

# Local Level Implementation of Current Regulatory Framework for Provision of MCM to Children in Emergencies

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Mayor

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# Agenda

- Lessons learned from real events in Chicago
  - 2008 Meningococcal Mass Vaccination Campaign
  - 2009 H1N1 Outbreak
- Challenges
- Improvements



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# Lessons Learned from Real Events

## It's my turn!



Meningitis is a very serious disease.

Be sure to be vaccinated.

Why?

It could save YOUR life!  
And your friends' lives too!

- Increased incidence of meningococcal disease among 11-18 yo in 2 Chicago communities
- Campaign designed to increase vaccination rates
- Abundance of caution!

Tell your parents to schedule an appointment to get meningococcal vaccine or for more info about getting vaccinated visit [www.cityofchicago.org/health](http://www.cityofchicago.org/health) or call 311.



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Richard M. Daley, Mayor

Department of Public Health  
Terry Mason, M.D., Commissioner



Department of Public Health  
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# 2008 Mass Vaccination Campaign

- Multi-disciplinary response
  - Chicago Public Schools
  - Chicago Private and Parochial Schools
  - Chicago Park District
  - Chicago Police Department
  - Chicago Department of Public Health
  - Illinois Department of Public Health
  - Cook County Department of Public Health
  - DuPage County Health Department
  - Will County Health Department
  - Stickney Health Department
  - Respiratory Health Association



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# 2008 Mass Vaccination Campaign

- 18 day campaign
- 2 community vaccination clinics
- >65 In-school vaccination clinics
- ~7, 000 vaccinations
- Issues
  - Parental consent
  - Poor perception of intent, concern for children
  - Lack of perceived threat
  - Logistics of numerous vaccination locations



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# 2009 H1N1 Response

## Strained resources

### Chaos in EDs and pediatric offices during early weeks of H1N1 outbreak provides lessons

by Kristy Kennedy • Correspondent

Marlene Melzer-Lange, M.D., FAAP, was in the emergency department (ED) when a news report confirmed there was a case of the H1N1 influenza strain in Milwaukee.

An hour later, she counted 35 patients who had streamed into Children's Hospital of Wisconsin. "It was pretty incredible that a media announcement would have such a dramatic effect in a period of less than an hour," said Dr. Melzer-Lange, director of the hospital's ED.

In the coming weeks, the ED would experience a 150% increase above the normal number of patients seen. Milwaukee's experience was shared across the country, as EDs were packed with children and their nervous parents wanting answers.

For the most part, there was no panic, but hospitals were strained. Used to dealing with short-term emergencies like plane crashes or earthquakes, hospital



Emergency departments struggled to keep up with the influx of patients seeking H1N1 testing.

staffs found the H1N1 virus pushed their systems for weeks. "We were crushed by volumes of patients that we could not truly

See H1N1, page 4

the vaccine in December 2007, which led to a temporary shortage. This resulted in the recommendation to suspend the booster dose of Hib vaccine except for children at increased risk for invasive Hib disease.

Although Merck has not yet returned to market with its Hib-containing vaccines, sanofi pasteur has increased production of monovalent Hib vaccine, PRP-T (ActHIB), and DTap-IPV/Hib (Pentacel). Enough Hib-containing vaccine is now available for distribution to allow a return to the full dose schedule for all children 12 through 15 months of age. Providers should expect some additional doses of Hib vaccine each month.

Hib vaccine supply remains very limited at the present time. Thus, the increased supply should be targeted for completion of the primary series at 2, 4 and 6 months of age and giving the booster dose on schedule to children 12 through 15 months of age. There is not enough vaccine available to support a recall of all children whose booster dose of Hib vaccine

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Candidates Arne B. Francis, M.D., FAAP and O. Marlon Burton, M.D., FAAP, offer insight into the issues that helped mold their professional lives. Pages 8, 9

### Expert witness testimony addresses

# Chicago Tribune



MONDAY, APRIL 27, 2009

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After swine flu fears shut public masses in Mexico, only nuns and a few others dotted the pews Sunday. DARIO LOPEZ-MILLER/AP PHOTO

## U.S. PUBLIC HEALTH EMERGENCY

# Swine flu alert issued

As Mexico death toll rises, milder cases are reported across U.S., none in Illinois

By Jeff Long  
and Trina Tscouderos  
TRIBUNE REPORTERS

With at least 22 people dead from swine flu in Mexico, and 20 cases of the illness dotting the U.S. from California to Kansas to New York, local

health officials on Sunday urged people to watch for the symptoms that could alert authorities to the virus in the Chicago area.

"There are no cases of swine flu at the moment, but we definitely expect that will change given what we've seen

## More Inside

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elsewhere," said Terry Mason, commissioner of the Chicago Department of Public Health, during a news conference late Sunday afternoon.

Illinois also has no cases,

and no one has died in the U.S., authorities said. But federal officials declared a public health emergency, warning Americans to prepare for widespread outbreaks now or in the future, but urging them not to panic.

More than 1,600 cases of the illness have been reported in Mexico, where Sunday mass-

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- EUA for antivirals
- Voluntary vaccination once vaccine became available

# 2009 H1N1 Response

- Also a multi-disciplinary response, 15 months
  - Government agencies
  - 38 hospitals
  - Over 700 physicians offices, private providers
- EUA issued for antivirals
  - Distributed to hospitals, LTCs, CHCs and FQHCs
- Mass vaccination campaign
  - Nearly 600,000 persons vaccinated (100K in public PODs, ~500K in provider offices)



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# 2009 H1N1 Response

- Vaccination Campaign
  - 102 PODs activated, 6 weeks
  - Nearly 100,000 vaccinations
  - Aggressive risk communication strategy (TV, radio, movie screen advertising, live media appearances, DVD production, translation and community message dissemination)
  - Ongoing situational awareness calls to provide healthcare system partners with vaccine updates, surveillance activities, PPE, and pharmacy issues



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# Challenges

- Logistical
- Operational
- Perception/Mistrust
- Religious Beliefs
- Communication
- Legal Interpretation of EUAs



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# Improvements

- Clear, specific guidance for EUA implementation
- Mechanism for mixed methods delivery of MCM
  - Public PODs
  - Physician offices
- Risks and potential adverse effects re: the advantages, disadvantages will need to be specifically addressed for parents (media, community meetings, MD offices)



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