

Kentucky Fluview H1N1 Surveillance Report

As the H1N1 pandemic continues to decline, the Kentucky Department for Public Health wants to gratefully acknowledge the heroic efforts of the state and local health department personnel who contributed to the response. Novel H1N1 influenza brought on many new challenges in the scope and process of educating the public, coordinating vaccine distribution, promoting vaccine uptake, and collaborating with partners to better serve the citizens of Kentucky.

The Kentucky Department for Public Health realizes the extra demand the pandemic placed on clinical and public health organizations, and now it is time to recognize some of the success stories that arose during Kentucky's response. The stories featured inside were written by leaders in local health departments describing some of the most effective practices in combating the H1N1 pandemic, and how these practices proved that 'public health works'.

Featured Success Stories

Read About Your Local Health Departments in Action

Ashland-Boyd County Health Department



Barren River District Health Department



Franklin County Health Department



Kentucky State Lab



Green River District Health Department

Knox County Health Department

Lake Cumberland District Health Department

Lincoln Trail District Health Department



Northern Kentucky Independent District Health Department



Louisville-Metro Department of Public Health



Oldham County Health Department and Emergency Medical Services



Monroe County Health Department

February 26, 2010
 Issue #10

Glance at Best Practices:

- Creative Partnerships
- Vaccine Call Centers
- Drive-thru clinics
- H1N1 Hotline
- Local Health Summits

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Ashland-Boyd County Health Department



Innovative Partnerships and a Community Leaders Listserv

Media Outreach

The Ashland-Boyd County Health Department (ABCHD) partnered with the local newspaper to run a series of four stories on novel H1N1 influenza in mid-September. These stories covered topics such as basic infection control, disease information, and important preparedness tips. The health department received numerous phone calls regarding the stories. Many community members commented that they were pleased with the common sense approach the health department was taking. The stories can be found at www.dailyindependent.com keyword: swine flu. The health department has an ongoing relationship with the newspaper staff which made this community education effort possible. Throughout the H1N1 response they have worked together to provide information to the community through this media outlet.

Partnership with McDonald's

The ABCHD also partnered with the three local locations of McDonald's to develop a tray liner regarding H1N1. This liner contained information about infection control and included contact information for patrons who wanted more information. This tray liner was professionally designed and free of charge. The health department received many positive comments on this outreach as well.

Community Leaders Listserv

The ABCHD partnered with their local office of Emergency Management (EM) to create a community leaders listserv in May 2009. The local EM office had software that allowed for the creation of an e-mail listserv from which the health department could send updates on the H1N1 situation to local community officials. Some local officials included mayors, county judge-executives, fire chiefs (including volunteer departments), school officials (including the local college), hospital officials, and police chiefs. This allowed

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the health department to provide a consistent message for all community decision makers. Early in the response, daily updates were sent out on the listserv, and later the updates were sent on an as-needed basis.

Many of these emails were forwarded to staff and employees that worked with these community leaders. This allowed information to be disseminated county-wide, not just to a few select people. The health department plans to continue using this listserv for other emergency situations in the future.

"The Ashland-Boyd County Health Department also partnered with the 3 local locations of McDonald's on a tray liner regarding H1N1."

Barren River District Health Department

Vaccination Coordination Call Center

As a result of the media's coverage of the release of the H1N1 vaccine, the Barren River District Health Department's (BRDHD) voicemail box filled with over 200 calls from people who needed a vaccination against the novel H1N1 influenza virus. People were eager to protect their families from this novel strain of influenza that was being compared to previous, devastating outbreaks.

In response to the public's desire for vaccinations, BRDHD set up a call center allowing people from the entire Barren River District to make one simple call to arrange an appointment for family members who needed the vaccination. Having a central call center made it possible to schedule appointments at convenient times and locations, reducing wait times of clients and allowing them to move quickly and easily through the process. Many callers reported waiting only about 10 minutes. By having a formal call center, BRDHD was also able to identify those who would need special assistance, such as foreign populations with minimal English language skills. To accommodate these individuals BRDHD was able to plan ahead to have interpreters available as needed.

The call center was open 14 days between November 6 and December 11, 2009, which were the days leading up to the scheduled vaccination clinics throughout the district. Depending on the call volume, two to twelve employees and Medical Reserve Corp (MRC) volunteers worked two hour shifts to cover the additional call volume.

