



Suffolk County, New York

Public Health Emergency Preparedness Plan for Fall, 2009 *Novel H1N1 Influenza A-2009*

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I. Introduction

The public health threat to the residents of Suffolk County, New York posed by *Novel H1N1 Influenza A-2009*, a new virus also known as the swine flu and which first appeared in the United States in March of 2009, has demanded a unique response from the Suffolk County Department of Health Services (SCDHS). Declared a phase 6 worldwide pandemic on June 11, 2009 by the World Health Organization (WHO), and an “Imminent Threat to Public Health” in New York State on August 6, 2009 by Richard Daines, M.D., the New York State Health Commissioner, the response of the SCDHS for the fall is being coordinated, as it was in the spring, in close collaboration with state and federal public health authorities - including the New York State Department of Health (NYSDOH) and the Centers for Disease Control and Prevention (CDC) - through the implementation of dynamic guidance documents that reflect our current understanding of the virus and its public health impact even as that threat, our understanding of the virus, and the virus itself evolves. Planning assumptions that guide our actions will be regularly updated and modified as additional information becomes available about its virulence and the morbidity and mortality it is causing locally, regionally, nationally, and worldwide.

This *Suffolk County, New York Public Health Emergency Preparedness Plan for Novel H1N1 Influenza A-2009* is not intended to replace the All Hazards approach that is detailed in the Public Health Emergency Preparedness and Response Plan for Suffolk County. It represents an effort to articulate a written framework outlining our department’s current and anticipated response to the *Novel H1N1 Influenza A* virus as it re-emerges for an anticipated second wave in the fall of 2009. Like all dynamic guidance on this subject, it is subject to change.

II. Pillars of Response

The New York State Department of Health (NYSDOH) has identified four specific “Pillars of Response” in the management and emergency preparedness response to the pandemic influenza caused by *Novel H1N1 Influenza A*. These areas of focus were first articulated in documents that were communicated to the health commissioners and public health directors of all 57 counties in New York State, and New York City, at a mandatory Commissioners’ Call in Albany, New York ordered by Richard Daines, M.D., the New York State Health Commissioner, on August 7, 2009 (and which are available at the NYSDOH’s electronic *Health Commerce Network*.) The four areas are outlined below and have been adapted and modified to reflect Suffolk County’s management plan.

The measures listed below that are specific and unique to the Suffolk County Department of Health Services (SCDHS) are highlighted in yellow in this document (and which will appear as a shaded area when the document is viewed or copied in black and white) and are based upon planning assumptions that address two scenarios, moderately severe illness and increased severity of illness. The document was originally prepared by Dennis Russo, M.D., Director of Public Health Emergency Preparedness in the SCDHS, and expanded and updated further by Humayun J. Chaudhry, D.O., M.S., Suffolk County Health Commissioner, to include elements from the latest guidance documents from the New York State Department of Health, the Centers for Control and Prevention (CDC), the New York State Department

of Education, and to reflect recent decisions made by the leadership of the SCDHS following a review of the medical literature, input from various stakeholders, and prevailing understanding of the virus.¹

1. Community Mitigation and Non-Pharmaceutical Interventions

Goals:

- Slow the spread of the virus within the population
- Reduce the number of individuals who are ill and the number of deaths
- Minimize disruption of social, educational, economic, health care activities
- Layered approach that depends on the activity, severity and virulence of the virus
- Provide interpretation and advice on implementation of federal/state guidance

Measures

Layer 1: A pandemic characterized by **Moderately Severe Illness**

- Promotion of proper respiratory (sneeze and cough) etiquette
- Promotion of hand hygiene (using soap and water and/or hand sanitizers)
- Recommendation that students and employees stay home if they develop ILI (Influenza-like Illness): fever, cough, and/or sore throat. *N.B.:* the SCDHS is defining fever as either an objective fever (quantified to greater than 100.0° F) or a subjective fever (feeling warm with chills and/or sweats within 24 hours of illness presentation.)
- Recommendation of return to school or work after 24 hours of being fever-free afebrile (without fever-reducing medications such as aspirin, acetaminophen, or NSAIDs [Non-Steroidal Anti-Inflammatory Drugs]) for those with ILI (Influenza-like Illness): fever, cough, and/or sore throat. *N.B.:* the SCDHS is defining fever as either an objective fever (quantified to greater than 100.0° F) or a subjective fever (feeling warm with chills and/or sweats within 24 hours of illness presentation.)
- Recommendation of routine cleaning of schools and business sites
- Recommendation of isolation room in schools and businesses for sick students or employees, who should then be examined and sent home and/or referred to a health care provider

