥ 6 m) and staff (all ages) in child care centers; Pregnant women, children 6m-4yrs, household contacts of children < 6 months of age; Non-elderly adults (age < 65) with medical conditions that increase risk of influenza; Health care workers and emergency services personnel.

Pneumococcal vaccination:**Are there any changes in recommendations for pneumococcal vaccines?**

The ACIP recommends that persons recommended for pneumococcal vaccine receive it in light of the potential for increased risk of pneumococcal disease associated with influenza. There are at present no recommendations to give pneumococcal vaccine to groups for whom it is not currently recommended. ACIP will revisit this question over the summer as epidemiologic data from the Southern hemisphere influenza season and from the U.S. become available.

Private sector administration:**Will insurance plans reimburse private providers for administration?**

CDC asked America's Health Insurance Plans (AHIP) and on behalf of its members, AHIP provided this response: "Every year health plans contribute to the seasonal flu vaccination campaign in several ways:

- a) Health plans communicate directly with plan sponsors and members on the current ACIP recommendations and encourage immunization; they also provide information on where to get vaccinations, and who to contact with any questions.
- b) Just as health plans have provided extensive coverage for the administration of seasonal flu vaccines in the past, public health planners can make the assumption that health plans will provide reimbursement for the administration of a novel (A) H1N1 vaccine to their members by private sector providers in both traditional settings e.g., doctor's office, ambulatory clinics, health care facilities, and in non-traditional settings, where contracts with insurers have been established"

Will private providers be able to charge patients for vaccine administration if they are uninsured?

This is unknown at this time.

August 14, 2009
Update on Massachusetts

The Massachusetts Public Health Council (PHC) has approved two sets of emergency regulations that will better protect Bay State health care workers and residents during the upcoming flu season.

The first set of regulations require licensed health care facilities in Massachusetts to offer all employees of those facilities seasonal influenza vaccine, and H1N1 vaccine when it is available. Vaccinating health care workers against the flu is always important but it is even more critical this year. We are facing a flu season in which we will likely have different strains of flu circulating; the seasonal flu as well as the novel H1N1 influenza that first started spreading in the U.S. last spring. H1N1 flu has caused the first flu pandemic in 40 years, which means its geographic spread is now worldwide. While most people who became infected with H1N1 recovered after mild to moderate illness, the outlook for the fall and winter flu season is uncertain. Having different strains of the flu circulating at the same time can increase the number people who get ill and seek care at health care facilities - and that can increase demands on our health care system as a

whole. Find out more by clicking the link below.

Encouraging health care workers to get vaccinated helps in a couple of important ways. First, it protects the workers who will be on the frontline caring for people who are ill. The prospect of providing care for more patients seeking care in emergency rooms that are normally very busy, means that hospitals and other health care facilities will need all of the help they can get. Keeping health care workers from getting the flu protects those individuals, but it also helps protect our health care system. Secondly, protecting health care workers from the flu also provides protection to patients. An infected person can spread flu germs before they start feeling ill, so this is an obvious concern for health care facilities and employees who care for very vulnerable people. A person whose immunity is low, or who suffers chronic health conditions, like diabetes and asthma, is more likely to suffer severe complications from the flu.

Similar vaccination requirements have been in place for several years for long term care facilities in Massachusetts licensed by DPH. These changes would expand the number and type of health care facilities covered by

the rules. There is an opt-out provision for employees; however they must sign a statement declining the vaccination after being informed of the risks and benefits of vaccination.

The second set of regulations approved by the PHC will allow the Commissioner of Public Health, if necessary to protect the public, to authorize an expanded group of health professionals to provide flu vaccinations after being properly trained and supervised. Health care providers and public health professionals from throughout the state are working with other key partners to prepare for a flu vaccination campaign that is unparalleled in recent times. Training health professionals like pharmacists, dentists and paramedics to deliver flu shots could provide much needed assistance in vaccinating millions of residents seeking seasonal and H1N1 influenza immunization.

Given the time line for flu season preparations, the regulations passed were proposed as emergency amendments and will take effect in the coming weeks. However, there will be a public hearing on the changes in September, and the PHC will have to formalize its approval of the amendments with a final vote in November.

