

County of Santa Clara

Santa Clara Valley Health & Hospital System

Public Health



HHS02 102009


Prepared by: Colleen Martin
Health Care Program Manager

Reviewed by: Rocio Luna
Division Director

Submitted by: Dan Peddycord, RN, MPA/HA
Public Health Administrator

DATE: October 20, 2009

TO: Board of Supervisors

FROM: 
Kim Roberts
SCVHHS - Chief Executive Officer

SUBJECT: Various Actions Related to the Public Health Preparedness Program - H1N1 Supplemental Allocation
Phase 3 Funding

RECOMMENDED ACTION

Consider recommendations relating to Public Health Preparedness Program - H1N1 Supplemental Allocation.

Possible action:

- a. Approve delegation of authority to Public Health Administrator, or designee, to negotiate, execute, amend, terminate, and take any and all necessary or advisable actions relating to Agreement with California Department of Public Health to provide Public Health Emergency Preparedness Services in an amount not to exceed \$2,801,035 for period July 31, 2009 through July 30, 2010, following approval by County Counsel as to form and legality, and approval by the Office of the County Executive. Delegation of

authority shall expire on July 30, 2011.

- b. Approve Request for Appropriation Modification No. 078 - \$2,801,035 increasing revenue and expenditures in the Public Health Department Pandemic Flu Trust Fund budget, \$2,151,035 increasing revenues and expenditures and decreasing County General Fund in the Public Health Department budget, and \$650,000 increasing expenditures and expenditure reimbursement, decreasing revenue and increasing County General Fund in the Santa Clara Valley Medical Center Budget. (4/5 Roll Call Vote)

FISCAL IMPLICATIONS

There is no net impact on the General Fund as a result of this action. No matching funds or in-kind services are required, but the County must certify non-supplantation of funding.

On September 30, 2009, the Public Health Department received a notice of award from the California Department of Public Health (CDPH) related to one-time Public Health Emergency Preparedness H1N1 Supplemental Allocation Phase 3 funding in the amount of \$2,801,035 for period July 31, 2009 through July 30, 2010.

While Phase 3 funding is specifically allocated for vaccination implementation, the Public Health Department (PHD) is still waiting for complete guidance from the State with respect to specific use and limitations of this supplemental funding for H1N1.

At this time, the funding has been allocated as described below. When complete guidance is received and implementation occurs, if necessary, the Department will return to the Board to adjust the funding allocations.

- \$800,000 in new funding will be used to offset revenue losses as Public Health staff are diverted from Targeted Case Management (TCM) and Comprehensive Perinatal Services Program (CPSP) activities to vaccination clinic and other preparedness activities. The revenue losses are estimated to be \$500,000 in TCM and \$300,000 in CPSP. Public Health Nurses provide CPSP services which are billed through the Santa Clara Valley Medical Center (SCVMC) budget. Removing the CPSP revenue from the SCVMC budget (\$300,000) will be offset by a general fund transfer of the same amount from the PHD budget.
- \$475,000 in new funding will be used to cover additional staff expenses in PHD and SCVMC related to the implementation of vaccination clinics and other preparedness activities. The PHD has already allocated \$225,210 of the earlier H1N1 Supplemental Allocation funding approved at the October 6, 2009 Board meeting for staff expenditures, the additional amount from this allocation will be \$125,000. The remaining \$350,000 will be allocated for SCVMC vaccination clinic expenditures.
- \$1,526,035 will be allocated to services and supplies. These funds could be used for medical equipment and supplies, contract services and other preparedness services and supplies.

CONTRACT HISTORY

On October 6, 2009, the Board of Supervisors approved various actions related to the agreement with the California Department of Public Health (CDPH) in the amount of \$4,530,888 to provide Public Health Preparedness Services. This agreement included funding for four on-going awards (CDC Public Health Emergency Preparedness, Cities Readiness Initiative, Pandemic Influenza Preparedness, and Hospital Preparedness Program) as well as H1N1 Supplemental Allocation funds. The CDC provided supplemental funding in two phases to support the medical/health response to flu for the fall and winter season: (1) local vaccination campaign efforts, antiviral distribution/dispensing and administration, community mitigation, and other preparedness and response activities; and (2) laboratory, epidemiology, surveillance, and related response activities. (See attached transmittal.)