Considering the 12,333 vaccines given at BRDHD H1N1 clinics and the positive feedback received from the community, these vaccination clinics were a great success.



For more information about the process of setting up a call center to handle large volumes of appointments or to find out some of the lessons learned during the process, contact

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Franklin County Health Department

Drive-thru Clinics Vaccinate Over 3,000 Residents

Drive-thru flu vaccination clinics and other such events are not new to the Franklin County Health Department (FCHD). However, conducting an event when the public was unusually anxious about a novel influenza strain (novel H1N1 influenza) was a new challenge.

The successful vaccination clinics were a result of many years of preparedness planning. In 2005, FCHD purchased a building to serve as a Public Health Center (PHC). This building houses the Community Health Education Team, the Environmental Team, the Preparedness Coordinator and most recently, an Accreditation Planner. The new building has three oversized garage bays that have been used for rabies vaccination clinics, car seat installations, and other events such as drive-thru seasonal flu clinics.

Under the direction of Paula Alexander, Public Health Director II, and John Lile, Preparedness Coordinator, management staff and other key personnel have been formulating an emergency response plan. Included in the overall plan, a well-designed section for mass vaccinations was outlined in the event of a pandemic flu or a terrorism event. During the 2008-2009 flu season, this plan was tested during drive-thru clinics held at the PHC and other community sites.

On October 30, 2008, a downtown Frankfort site was chosen to test the merits of the county plan to dispense medications and/or shots. It required the partial closing of a major traffic artery out of Frankfort. Partnerships were forged with the American Red Cross staff and volunteers, Frankfort/Franklin County Office of Emergency Management, Kentucky Transportation Cabinet, city and county employees and many volunteers. Over 2,500 people received the seasonal vaccine early. One lesson learned was to route traffic onto secondary roads away from major intersections, when possible.

As information on a possible pandemic outbreak of the H1N1 flu virus spread, a media campaign was implemented and the plans for mass vaccinations were put into action. The early arrival of seasonal vaccine was the key to begin providing vaccinations to daycares, schools, nursing homes and other off-site clinics.

The sporadic arrival of the first doses of H1N1 could have sparked a real panic. But the calm, factual information provided by the support and administrative staff of FCHD and the media partners, reassured the community that the public health structure in Franklin County was prepared to deal with H1N1 and other emergencies.

As off-site and drive-thru clinics began to occur and the supply of vaccine increased, it was apparent that the involvement of all FCHD staff, the hiring of contract retired nurses, the recruitment of volunteers, and having contracts and agreements with other community partners in place was absolutely necessary for the success of the emergency plan. Underneath the outward calm, staff and volunteers were giving a 110 percent.

At the completion of the events, over 122 off-site clinics were held and 6,092 residents were vaccinated. Five drive-thru clinics at the PHC, gave FCHD the opportunity to vaccinate an additional 3,647 community members.

“The calm, factual information provided by the support and administrative staff of FCHD and the media partners, reassured the community that the public health structure in Franklin County was prepared to deal with H1N1 and other emergencies.”

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Public Health
Prevent. Promote. Protect.

Franklin Co.
Health
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Green River District Health Department

Conducts a Coordinated Vaccination and Outreach Campaign

The Green River District Health Department (GRDHD) began preparing for a fall outbreak of novel H1N1 influenza in August of 2009 by meeting with school officials. Organized by the preparedness team, this meeting was a great opportunity for partners to meet and prepare for the possibility of increased cases in the fall. As a result, an email distribution list was created that allowed school and public health officials to be in constant communication.

Managing the H1N1 administrative paperwork was a challenge. GRDHD was fortunate to have great administrative support staff to coordinate these efforts and maintain consistency with record-keeping. The H1N1 administrative coordinator worked well with the providers in the area to obtain necessary documentation.

Once vaccine became available, GRDHD began targeting colleges in the area during a vaccination campaign on October 21st and 22nd. Since most of the vaccine was in the form of intranasal spray at that time, it could only be used for certain target groups. College age students were prime candidates for the vaccine. Colleges helped GRDHD with the logistics, such as location, set up, and publicity. Text messages, a one-call system, and email alerts were sent several days in advance and the day of the clinic to encourage college-age students to get vaccinated.