Recommendation of Personal Protective Equipment (PPE), such as N-95 or disposable masks, for health care workers and emergency medical services (EMS) personnel examining patients with ILI (Influenza-like Illness). As events warrant, the SCDHS may formally advise, through its Division of Emergency Medical Services, that all EMS personnel, Suffolk County police officers, Town police officers, Village police officers, and officers from the Suffolk County Sheriff's office wear N-95 masks when responding to 911 and other emergency calls involving individuals with Influenza-like Illness (fever and cough, with or without sore throat) and to utilize regular decontamination practices of durable medical supplies

¹ Dr. Chaudhry is grateful to Michelle Davis, Deputy Regional Health Administrator for the U.S. Department of Health and Human Services; Richard Daines, M.D., New York State Health Commissioner; Guthrie Birkhead, M.D., MPH, New York State Deputy Health Commissioner; Celeste M. Johnson, Regional Director of the NYSDOH Metropolitan Area Regional Office; Cynthia B. Morrow, M.D., MPH, President, New York State Association of County Health Officials, and Onandaga County Health Commissioner; Thomas Farley, M.D., MPH, New York City Health Commissioner; Maria T. Carney, M.D., Nassau County Health Commissioner; Michael Caldwell, M.D., MPH, Dutchess County Health Commissioner; Joshua Lipsman, M.D., J.D., Westchester County Health Commissioner; and Gary Bixhorn, President of Eastern Suffolk BOCES, who did not review this document but offered valuable input and insight about the Novel H1N1 Influenza A-2009 virus and/or their jurisdiction's public health response to the pandemic, advice that greatly facilitated the formulation of this plan.

and ambulance interiors. All other health care personnel in Suffolk County, including those in private practice, may be advised to wear N-95 masks or disposable masks when examining patients with ILI.

- Antiviral prophylaxis (oseltamivir or zanamivir) and early treatment for high-risk persons, as defined by the CDC, in consultation with the individual's health care provider
- Guidance may be provided by SCDHS personnel to public and private school nurses and physicians, upon request, about proper vaccination procedures, techniques, and precautions
- Education of public school pupils, upon request, about preventive hygiene, including respiratory etiquette and hand washing using soap and water through the training of teachers by SCDHS' Division of Preventive Medicine and its Office of Health Education, in collaboration with Eastern Suffolk BOCES
- Regular and periodic communication between the leadership of the SCDHS and the Suffolk County School Superintendents Association (SCSSA), Eastern Suffolk BOCES, and Western Suffolk BOCES. Such communication formally began for the Fall on August 12, 2009 and included a presentation and discussion by Humayun Chaudhry, D.O., M.S., Suffolk County Health Commissioner, and his staff on September 3, 2009 to representatives of all 71 Suffolk County School Superintendents
- Education of Suffolk County residents about community mitigation measures through public service announcements (e.g., radio, cable television, print media, Suffolk County Transit Bus system), press releases, and announcements and information in English and Spanish on the SCDHS' website (www.suffolkcountyny.gov/health)
- Distribution of educational materials about *Novel H1N1 Influenza A* in English and Spanish at the 10 Suffolk County-operated community health centers, 63 Suffolk County libraries, 10 Town Halls, and through the offices of 18 Suffolk County Legislators
- Activation of a unique *Suffolk County H1N1 Telephone Hotline* - manned by SCDHS personnel and supplemented by personnel from other departments or entities, with physicians and nurses available for consultation - beginning September 9, 2009, the first day of classes in most public schools in Suffolk County, between the hours of 9 am to 5 pm
- Weekly *Suffolk County Health Commissioner's H1N1 Updates* sent electronically via the internet to all Suffolk County government officials, 18 county legislators, 10 town supervisors, 71 school superintendents, 12 hospitals, many community based organizations, and all health department personnel
- Periodic communication to the public, including parents and guardians, about current H1N1 and ILI (Influenza-like Illness) activity in the 10 Towns of Suffolk County

Layer 2: A pandemic characterized by **Increased Severity of Illness**

(Note: there has been NO indication from either the CDC or the WHO that morbidity (illness) associated with the *Novel H1N1 Influenza A* virus is, or is expected to be, any worse than it was in the spring. The "Layer 2" actions listed below represent the Suffolk County Department of Health Services' contingency plan only, not a definite or definitive course of action).