REASONS FOR RECOMMENDATION

Over 350 individual providers, medical groups, and community clinics, including ten hospitals, have registered to receive vaccine shipments directly from the State. The Public Health Department will receive shipments of the vaccine for both Santa Clara Valley Medical Center and the Public Health Department.

The first doses of H1N1 swine) flu vaccine arrived in Santa Clara County on October 6, 2009. The initial shipment of about 14,400 doses of the nasal spray form of the vaccine (nasal vaccine) is going to private and public medical providers in the county, as well as to the Public Health Department. Because the first shipment of vaccine is in nasal form, not everyone can receive it. This initial shipment is only to be administered to:

- Healthy children 2 years and older, especially those younger than 10 years who are recommended to receive 2 doses; and
- Healthy household contacts (2 - 49 years) of infants younger than 6 months.

The Centers for Disease Protection and Control and the California Health Department have identified healthy children between the ages of 2 and 10 years of age as a priority.

By the end of October, Santa Clara County expects to receive another 21,000 doses of nasal vaccine. At that time, the nasal vaccine may be administered to healthy people between the ages of 2 and 49.

The nasal vaccine should not be given to:

- Children less than 2 years of age.
- Adults 50 years of age and over.
- People with a medical condition that places them at high risk for complications from influenza and people with illnesses that weaken their immune system.
- Children less than 5 years old with a history of recurrent wheezing.
- Children or adolescents receiving aspirin.
- People with a history of Guillain-Barre syndrome, a rare disorder of the nervous system.
- Pregnant women.
- People who have a severe allergy to chicken eggs or who are allergic to any of the nasal spray vaccine components.

This initial shipment is the beginning of a long vaccination effort. More than 265,000 doses of vaccine are expected to be available in Santa Clara County in both the nasal and shot forms by the end of October or early November, with more to follow in the coming weeks and months. However, we do not know the definitive dates of arrival or how the State will

distribute the vaccine within Santa Clara County, which has made operational planning efforts difficult.

Both PHD and SCVMC will focus on providing flu vaccines to those in groups at high risk for illness or complications. Per CDC, high risk groups include:

- Pregnant women because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated.
- Household contacts and caregivers for children younger than 6 months of age because younger infants are at higher risk of complications and cannot be vaccinated.
- Healthcare and emergency medical services personnel because infections among healthcare workers has been reported and this can be a potential source of infection for vulnerable patients.
- All people from 6 months through 24 years of age because cases of 2009 H1N1 influenza have been seen in children who are in close contact with each other in school and day care settings, and healthy young adults as they often live, work and study in close proximity.
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

SCVMC vaccination clinics will serve patients/clients/members of SCVHHS and Valley Health Plan who meet the criteria, as well as those individuals at high risk for illness and complications without a current primary care provider, including those who are uninsured or under-insured. At this time, the plan is for five SCVMC locations to operate vaccination clinics.

The Public Health Department will implement another 2 - 4 targeted clinics to focus on residents who do not have primary care providers or those with primary care providers who have not registered to receive vaccine. In addition, Public Health will provide vaccine on two days focused solely on California Children's Services (CCS) clients, one of the highest risk groups for both illness and complications. These vaccination clinics are expected to begin operations in late October or early November pending vaccination availability.

In addition, San Jose Unified School District, the largest in Santa Clara County with 24 school nurses employed by the school district, plans to offer free swine flu shots to all of its 32,000 students beginning in late October. Dr. Marty Fenstersheib has agreed to be the supervising physician for the district's program, which is a program requirement. This program is scheduled to begin next week at two schools (with nasal vaccine only), with the goal of having a vaccine clinic at every school site including 26 elementary, six middle and six high schools. The vaccinations will be voluntary and parents will have to fill out permission slips. San Jose Unified decided to offer the vaccine because, unlike most other school districts in the county, it has enough school nurses to administer the program. A limited amount of Public Health Department resources will be used to support their efforts.

