

## GNYHA Members Plan for Influenza

In the wake of the spring H1N1 pandemic, influenza has become one of the biggest public health concerns in the United States. Although the 2009 fall flu season is barely underway, many parts of the country are already seeing increased H1N1 cases. Washington State University alone recently reported more than 2,000 suspected H1N1 cases, while a Cornell University student died from H1N1 earlier this month. This issue of *Health Care News In-Depth* details how GNYHA is helping its members prepare for the double threat of seasonal and H1N1 influenza.

Even with generally mild to moderate symptoms, H1N1, like seasonal flu, will lead to severe illness and even death for certain individuals, particularly those with underlying medical conditions, and will generate great public concern. GNYHA, its members, and key governmental agencies have drawn upon the experience gained from the spring H1N1 influenza outbreak and have devoted considerable efforts to planning for the fall influenza season with the shared goals of minimizing transmission, providing timely and effective care, and, to the extent possible, efficiently managing a potential surge of infectious patients.

### Preparedness Framework

The New York region has developed a strong framework for responding to emergencies of all types. Hospitals and health officials have concentrated on developing all-hazards plans, as well as plans for specific incidents, such as infectious disease outbreaks. This planning helped the region respond successfully, in many respects, to the spring H1N1 outbreak. New York City saw an estimated 800,000 H1N1 cases, and the City's Department of Health and Mental Hygiene (DOHMH), with the New York State Department of Health (DOH), were key players in responding to the outbreak. The agencies issued health alerts and advised providers on a variety of aspects of

care, including patient screening and management, reporting, infection control, and specimen testing. In turn, area hospitals expanded emergency departments (EDs) to accommodate the large surge of patients, many of whom were only mildly ill or the "worried well." Fortunately, with few exceptions, the outbreak to date has been, in influenza parlance, "mild"—presenting much like seasonal influenza in terms of transmission and illness.

### Preparations for Fall Flu Season

To prepare for the fall, GNYHA has worked closely with area agencies and members to ensure that hospitals are as prepared as possible to manage an even larger patient surge while maintaining other essential services. GNYHA has been holding weekly meetings and conference calls with its Emergency Management Steering Workgroup to work through myriad issues that hospitals faced and will face. These include minimizing the impact of ED overcrowding and implementing broad-based vaccination campaigns for members' workforces. GNYHA has also been actively participating in weekly meetings held by the New York City Office of Emergency Management, other City agencies, and DOH, all designed to ensure that the area's health care system is prepared and supported during the influenza season.

### GNYHA's Planning Guidelines

To assist its members, GNYHA created Hospital Influenza Preparedness Planning Guidelines that list activities hospitals should undertake to be prepared for a large surge of infectious patients. GNYHA recommends reviewing basic emergency management program components, such as hospital incident command systems. The guidelines also recommend activities related to addressing staff availability, education, and needs; occupational health and infection control; the availability of equipment, supplies, and services; communications; security; and specific planning for enhanced surge capacity. GNYHA prepared the guidelines, available at [www.gnyha.org](http://www.gnyha.org), in grid format so members can assign and track responsibility for the activities. DOH has also prepared a surge response matrix that provides guidance for when hospitals should activate different aspects of their emergency management plans. The matrix also offers guidance on other activities, such as establishing alternate care sites to alleviate the burden on EDs.

### CMS Support for ED Expansions

Earlier this year, hospitals raised legal concerns about their ability to develop alternate sites for screening and treat-

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ing patients to prevent ED overcrowding. The Centers for Medicare & Medicaid Services (CMS) has issued guidance that allows hospitals to carry out these functions beyond the ED. In particular, CMS stated that hospitals are not violating the Emergency Medical Treatment and Labor Act (EMTALA) if screening and treatment are conducted outside an ED as a response to an extraordinary surge of patients. Hospitals, though, must comply with the responsibilities set forth in EMTALA. CMS emphasized that hospitals should not perceive EMTALA as a barrier to providing care during a disaster, and that, at least in the case of Medicare fee-for-service beneficiaries, standard Medicare billing rules would apply in such alternate settings. GNYHA and DOH have distributed the guidance to hospitals.

## Public Messaging: Access Primary Care, Not EDs

To discourage unnecessary ED visits, New York City in particular is working on a variety of ways to talk to the public. The messages outline how people can protect themselves from influenza, what to do if they have influenza-like symptoms, and where and how to seek care. To contain the spread of influenza in schools, the City has developed materials for parents and students on how to minimize transmission and what to do when students are sick. New York City is also working with health centers, including Federally Qualified Health Centers, to improve access to primary care and discourage people from going to area EDs unnecessarily.

## Mandatory Vaccination of Health Workers

One of the best tools to avoid infection and manage a potential outbreak is to vaccinate as many people as possible against seasonal and H1N1 influenza. On August 13, DOH adopted emergency regulations mandating that health care facilities immunize against influenza personnel employed by or affiliated with the facility. Health care personnel are free to receive their inoculations from another source, but they must have docu-

mentation to show they have been vaccinated. The only exceptions are 1) if a New York State licensed physician, nurse practitioner, physician assistant, midwife or nurse midwife certifies that a vaccine is medically contraindicated for an individual according to nationally recognized guidance, or 2) an individual works in a job site that is separated from patient care locations, has no direct contact with patients, and his or her job activities do not result in more than infrequent and/or incidental contact with others who might have direct contact with patients. Some unions have opposed the mandatory aspect of the regulations, but are urging their members to get vaccinated for the benefit of themselves, their families, and their patients. Nursing homes and certain residential facilities are subject to separate requirements to offer flu vaccines to their employees.

## H1N1 Vaccination Distribution

The U.S. Food and Drug Administration (FDA) on September 15 approved four H1N1 vaccines, which the Federal government plans to provide free to states and localities beginning early next month. The Centers for Disease Control and Prevention (CDC) has established priority groups for vaccinations: health care workers; pregnant women; children ages six months to 24 months; individuals living with and/or caring for children younger than six months; and persons with underlying health conditions. Initial clinical information had indicated that two separate doses of H1N1 might be required for most adults, but later trials have indicated that one dose may be sufficient. Federal requirements for tracking H1N1 vaccinations, monitoring, and reporting adverse events have created significant administrative responsibilities for providers and public health authori-

## Worker Protection

While important at all times, worker protection is critical during an infectious disease outbreak. As a result, hospitals have emphasized strict adherence to recommended infection control measures for the protection of patients and health care workers. At the beginning of the H1N1 outbreak, CDC recommended health care workers wear N95 respirators for routine patient care. But in May, DOH and DOHMH observed that H1N1 influenza was behaving much like seasonal influenza in terms of transmission and presentation. Therefore, they recommended that workers only wear

surgical masks unless they are engaging in certain types of aerosol-generating procedures. The CDC is currently weighing support for surgical masks—a position advanced by several advisory committees and

professional societies—against a report by a committee of the Institute of Medicine that supports the use of N95s.

## Supply Chain Support

Staff from GNYHA Services, Inc. has been working on several operational aspects to ensure the availability of supplies, including personal protective equipment (PPE), during what could be a difficult time. They have worked to identify critical supply needs and availability, while identifying supply chain metrics to help members order and not overuse supplies. Another component of the supply chain is government stockpiles, and GNYHA Services has worked with local and state authorities to establish a process for members to request supplies. To facilitate those requests, GNYHA Services will help government agencies in processing them. ■

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*For additional information on H1N1 and Seasonal Influenza, contact Susan Waltman, Allison Burke, or Maria Woods at GNYHA.*