- Selective, reactive, or pre-emptive closing of schools will only occur after careful consultation between local school district officials and the Suffolk County Department of Health Services, for 5-7 days (followed by frequent reassessment for continued closure), but not as a primary strategy. A major factor involved in such a decision will include whether there is significant disruption of school operations or services due to increased student absenteeism. It is important to note that the finding of Influenza-like illness (ILI), or probable or confirmed cases of Novel

H1N1 Influenza A virus, in students and/or staff will not automatically prompt a school closure. Increased student absenteeism at schools above and beyond what is ordinarily expected at a school during this time of year will be addressed on a case-by-case basis. Recommendation that students and employees stay home if they develop ILI (Influenza-like Illness): fever, cough, and/or sore throat. **N.B.: the SCDHS is defining fever as either an objective fever (quantified with a thermometer to greater than 100.0° F) or a subjective fever (feeling warm with chills and/or sweats within 24 hours of illness presentation)**

- Recommendation of return to school or work after 7-10 days, even after being afebrile after 24 hours, for those with ILI (Influenza-like Illness): fever, cough, and/or sore throat. **N.B.:** the SCDHS is defining fever as either an objective fever (quantified to greater than 100.0° F) or a subjective fever (feeling warm with chills and/or sweats within 24 hours of illness presentation)
- Permit high-risk individuals, as defined by the CDC, to stay home from school or work, even in the absence of signs and symptoms of disease
- Active screening of students and employees, at the beginning of the school/work day and throughout the day, using an expanded illness definition
- Home quarantine for at least 5 days of those individuals who are well but are exposed to the virus through household contacts who have ILI (Influenza-like Illness)
- Increased “social distancing” practices (e.g., increased distance between student desks in classes at school; “every other” seating for meetings and other assemblies; move teachers, not students, from classroom to classroom; limit large, multi-class or mass gatherings; utilize the internet and telecommunications in place of face-to-face meetings, etc.)
- Recommendation of cancellation of mass gatherings
- Daily communication between the leadership of the SCDHS and the Suffolk County School Superintendents Association (SCSSA), Eastern Suffolk BOCES, and Western Suffolk BOCES
- Education of Suffolk County residents about the need for situational awareness and, if necessary, social distancing measures. This will be communicated via press conferences, public service announcements (e.g., radio, cable television, print media, Suffolk County Transit Bus system), press releases, and frequent announcements and messages in English and Spanish on the SCDHS’ website (www.suffolkcountyny.gov/health)
- Distribution of educational materials about *Novel H1N1 Influenza A* in English and Spanish at 10 SCDHS-operated community health centers, 63 Suffolk County libraries, 10 Town Halls, and through the offices of 18 Suffolk County Legislators
- Extended hours of operation, from 9 am to 9 pm, for the *Suffolk County H1N1 Telephone Hotline* - manned by SCDHS personnel and supplemented by personnel from other departments or entities, with physicians and nurses available for consultation
- Daily *Suffolk County Health Commissioner’s H1N1 Updates* sent electronically via the internet to all Suffolk County government officials, 18 county legislators, 10 town supervisors, 71 school superintendents, 12 hospitals, several community based organizations, and all health department personnel
- Regular communication to the public, including parents and guardians, about school closures and the reasons for closure, in consultation with school district officials
- Activation of the Suffolk County Department of Health Services’ Incident Command Center to manage daily or regular communications and coordination within the Suffolk County Department of Health Services and its partner agencies, including the Suffolk County Department of Fire, Rescue and Emergency Services (FRES), Suffolk County Police Department, Suffolk County Sheriff’s Office, Suffolk County Department of Social Services, Suffolk County Executive’s Office, and the Suffolk County Attorney’s Office.

