



2009-H1N1 Pandemic Influenza: DHS Perspective

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Article in the Washington Post on February 5:

Criticizing the government for its intense response would be like chastising officials for building dikes in New Orleans to withstand a Category 5 hurricane and then seeing only a Category 3 come ashore, (Michael)Osterholm said.

"The government did not overreact," said University of Michigan flu expert Dr. Arnold Monto, echoing Osterholm's point.



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Objectives

- Role of DHS
 - Pre-pandemic
 - During pandemic response
- Unified Federal Response
 - Collaboration with HHS
 - Support medical response
 - Common Operating Picture
- State and Local Support
 - FEMA/Stafford Act
 - State assessments
- CIKR and Private Sector Outreach
- Lessons Learned



Why DHS is Involved in Health Matters

- Impacts on population health is a major component of every disaster (in fact may not be a disaster if there are no health impacts)
- Emergency managers may not provide treatment for illness or injury, but they provide critical support to the health care infrastructure. Everything they do has an impact on health outcomes:
 - logistics
 - supply chains
 - transportation
 - security
 - support of critical infrastructure



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OHA's Role in H1N1

- Coordinate DHS pre-pandemic preparedness activities
- Coordinate DHS pandemic response activities
- Support Secretary Napolitano's decision making and provide advice to other DHS senior leaders
- Provide guidance to DHS employees
- Support HHS and other federal Partners
- Participate in outreach beyond the federal government specifically with state homeland security advisors, CIKR businesses and the private sector



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Pandemic Influenza Timeline

- **November 2005** White House released National Strategy for Pandemic Influenza
- **May 2006** Implementation Plan Released
 - Planning assumptions based on worst case scenario
 - DHS assigned 143 Action Items
- **April 26, 2009** HHS Secretary declared public health emergency
- **June 11, 2009** World Health Organization declares pandemic
- **Sept. 15, 2009** U.S. Food and Drug Administration announced approval of 4 2009 H1N1 vaccines.
- **October 5, 2009** 2009-H1N1 vaccine became available to the public
- **October 24, 2009** President Obama declared the 2009 H1N1 influenza pandemic in the U.S. a national emergency



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Pre-Pandemic Activities

- DHS involved in pre-pandemic planning because of potential for disruption to society
- Planning assumptions included 30% attack rate of an 1918 like virus – potentially 90 million people affected in US, 10 million hospitalized and almost 2 million deaths
- Planning assumed pandemic would start overseas
- Goals of the USG strategy:
 - Stop or slow spread to U.S
 - Limit domestic spread & mitigate disease, suffering, & death
 - Sustain infrastructure & mitigate impacts on economy & society



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Pre-Pandemic Activities

- Responsibility for preparedness belongs across government: federal, state and local
 - HHS and DHS with responsibility for largest number of federal action items
- Pandemic Implementation Plan Actions include:
 - Developed border strategies to delay peak of transmission in US
 - Developed mitigation strategies
 - Modeling
 - School closures
 - Anti-viral stockpiling (SNS and states)
 - Developed vaccine prioritization strategy
 - Provided guidance to CIKR and private sector businesses
 - Developed continuity of operations plans



Unified Federal Response to H1N1

- The federal government has been preparing for a pandemic for several years.
- The *National Strategy for Pandemic Influenza* assigns roles and responsibilities to departments.
- DHS is responsible for overall domestic incident management and federal coordination.



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Unified Federal Response to H1N1

Roles and Responsibilities from the White House:

“The Secretary of Health and Human Services is leading the way on public health preparedness and response efforts, the Principal Federal Official for domestic incidents, the Secretary of Homeland Security, is coordinating the supporting activities of Federal departments and agencies and facilitating response actions with State, local and territorial governments and tribal and private sector partners, while other Cabinet officials are leading complementary initiatives in their area of responsibility.”



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Unified Federal Response to H1N1

- The federal government developed a National Framework for H1N1 Influenza Preparedness and Response based on four pillars
 - Surveillance
 - Mitigation Measures
 - Vaccination
 - Communication and Education