Additional Information

The CDC had a conference on August 26 with slides that are well written for the latest update on CDC guidelines and some data on what they have been seeing from the labs. It is the children who are going to be most affected by the novel H1N1 flu. Please go to our website to review the slides. Website: www.wachusettmrc.org.

Online Training Materials Related to the Novel Influenza A (H1N1) Outbreak - Centers for Public Health Preparedness (CPHP) To access links to online CPHP trainings go to:

http://www.cdc.gov/h1n1flu/cphp_onlinetraining.htm

Training and Informational Resources for 2009 H1N1 Novel Influenza A (swine flu) Pandemic - Northwest Center for Public Health Practice

Four training modules relevant to the activities and concerns raised by the current H1N1 flu situation.

<http://www.nwcphep.org/news-items/training-resources-for-swine-flu-situation>

From the National Office

MRC Leaders & Coordinators:

At the April, 2009 Integrated Training Summit in Dallas, Texas, CAPT Rob Tosatto, Director, Office of the Civilian Volunteer Medical Reserve Corps (OCVMRC), indicated that the Medical Reserve Corps (MRC) had begun a new relationship with both federal and non-federal partners regarding Substance Abuse Prevention. The MRC Program Office continues to build strong collaborations with these partners and has gathered information that can be used by your unit to answer questions or provide information related to Substance Abuse Prevention. We have gathered a list of websites that will give you access to excellent information and assorted toolboxes to help address the Substance Abuse Pre-

vention needs of your community. This list will be posted soon on the MRC website homepage under the title "Substance Abuse Prevention Links." The list is also part of this message.

We have also been working directly with the Community Anti-Drug Coalitions of America (CADCA) to establish training opportunities for MRC Unit Leaders/Coordinators at upcoming CADCA Training Academies. These trainings will be offered to MRC Unit Leaders/Coordinators that are working with their local Community Anti-Drug Coalition and are interested in developing a strategic plan to address the needs of their local communities related to substance abuse issues. We are looking at the first training to begin in March 2010 at the Northeast Counter Drug Training Center, Fort Indiantown Gap, Pennsylvania. More infor-

mation will be forthcoming later this year for this opportunity.

We at the MRC National Program Office are excited about this partnership and for the potential that it has to further strengthen and build resiliency in our communities. We will keep you posted on the future availability for training and additional information as it is made available.

Respectfully,

LCDR Dean R. Trombley
MRC Program Office
OCVMRC

Below is the list of Substance Abuse Prevention resources for your information:

The American Indian and Alaskan Native National Resource Center for Substance Abuse Services

www.oneskycenter.org

CADCA (Community Anti-Drug Coalitions of America) www.cadca.org 1-800-54-CADCA

CADCA's National Coalition Institute www.coalitioninstitute.org

Center for Underage Drinking Laws www.udetc.org

Center on Addiction and Substance Abuse at Columbia University (CASA) www.casacolumbia.org

University of Kansas Community Tool Box <http://ctb.ku.edu/>

Join Together www.jointogether.org

National Asian Pacific American Families Against Substance Abuse www.napafasa.org

National Association for Children of Alcoholics www.nacoa.org

National Institute on Alcohol Abuse and Alcoholism www.niaaa.nih.gov

National Clearinghouse for Alcohol and Drug Information www.ncadi.samhsa.gov 1-800-729-6686

National Institute on Drug Abuse www.drugabuse.gov

National Youth Anti-Drug Media Campaign www.mediacampaign.org

Partnership for a Drug-Free America www.drugfreeamerica.org

SAMHSA's Center for Substance Abuse Prevention www.csap.samhsa.gov

SAMHSA's National Centers for the Application of Prevention Technologies www.captus.org

SAMHSA's Prevention Platform www.preventionplatform.samhsa.gov

SAMHSA's Science-Based Prevention Programs www.modelprograms.samhsa.gov

White House Office of National Drug Control Policy www.whitehousedrugpolicy.gov

Above The Influence www.abovetheinfluence.com

Parents - The Anti-Drug www.theantidrug.com

Announcements

Upcoming needs:



1. **The program in Princeton, originally scheduled for August 22 has been moved to Hey Day, September 26th from 1-5 pm.**

We will need volunteers to help out with blood pressure and blood glucose screenings. We will also have a display on nutrition with the Board of Health. They will be giving away goody bags which include a jump rope to encourage exercise.