- Activation of Suffolk County's Emergency Operations Center (EOC), in consultation with County Executive Steve Levy, and in collaboration with the Suffolk County Department of Fire, Rescue and Emergency Services (FRES) and its Commissioner, Joseph Williams, to coordinate communications and emergency response.
- Regular, and as needed, conference calls with the New York State Department of Health (NYSDOH), the Nassau County Department of Health (NCDOH), the New York City Department of Health and Mental Hygiene (NYCDHMH), the Westchester County Department of Health (WCDOH), and, in consultation with the Suffolk County Executive's Office, the 10 Town Supervisors of Suffolk County.
- Regular, and as needed, meetings and conference calls between the senior leadership of the Suffolk County Department of Health Services (including the senior leadership of its Division of Emergency Medical Services) and the Nassau County Department of Health (including its Director of Public Health Emergency Preparedness), joined by the senior leadership of the Suffolk County Department of Fire, Rescue, and Emergency Services and the senior leadership of the Nassau County Office of Emergency Management. The first meeting of this group was held on August 13, 2009.
- Regular, and as needed, appearances and presentations by the Suffolk County Health Commissioner and the senior leadership of the department to the Health and Human Services Committee of the Suffolk County Legislature, the full Suffolk County Legislature, the Suffolk County All Department Heads Meeting, and the Suffolk County Board of Health.

2. Risk Communication and Public Information

Goal:

- Support public health goal of protecting as many people as possible, particularly those at highest risk for serious outcomes, with as little social, economic, or other disruption as possible

Measures

- Provide timely and accurate information about influenza, particularly the *Novel H1N1 Influenza A* strain but also seasonal influenza, and disease mitigation and vaccination. Provide recommendations and benefits, risks and availability of measures and resources for additional information. Information will be provided in English and, whenever possible, in Spanish.
- Urge individuals at risk for seasonal influenza, as defined by the CDC, to obtain seasonal influenza vaccination from their primary health care provider or at one of the 50 seasonal SCDHS Adult Vaccination Clinic PODs (Points of Dispensing) planned throughout Suffolk County. *N.B.:* Suffolk County's Department of Health Services' seasonal influenza adult vaccination clinic PODs will begin operations on September 9, 2009 and continue into November 2009. The SCDHS began seasonal influenza vaccination at its community health centers on August 28, 2009.
- Urge individuals at risk for Novel H1N1 Influenza A, as defined by the CDC, to obtain H1N1 vaccination, when it becomes available, from their primary health care provider, local school (if it is offered at that setting), or at H1N1 Vaccination Clinic PODs (Points of Dispensing) set up by the SCDHS. Personnel from the SCDHS, supplemented by additional personnel expected to be provided by the New York State Department of Health, will likely offer H1N1 Mass Vaccination Clinic PODs at various community locations throughout Suffolk County's ten Townships when H1N1 vaccine becomes available and will target specific populations, consistent with CDC guidance, who are under-insured and uninsured. *N.B.:* It is anticipated that

H1N1 POD operations will continue for at least 12 weeks and that the categories of individuals who are eligible for the H1N1 vaccine will expand as more of the H1N1 vaccine becomes available from the CDC. “Drive-Thru Vaccination Clinic PODs” may be utilized under a “Layer 2” (Increased Severity of Illness) scenario, if practical and weather permitting.

- Communicate via press releases, website and regular electronic Suffolk County Health Commissioners’ H1N1 Updates to all Suffolk County government officials, 18 county legislators, 10 town supervisors, 71 school superintendents, 12 hospitals, community based organizations, health department personnel, and others
- Communicate in a way that helps people protect themselves and their families from influenza, especially helping them to make vaccination decisions
- Continue lines of communication with health care providers and hospitals via each hospital’s Infection Control staff, Regional Resource Center, Emergency Department and Emergency Medical Services (EMS), and through enhanced surveillance and telecommunications, including use of *FirstWatch* software for real time information about geographic distribution of cases of FC (fever and cough) called in to 911 dispatchers in Suffolk County. Continue to use Severe Respiratory Illness (“SRS”)-enhanced questions in the Emergency Medical Dispatch protocol for 911 operators and dispatchers in Suffolk County to provide advanced notice to EMS personnel and hospitals when a patient is categorized in a determinant code indicative of Influenza-like Illness (ILI). Work closely with SCDHS’ Emergency Medical Services Division, including its Acting Director Bob Delagi, M.A., NREMT-P, and its Acting Medical Director, Linda Mermelstein, M.D., MPH, and with the Suffolk County Department of Fire, Rescue, and Emergency Services and its Commissioner, Joseph Williams.
- The Suffolk County Department of Health Services will provide, upon request and as needed and available, physician and nurse educators from its Division of Public Health, its Office of Minority Health (led by Gregson Pigott, M.D., MPH) and its Division of Preventive Medicine (through its Office of Health Education, led by Ms. Lori Benincasa, and its Public Health Speakers’ Bureau) to educate residents of Suffolk County about Novel H1N1 Influenza A at such venues as houses of worship, public and private schools, barbershops and beautician sites, Native American/American Indian reservations and sites of the Shinnecock Nation and the Unkechaug, and other gathering places. Whenever possible, the Suffolk County Health Commissioner and the senior leadership of the department will also make themselves available for discussions and large meetings.