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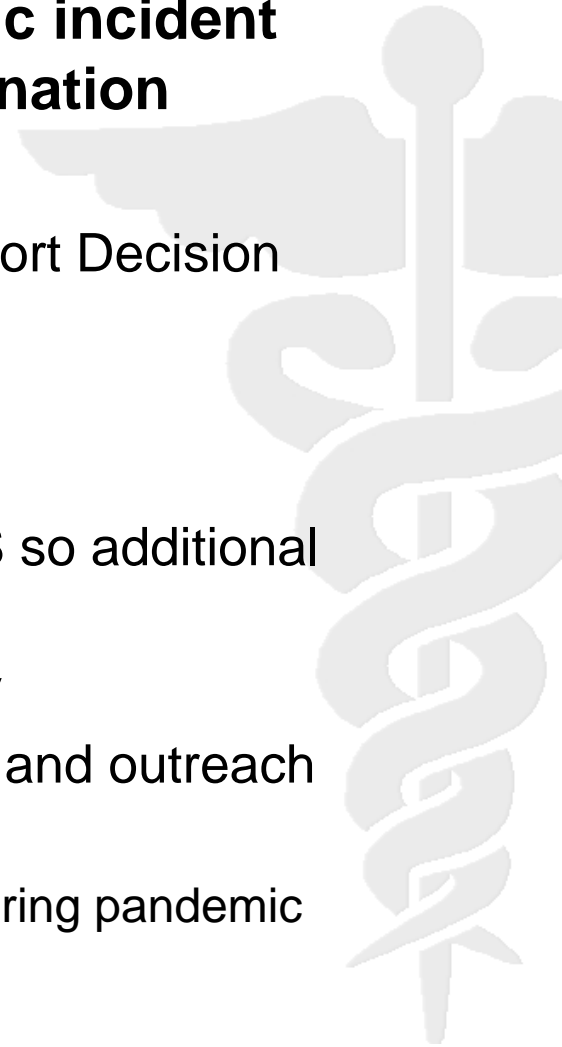
DHS H1N1 Response Activities

DHS is responsible for overall domestic incident management and federal coordination

- Provided DHS Secretary with Information to Support Decision Making
- H1N1 Common Operating Picture
- Support to HHS on Vaccine Issues
- Borders – screening protocols drafted; virus in US so additional screening determined to have no benefit
- Modeling of pandemic impacts on CIKR/Economy
- Critical Infrastructure and private sector guidance and outreach
 - In partnership with CDC/HHS
 - Many outreach engagements pre-pandemic and during pandemic



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H1N1 Common Operating Picture

- DHS deployed the H1N1 Common Operating Picture in September 2009
 - Web-based tool on the Homeland Security Information Network (HSIN)
 - Collects information and provides data to our partners throughout the federal government and the private sector, especially critical infrastructure and key resource (CIKR) sectors
 - H1N1 COP supports DHS decision-making, but also to support the White House, our interagency partners, and state, local, private sector, and non-governmental partners



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H1N1 Common Operating Picture

Community - FedOps - Windows Internet Explorer

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HSIN Federal Operations

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Federal Operations

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CURRENT FEDERAL H1N1 SITUATION REPORT

FEDERAL H1N1 ACTION MATRIX

PUBLIC HEALTH & MEDICAL SERVICES | OTHER DEPT/ AGENCY REPORTING

CRITICAL INFRASTRUCTURE/ KEY RESOURCES | BIO-SURVEILLANCE

H1N1 COP - Battle Rhythm		
ist	Daily To-Do List	Daily To-Do List
ing Group	ASTHO & Dir/ CDC Leadership Update	
on COP	Update the Global map on COP	Update the Global map on COP
		OHA Staff Meeting
	Federal Action Item Matrix POCs Updates Due to OPT	Post FAIM & Summary Final Changes to H SIN. SITREP inputs due
ting	Council of State Territorial Epidemiologists (CDC)	International Influenza Partners Meeting (CDC)
ure (COP		National Association of County and City Health Officials (NACCHO) & CDC
0	H1N1 Federal Action Item Matrix & Summary to OPS Leadership	National Public Health Information Coalition (NPHIC) CDC Confcall with State & Local Health Planners
		Send out DRAFT Weekly SITREP for comments
rt Matrix	S1 Daily Decision Support Matrix and Daily Updates	S1 Daily Decision Support Matrix and Daily Updates

Trusted sites 100%

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H1N1 Common Operating Picture

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CURRENT FEDERAL H1N1 SITUATION REPORT

FEDERAL H1N1 ACTION MATRIX

PUBLIC HEALTH & MEDICAL SERVICES	OTHER DEPT/ AGENCY REPORTING SERVICES
CRITICAL INFRASTRUCTURE/ KEY RESOURCES	BIO-SURVEILLANCE
REGIONAL COORDINATION TEAMS	EXTERNAL AFFAIRS
EMERGENCY MANAGEMENT SUPPORT	MAPS/GRAPHS/ MODELING
DEFENSE SUPPORT TO CIVIL AUTHORITIES	STATE & TERRITORY INFLUENZA WEBSITES
BORDER SECURITY	LIBRARY
INTERNATIONAL	