2. **Westminster is having a 3 hour parade on September 27** and we will be working with the EMS and BoH to provide a first aid station. It will be at 71 Main Street and will be open from 11-6pm. We are doing well with getting volunteers but we could use 2-4 more.

3. **Head Start in Gardner** as well as other schools are beginning to contact us about coming in this fall to do the WHACK the flu program. September through November is the best time to do this. Looking for two volunteers per town for one day 2-3 hours of time. If you are interested and have a friend you would like to work with, that would be fine. We have all of the materials and it takes just a few minutes of practice time. Very easy and fun.

4. **There is much discussion right now about using MRC volunteers** to help at various Flu Vaccine Clinics. As plans become more firm, we will be making phone calls or dropping a postcard in the mail to let you know about local plans. Hubbardston has contacted us already and I expect more. If you



are willing to help provide assistance in a nursing or non-nursing role, please call and leave a message. I will continue to put updates on our website. A toolkit is being distributed and I will also put that up on the website. Any education points that I can print up, I will send that out to

all volunteers on our mailing list.

5. **Please get your applications, CORI forms and a picture of yourself in as soon as possible as volunteers must have badges.** As plans for the flu season become more firm this will be essential. Remember that if you can help us, your obligations will be as you can help with time and your talents. Administrative to nursing, 2 or 4 hours, it is all valuable. Your reward for getting your paperwork back in is a backpack filled with all kinds of good-stuff like a first aid kit and a crank radio/flashlight. Keep it in the trunk of your car for emergencies.

6. *Will continue to schedule open meeting times at Libraries of the area...Please look for the postcard and take advantage to come say hello. This is the time to pick up your backpack as well or sign up to help with any event that we may have coming up. Some events in addition to town fairs and flu vaccines will be CPR and first aid classes for the community. We now have a community room offered for our use in Gardner.*

National Workgroup opportunity:

Dear MRC Leaders and Volunteers,

At the request of the Centers for Disease Control and Prevention (CDC), the Association of Schools of Public Health (ASPH) will be engaging the appropriate experts to develop a proposed model of core competencies for the public health preparedness and response workforce. This effort is supported by a Cooperative Agreement from the CDC, Coordinating Office for Terrorism Preparedness & Emergency Response (COTPER).

The competency model will build on existing work in the emergency preparedness and response field and will provide a proposed national standard of skills that are needed for the public health workforce in all-hazards preparedness and response situations. The project meets one of the mandates of the [2006 Pandemic and All-Hazards Preparedness Act \(PAHPA\)](#).

You are invited to participate and volunteer. Starting in September, workgroups will begin to draft core preparedness and response competencies. The time commitment will include participating in conference calls with your workgroup and providing both written and verbal feedback several times between September 2009 and January 2010.

If interested in volunteering, then please email or call me. Please share this invitation with your colleagues and partners in public health preparedness and response.

Sincerely,

John E. McElligott, MPH, CPH, Project Manager
Association of Schools of Public Health

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In Tough Times, Volunteering In America Remains Strong

Dear MRC Leaders,

A new report released on July 27th by the Corporation for National and Community Service finds that even during a time of prolonged economic recession, volunteering has remained steady, fueled by a compassion boom led by young adults and a wave of do-it-yourself volunteers working with their neighbors to fix problems. Visit www.nationalservice.gov/about/newsroom/releases_detail.asp?tbl_pr_id=1426 to read the full press release, In Tough Times, Volunteering In America Remains Strong. As MRC Leaders, you understand fully the power and importance of volunteerism. As always, thank you for your service and for helping to strengthen our volunteer culture.

Best,
Grace M. Middleton
Public Information Officer
Office of the Civilian Volunteer Medical Reserve Corps