3. Epidemiology and Laboratory Surveillance

Goal:

- Characterize continuing transmission.

Measures

- Watch for changes in H1N1 transmission, severity, and antiviral resistance.
- Continue usual and customary SCDHS protocol of contacting the Emergency Department of each of 12 hospitals in Suffolk County each morning, 365 days a year, to monitor and assess ILI (Influenza-like Illness) visits, hospitalizations, disease presentations and disease transmission trends, including New York State Department of Health’s Electronic Syndromic Surveillance System Data for increases in cases and illness trends.
- Continue lines of communication with health care providers and hospitals via each hospital’s Infection Control staff, Regional Resource Center, Emergency Department and Emergency

Medical Services, and through enhanced surveillance and telecommunications, including use of *FirstWatch* software purchased by Suffolk County to obtain “real time” information about geographic distribution of cases of FC (fever and cough) called in to 911 dispatchers in Suffolk County.

- Work with NYS regional and central epidemiology staff to identify and recognize unusual clusters, severe cases and unusual presentations.
- Communicate with state and federal public health agencies to obtain guidance based on sentinel provider systems and an upcoming sentinel hospital reporting system.
- Continue school surveillance for unusual absenteeism (above and beyond baseline figures for each school’s absenteeism due to influenza-like illness at this time of year) and clusters of cases or sudden increases in cases, communicating such findings to the public as necessary.
- Continue hospital surveillance of severely ill individuals with H1N1 and deaths linked to the H1N1 virus, sharing general information (e.g., the individual or individuals’ age range, gender, Town of residence, whether or not there are underlying medical conditions) with the general public through press releases, the SCDHS’ website (www.suffolkcountyny.gov/health), via the internet through Suffolk County Health Commissioner’s H1N1 Update and, as warranted, press conferences.

4. Vaccination Prioritization and Logistics

Goal:

- Protecting as many people as possible, particularly those at highest risk for serious outcomes, with as little social, economic, or other disruption as possible

Measures:

- Knowing that vaccination is going to be the most effective means to achieve public health goals, a vaccine against *Novel H1N1 Influenza A* virus is anticipated to be available from the federal government by the middle of October, 2009, according to the CDC.
- There will be a “graded distribution” of the vaccine by the CDC to all 50 states depending upon its availability
 - Anywhere from 40, 80, or 160 million doses of H1N1 vaccine will become available for the United States over a one month period at the outset
 - Weekly amounts of 10, 20 or 30 million doses of H1N1 vaccine for the United States will then follow
 - It is anticipated that two doses (at least 21 days apart) of the *Novel H1N1 Influenza A* vaccine will be required for most individuals to achieve an immune response and protection against the virus that is adequate, according to the Advisory Committee on Immunization Practices (ACIP) of the CDC.
- “Hybrid” avenues of distribution from the CDC
 - The SCDHS will work with federal and state public health agencies to facilitate identification of physician vaccinators and other support staff to facilitate the receipt and utilization of the vaccine.
- Utilization of Suffolk County’s Medical Reserve Corps (MRC) and Community Emergency Response Team (CERT)
 - The Suffolk County MRC is made up of retired physicians, nurses, and other health care professionals who have been credentialed by the SCDHS and have agreed to make themselves available to provide a variety of community health services, from assisting in

- vaccinations, screenings and other non-emergency health operations to responding to large-scale emergencies or disasters.
- The Suffolk County CERT team was created in 2004 as a division of the Suffolk County Citizens Corps Council to assist Suffolk County's Department of Fire, Rescue, and Emergency Services (FRES) and emergency providers. Suffolk County CERT's mission is "to serve and safeguard our community through efficient and effective volunteer service" and is composed of volunteer teams who are trained in basic safety and emergency preparedness