12:30

1:00	International Influenza Partner Meeting (HH/SCDC)	OHA Weekly H1N1 Meeting
2:00		Common Operating Picture (COP) Meeting
2:30		ASTHO Conf Call w SHO
3:00	Updated OPS Tracker Due	
4:00		
4:30		
5:00	S1 Daily Decision Support Matrix and Daily Update Daily OPT Report	S1 Daily Decision Support Matrix and Daily Update Daily OPT Report

* BI-Weekly requirement

Meetings

Reports

U.S. Map

W

Trusted sites 100%

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DHS Support of Federal Vaccine Program

- Pre-pandemic
 - DHS partnered with HHS on Pandemic Vaccine Prioritization
 - DHS partnered with CDC on distribution planning
- Pandemic Response
 - DHS advised HHS on targeting of CIKR
 - DHS participated in H1N1 vaccine discussions/planning
 - DHS (FEMA) stood ready to provide logistical support to CDC and to the vaccine distribution planning



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Borders

- Pre-pandemic modeling/planning/exercises
 - Interagency effort including private sector
 - Focus on international airport screening
 - Modeling demonstrated perhaps 2 weeks to postponing entry into US
 - Once in US found no benefit to additional screening measures
 - Interagency drill of draft aviation screening protocol 11/2008
- During response, DHS continued usual health risk screening measures



FEMA's Role

- In collaboration with HHS, developed guidance that clarifies the process for local and state requests for assistance before and after a Stafford Act is declared (FEMA Disaster Assistance Fact Sheet)
- With HHS developed pre-scripted mission assignments to expedite potentially necessary support to states
- Staffed and trained 56 Incident Management Assistance Teams-Advance (IMAT-As) to provide direct Federal support to any state or territory upon a Governor's request
- Led the federal continuity of government activities to prepare for high absenteeism
- Performed an H1N1-2009 Influenza Regional Assessment in September 2009



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State Assessment

- FEMA analysis of all states/regions
- Found that overall, states felt confident in their ability to respond to the H1N1 Pandemic, but there were a few areas of concern:
 - States were concerned with logistics of providing multiple flu shots
 - Funding for distribution and administration of vaccine identified as a problem
 - States wanted more information on when and how Stafford Act would be applied
 - Limited state and local government staff would hinder their ability to handle additional emergencies
 - Confusion about reporting expectations
 - Wanted more guidance to focus collaboration between public health and non-public health entities
 - Challenges in unified public messaging



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H1N1 Impacts on CIKR and Economy

- July 2009 OHA/DHS completed phase one modeling/analysis study to predict impact of H1N1 on U.S. population and economy.
- Based on the outbreak April to June, key findings:
 - Specific H1N1 vaccine could reduce the number of infected people
 - Industries where social contact is a significant part of the business process (e.g., health care) will be impacted greater than other industries on the whole
 - The national economic impact expected to be less than 1% of the national GDP



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H1N1 Impacts on CIKR and Economy

- July 2009 modeling study of population, economic and CIKR impacts study results with updated epidemiological data
 - Population
 - Vaccination can reduce the impact of the outbreak
 - Excess workforce absenteeism expected to be under 3%
 - Economic
 - National economic impact “minimal”
 - CIKR impacts
 - Most sectors not significantly stressed
 - Minimal impact on intensive care units: some counties face modest demand for resources in excess of stated supply at some times
 - Local surge plans likely serve to meet projected excess demand
 - CDC/HHS did not observe significant healthcare shortfalls



CIKR and Private Sector Outreach

- DHS produced and released the Pandemic Influenza Preparedness, Response and Recovery Guide for Critical Infrastructure and Key Resources
 - Drafted with owners and operators of CIKRs
 - Complements and enhances, not replaces, existing continuity plans
- DHS conducted outreach to CIKR and private sector communities during the H1N1 pandemic
- DHS collaborated with the Small Business Administration, Dept. of Commerce and the CDC on small business guidance
- DHS Center for Faith Based and Community Initiatives partnered with the Indian Health Service and the CDC to conduct a series of H1N1 outreach calls throughout influenza season