Although the Public Health Department does not anticipate a shortage of the pandemic H1N1 vaccine, availability will depend on regular shipments of the vaccine. As shipments are expected weekly, vaccination administration will continue to take place throughout the fall and winter. Based on a recommendation from the CDC, once the demand for vaccine to

people at highest risk for illness or complications has been met, local individual providers, medical groups, community clinics, hospitals, and the Public Health Department can begin providing the vaccine to other residents who want it. It is expected that eventually there will be enough vaccine for everyone who wants it.

On September 30, 2009, the Public Health Department received a notice of award from CDPH related to new, one-time Public Health Emergency Preparedness - H1N1 Supplemental Allocations Phase 3 funding in the amount of \$2,801,035 for period July 31, 2009 through July 30, 2010. As with other grants, the State often allows the rollover of unexpended funds to the next fiscal year. Thus, the requested delegation of authority expires on July 31, 2011. This item was listed as a Pending Board Item on the October 19, 2009 Health and Hospital Committee agenda. The Phase 3 funding is specifically allocated for vaccination implementation.

Of this amount, \$1,250,000 is being allocated for PHD and SCVMC personnel costs (overtime, extra help, backfill for lost grant revenue) associated with implementation of vaccination clinics.

In addition, \$1,500,000 is being allocated for medical equipment and supplies, contract services for staffing of vaccination clinics, and other preparedness services and supplies. In the event that not enough staff are identified to fully operate the vaccination clinics through the use of county employees and other means, such as the use of nursing students and a network of volunteer medical professionals known as Medical Volunteers for Disaster Response, SCVHHS may need to rely on contract staff for various roles, including registration, screening and vaccination administration, to supplement county staff.

PHD is contacting various private and non-profit hospitals and community based providers, including Gardner Family Network, to try to expand the current capacity to provide vaccinations to the general public. As a last resort, PHD is continuing to explore the possibility of contracting with Maxim Healthcare Services to employ temporary medical personnel. Maxim is currently working with other counties for this purpose, through an agreement with the State.

Any needed contracts with participating hospitals, clinics, pharmacies, emergency medical services providers, individuals and other entities for the purpose of implementing the various Public Health Preparedness programs will be executed under the delegation of authority approved by the Board on October 6, 2009, following approval by County Counsel as to form and legality and approval by the Office of the County Executive.

The Public Health Officer will report on H1N1 activities to the Health and Hospital Committee at its monthly meeting. In addition, PHD will provide regular updates to the Board specific to the Concept of Operation Plan for vaccine clinics and receipt of vaccine, including any pending and executed agreements with healthcare services agencies, via off-agenda reports.

BACKGROUND

Under the direction of the Public Health Administrator and County Public Health Officer, PHD's Public Health Preparedness Program and Emergency Medical Services (EMS) Agency coordinate bioterrorism and other medical/health preparedness activities and lead the County's medical/health disaster planning and response efforts. PHD maintains the Department Emergency Operations Center (DEOC) that forms the core infrastructure for medical disaster response. The DEOC reports to the Medical Health branch of the County Operational Area EOC to coordinate medical/health response for incidents in which the EOC is activated. The Department also has a public health laboratory with Level B capabilities. Key staff from PHD, County Office of Emergency Services and Facilities and Fleet/EOC Logistics meet on a regular basis to maximize all ongoing activities and to ensure mutually beneficial and non-duplicated services.

On September 28, 2009, the Public Health Administrator and Public Health Officer activated the DEOC in response to the H1N1 vaccine distribution. The following day, the Board of Supervisors declared a state of local emergency, thus

activating the County's Emergency Operations Center (EOC).

The main focus and task at hand for the DEOC currently is to plan and make operational several H1N1 vaccination sites by the end of this month. The vaccination sites will be staffed primarily by public health nurses with assistance from other county staff (outside of public health) and medical volunteers. SCVMC Ambulatory and Managed Care will also administer H1N1 vaccines at five Valley Health Center locations and will expand the hours of operation at these locations.

CONSEQUENCES OF NEGATIVE ACTION

Failure to approve the recommended actions may impact the Public Health Department's

ability to receive funding for Public Health Emergency Preparedness Phase III response activities.

ATTACHMENTS

- H1N1 CDC PH Emergency Preparedness - Phase III allocation
- PH Emergency Preparedness Phase III Appropriation Modification
- Oct 6 2009 transmittal