III. Prevention of Disease through Vaccination

In April 2009, the *Novel H1N1 Influenza A* virus was first determined in the United States to be the cause of influenza illness found in two children who had been ill during March and April 2009. These cases are suspected of being the cause of the respiratory illness in Mexico, according to the CDC's Advisory Committee on Immunization Practices.² The virus was then transmitted across North America within weeks and was identified in many areas of the world by May 2009. The CDC has said that transmission of the *Novel H1N1 Influenza A* virus is likely to persist and might increase in the Northern Hemisphere during fall and winter. Relatively few severe cases of *Novel H1N1 Influenza A* virus infection have occurred among older persons, and the highest hospitalization rates for illness caused by this virus have been among persons less than 65 years of age. Because current seasonal influenza vaccines are not likely to provide protection against the *Novel H1N1 Influenza A* virus, vaccines against the *Novel H1N1 Influenza A* vaccine are being manufactured, with FDA-approved and licensed vaccine expected to be available in the United States by mid-October 2009.

Severe disease and death caused by Novel H1N1 Influenza A virus have thus far affected younger adults, children, pregnant women, and individuals of all ages with certain underlying medical conditions more than the elderly. With this in mind, specific target groups have been identified by the Advisory Committee on Immunization Practices (ACIP) of the CDC in order to deliver vaccination to those at highest risk of illness and/or death first, until the vaccine is more widely available for use in the general population.³ The priority groups may change depending upon the demand for the H1N1 vaccine, and as circumstances warrant, as detailed below:

1.) Primary target groups (when demand of H1N1 vaccine is likely to exceed its availability):

- Pregnant women
- Household/caregiver contacts of children under 6 months of age⁴
- Healthcare workers and emergency medical services workers with direct patient care contact⁵

² National Center for Immunization and Respiratory Diseases of the Centers for Disease Control and Prevention. Use of Influenza A (H1N1) 2009 Monovalent Vaccine: Recommendations of the Advisory Committee on Immunization Practices (ACIP), 2009. *MMWR*. 58(RR-10):1-8. August 28, 2009.

³ The primary contraindication for the vaccine will likely be an allergy to egg or egg products, since the new vaccine will be manufactured using eggs, but other contraindications may be identified prior to its licensure and public availability.

⁴ This group includes parents, siblings, and daycare providers.

⁵ On August 7, 2009, the New York State Department of Health issued emergency regulations mandating that all health care providers and other individuals (including non-health care personnel) who are in contact with patients at hospitals, home

- Children 6 months to 4 years of age
- Children 5 years to 18 years of age with certain underlying chronic medical conditions

2.) Secondary target groups (when demand and availability of H1N1 vaccine are somewhat matched):

- Pregnant women⁶
- Household/caregiver contacts of children under 6 months of age
- Healthcare workers and emergency medical services
- Children 6 months to 24 years of age⁷
- Adults between the ages of 25 to 64 with certain underlying chronic medical conditions

3.) Recommended groups (when availability of H1N1 vaccine exceeds demand):

- All individuals above the age of 6 months of age

Chronic underlying medical conditions, as defined by the CDC's ACIP

- Children and adolescents (less than 18 years of age) who are receiving long-term aspirin therapy and who might be at risk for experiencing Reye's syndrome after influenza virus infection;
- Adults and children who have chronic pulmonary (especially asthma), cardiovascular (other than hypertension), hepatic, hematological, neurologic, neuromuscular, or metabolic disorders;
- Adults and children who have immunosuppression (including immunosuppression caused by medications or by HIV);
- Residents of nursing homes and other long term or extended stay chronic-care facilities.

Note: morbid obesity has not yet been determined to be an independent risk factor, but may be considered in an individual evaluation.

