

PUBLIC HEALTH IMPROVEMENT PARTNERSHIP

PUBLIC HEALTH ACTIVITIES & SERVICES

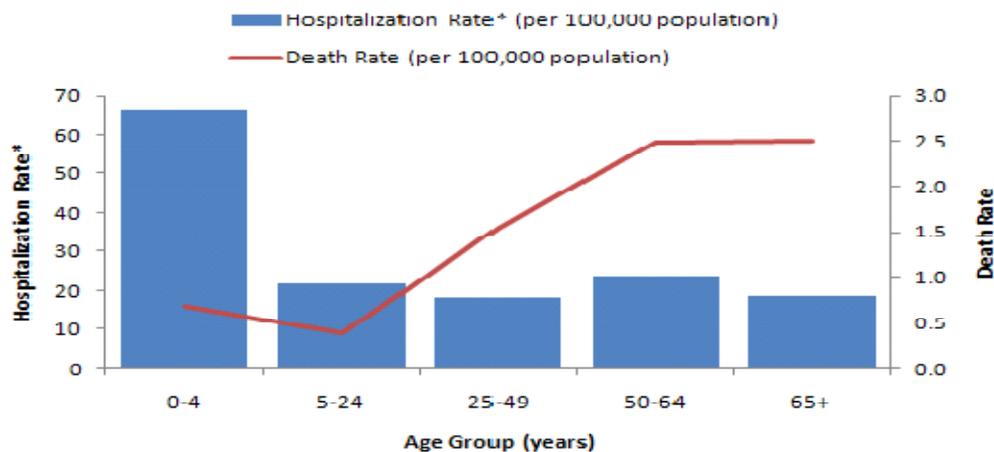
Pandemic Influenza A (H1N1) in Washington

THE ISSUE

From April 2009 through May 2010, the public health system in Washington was faced with the largest public health threat in recent history. The response by the Washington State Department of Health and Washington's 35 local health agencies was unprecedented in size and coordination. In hindsight the public health system was prepared and performed effectively. Much can be learned from this experience — how to work better with partners to reduce and prevent more illness and how to improve as a system for efficient, effective response to public health threats.

The H1N1 incident in Washington resulted in at least 1,667 severe infections, including 95 deaths. The public health system contracted with 2,517 health care providers and pharmacies across the state to get 1,885,600 vaccine doses ordered and into the arms of the most vulnerable people. Local health agencies handled the vaccine distribution and directly administered 606,450 shots at local clinics.

Hospitalization and death rates for severe 2009 H1N1 influenza*, Washington, April 2009–May 2010 (n=1667)



* Severe 2009 H1N1 infection is defined as illness resulting in hospitalization or death.

The pandemic occurred in two waves. The first wave primarily affected Western Washington residents and occurred from April through August 2009. The second larger wave affected people on both sides of the state and occurred from September through December 2009.

The 2009 H1N1 influenza pandemic was less severe than initially projected. However, younger age groups had higher flu-related morbidity and mortality than is typically seen with seasonal flu. As with seasonal influenza, severe disease occurred in people with underlying medical conditions, including pregnancy.

WHAT WE DID?

We started planning for a global flu epidemic six years ago with support and direction from federal partners. Early in the 2009 H1N1 flu event we set up an incident command structure to coordinate the public health system response and kept it active for the entire event. Many local health agencies did the same in their communities.

Since the beginning of the event, we worked hard to convey consistent, accurate, and timely messages following national recommendations about who should get the vaccine, how to prepare, what to do if you're ill, and more. We established a public health website for timely information about flu and used the media to inform the public through TV and radio messages in both English and Spanish.

We increased our capacity to monitor the impact of the pandemic, the geographic spread of the virus across the state, and risk factors for severe illness or death. We also stockpiled more than 250,000 courses of antiviral medication and more than two million pieces of personal protective equipment.

CHALLENGES

The public health system faced significant challenges to address this pandemic. The first was the limited supply of vaccine in the face of great public demand. As a result of this limited vaccine supply, public health needed to establish priority groups for vaccination and strategies for delivering vaccine to these groups. The next most difficult challenge was messaging. After its initial detection, the severity of the virus along with risk factors for severe disease was largely unknown. New messages constantly needed to be developed as the situation evolved and more was learned about the virus.

Within the public health system, we had to rapidly improve our systems to monitor influenza, develop and implement systems to distribute vaccine, and communicate with healthcare providers and the public. Additionally, we needed to continue to meet demands of our routine work.

WHAT'S NEXT?

We will implement the lessons learned from this pandemic and will continue to plan and train so that we are prepared for events that require a broad response.

We will continue to advocate for influenza prevention through vaccination, which is key to decreasing illness and death. Annual influenza vaccination is now recommended for all people six months and older. We will encourage health care providers to educate people with underlying medical conditions about their increased risk for severe disease and importance of vaccination and early antiviral treatment.

The public health system will continue to promote influenza vaccination, educate healthcare providers and the public, and improve our systems to monitor epidemic respiratory illness. These activities are a high priority for public health because influenza is one of the leading communicable disease causes of hospitalization and death.

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April 2011

PUBLIC HEALTH
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