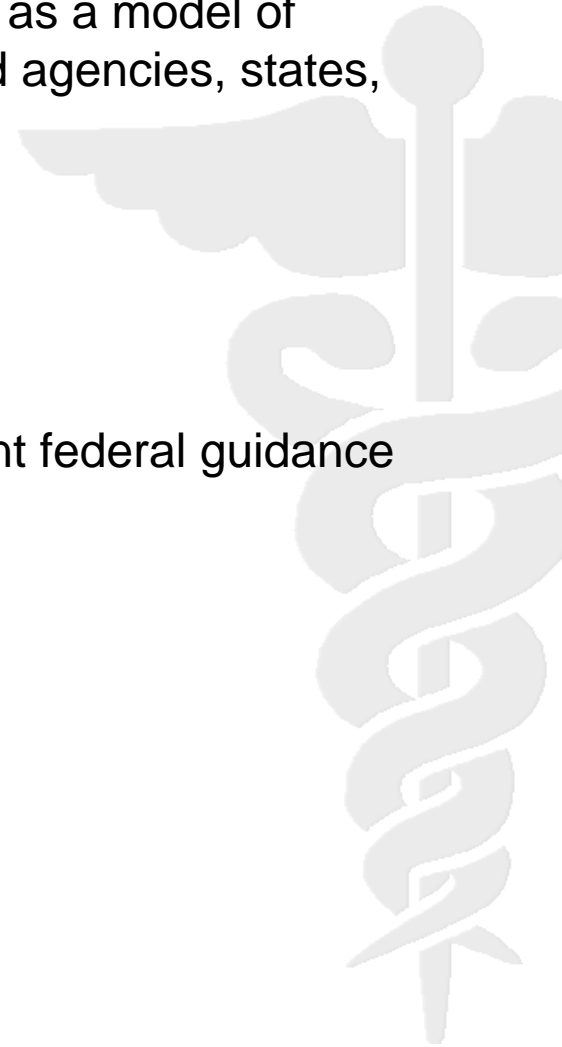
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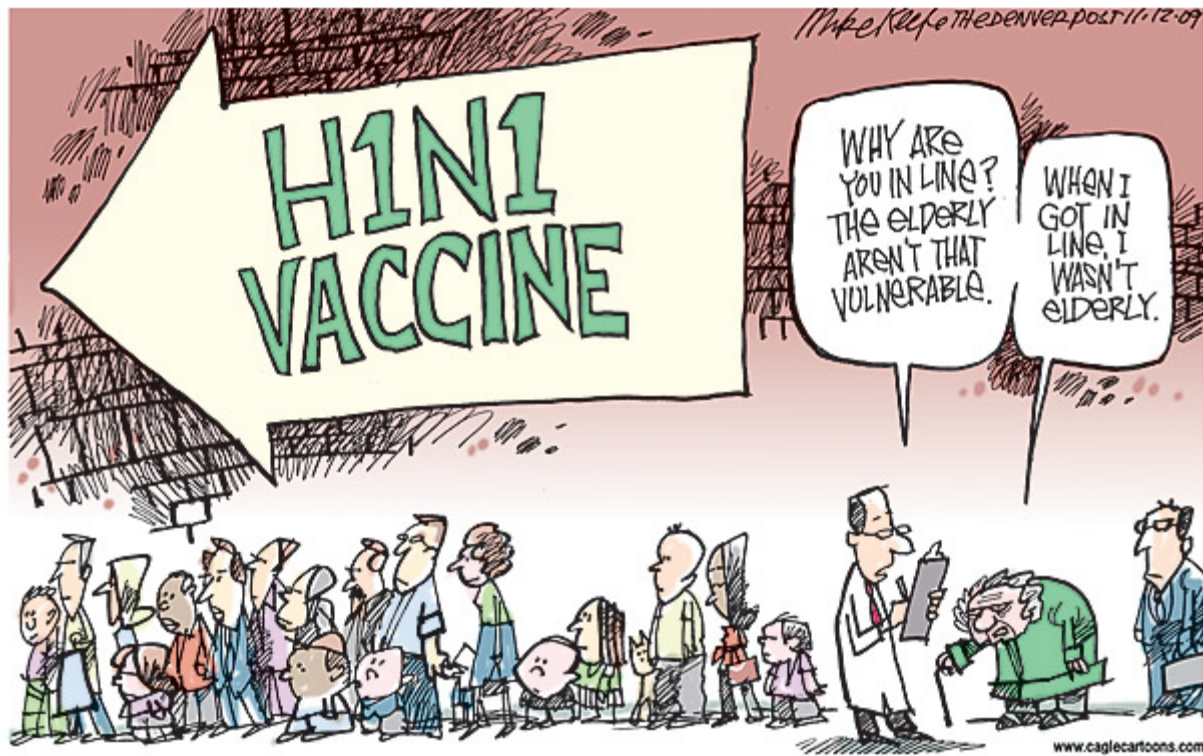
Lessons Learned

- 2009-H1N1 Preparedness and Response should serve as a model of integration and coordination of federal departments and agencies, states, local communities and private sector organizations
 - Emergency Management
 - Public Health
 - Private Sector Healthcare System
- Consistent and clear communication is key
- State and local governments and the private sector want federal guidance
 - Immunization planning
 - School closures
 - Federal capabilities and support
- Use more than one scenario for planning
- Base actions on the science
- You cannot plan for all contingencies
 - Prepare to be nimble and flexible



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