In planning for the timely and organized distribution and dispensing of H1N1 vaccination with as little social, and economic disruption as possible, federal and state public health agencies have identified multiple avenues for distribution and dispensing. The CDC has said that it would like to identify 90,000 receipt sites distributed over the entire population of the United States that may each request as few as 100 doses of the H1N1 vaccine. Venues for dispensing have been suggested as follows:

- Health care providers:

Both the H1N1 vaccine and supplies to administer it (e.g., syringes, alcohol swabs, etc.) will be provided by the federal government for health care providers who request them. A health care provider agreement will need to be reviewed and then signed by the provider, who will be permitted to charge or bill an insurance company for the administrative fee associated with the vaccine. Alternately, the SCDHS' Division of Public Health is prepared to assist health care providers by reviewing their credentials and arranging for pickup of vaccine by providers who supply appropriate staff and "cold chain management." The SCDHS is committed to communicating with our health care providers and facilitating the ability of health care providers to obtain and administer H1N1 vaccine from the federal authorities for the express purpose of vaccinating patients who fall into target groups, as defined above.

health care agencies, and hospice facilities (except, because of a technicality, those who work in long term facilities like nursing homes) obtain both Seasonal Influenza vaccination and Novel H1N1 Influenza A vaccination by November 30, 2009.

⁶ There are approximately 16,000 pregnant women each year in Suffolk County, based on 2007 hospital delivery statistics.

⁷ There are approximately 480,000 children between the ages of 6 months to 24 years of age in Suffolk County, based on 2007 U.S. Census Bureau statistics.

- Private sector (e.g., retail pharmacies)

It is likely, based on press reports, that large retail chains such as CVS and Walgreens will want to participate in Novel H1N1 vaccination, as they are currently doing with seasonal influenza vaccination and have done so for several years.

- Occupational groups (e.g., workplaces-employee health)

Hospitals have provided seasonal influenza vaccination to their workers in the past and now, with the emergency guidelines recently issued by the New York State Department of Health, will be expected to provide Novel H1N1 vaccination and seasonal influenza vaccination to all health care providers and staff in contact with patients by November 30, 2009. In some cases, corporations that have medical staff and facilities may vaccinate their employees that fall into the target groups. The SCDHS' Division of Public Health may be able to provide, upon request, POD training for H1N1 vaccination to those community based organizations, corporations, and businesses who have the capability to vaccinate large numbers of individuals in the target populations identified by the CDC.

- Suffolk County Department of Health Services

The SCDHS' Division of Public Health will be providing vaccination for both seasonal influenza and Novel H1N1 Influenza A at a variety of Vaccination Clinic POD (Point of Dispensing) sites:

- 10 Community Health Centers,⁸ working very closely in collaboration with the SCDHS' Director of the Division of Patient Care Services, Shaheda Iftikhar, M.D., and her staff.
- Various community centers and libraries throughout Suffolk County
- Additional Vaccination Clinic POD sites will be determined, as needed

Every year SCDHS' Division of Public Health staff visit 40 to 50 sites throughout Suffolk County to provide seasonal influenza vaccination to the target groups for that vaccine. Seasonal influenza vaccine will be distributed this year as usual and the SCDHS began administering the seasonal influenza vaccine this year on August 28, 2009. The Division is prepared to revisit these sites to vaccinate those in the target groups for Novel H1N1 Influenza A, particularly those residents of Suffolk County who may have no other means of obtaining vaccination or who desire the convenience of a public health clinic.

If necessary, the Division of Public Health may also utilize any one of its 40 public school-based POD sites throughout Suffolk County which were established through memoranda of understanding (MOUs) under a "state of emergency" scenario requiring a declaration of an emergency by the Governor of New York State, when schools are closed and available for such activity. Training is also ongoing with local firehouses, such that those who attend the training are equipped to return to their home department and plan a POD for their own needs; they would be responsible, in such circumstances, to provide staff and order and dispense vaccine in accordance with federal guidelines and agreement.

The SCDHS' highly successful Drive-Thru POD, first held in the fall of 2008, is likely to provide a rapid and alternative method of dispensing vaccine should the need become necessary. Planners will need to assess the demand and response of the public. The Drive-Thru POD developed by the SCDHS was the recipient of a National Association of Counties (NACo) Award in 2009.

⁸ Consistent with Suffolk County Law, which became effective December 31, 2006, it is the policy of Suffolk County to administer mercury-free vaccines in its health centers and facilities to pregnant women and children age three and under. The Suffolk County Health Commissioner, also consistent with this law, may authorize the use of vaccines containing mercury when he or she determines it is necessary to respond to a public health emergency and/or there are insufficient amounts of mercury-free vaccines to adequately protect the public health.