Following the college campaign, the GRDHD next moved to the schools system and coordinated with the Education Superintendent from each county (with all seven counties represented) and with all private and parochial schools. One location per county was designated to be the vaccination location that would best serve the community/county as a whole. Nine school clinics were held within a period of seven days. The school campaign required a considerable amount of effort and all GRDHD staff contributed. Various media outlets, such as newspapers, radio, and the school's one-call systems provided publicity.

Next, GRDHD focused on vaccinating healthcare workers in closed clinics and by distributing vaccine at facilities including hospitals, nursing homes, dialysis centers, etc. GRDHD initiated this effort by sending out vaccines to healthcare providers in the area and made vaccine available to those in high risk groups. When the injectable form of vaccine became available, GRDHD provided OB/GYNs with this form of the vaccine for the pregnant population.

GRDHD provided outreach efforts to certain at-risk groups including pediatric practices, nursing homes, an HIV/AIDS group called "Matthew 25," and others. An already-existing partnership with the faith-based community allowed GRDHD to work closely with faith-based groups to spread the word about the importance of vaccination. GRDHD maintained a strong media campaign using print, radio, and television to reach their population. They also utilized their health department interpreters to reach the Hispanic population. The H1N1 response strengthened GRDHD's relationships with the media, as they are now on a first-name basis with many of the journalists in the area.

After it became clear that the target group population was saturated, GRDHD opened vaccination clinics to the general population, and another media push ensued. As a result of the outreach, the mass clinics held in each county had a very good turnout. At one of the clinics, GRDHD reached many individuals from the Hispanic and Latino populations in Daviess County. This occurred as a result of the relationships formed with faith-based organizations that provided services in Spanish as well as outreach conducted by the Spanish-speaking interpreters at the health department.

In order to keep public interest high, GRDHD found new and creative ways to update the public without overloading them with H1N1 information. An H1N1 update was sent each week to various recipients, such as health department staff, hospitals, daycares, schools, emergency management, colleges, businesses, jails, nursing homes, physicians' offices, pharmacies, substance abuse houses, and more. Compiling this list took time but was extremely useful in keeping these individuals updated on a weekly basis. GRDHD also worked very closely with area schools to get information in their newsletters, on their websites, and on their television channels.

Even though the number of H1N1 cases has decreased, GRDHD is still providing H1N1 outreach to their community. They are now in the process of reaching out to the following groups: soup kitchens, homeless shelters, a women's prison, a spousal abuse center, Hispanic alliances and organizations, the local housing authority, Audubon Area, Roosevelt House-retirement communities, individuals with disabilities, and Girls and Boys Clubs of America.

"An already existing partnership with the faith-based community allowed GRDHD to work closely with faith based groups to spread the word about the importance of vaccination."



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Kentucky Department of Public Health– Hotline

Kentucky Department for Public Health Partners with the Poison Control Center to Provide a Public H1N1 Hotline

On October 5, 2009, the Kentucky Department for Public Health (KDPH) launched a public H1N1 Hotline through a contract with the Kentucky Poison Center (KPC). The hotline, staffed by nurses from Norton Healthcare, served as a central point of contact for residents of Kentucky who had questions about H1N1 and seasonal influenza, including vaccine safety and availability. Contracting with KPC allowed KDPH to go live with the hotline less than a month after the Department Emergency Operations Center was activated. In addition, having off-site nurses contracted through KPC allowed the state and local health departments to focus efforts on vaccine ordering and distribution. The hotline was marketed through local television and newspaper advertisements, websites, local health departments, healthcare providers' offices, and other venues.

A grand total of 10,008 calls were logged in the Web Emergency Operations Center (Web EOC) by the Public H1N1 Hotline for the period of October 5, 2009 through January 24, 2010. The average daily call volume was 150 calls; the peak daily call volume totaled over 500 calls on the second day of operation. Over the total time the Hotline operated, the majority of questions regarded H1N1 vaccine availability (27%), general questions about H1N1 (22%), and H1N1 vaccine safety (11%). The majority of callers ranged in age from 23 - 34 (23%) and 35 - 44 (22%), and reported being referred to the hotline by television advertisements (27%) and local health departments (20%).

“Contracting with KPC allowed KDPH to go live with the hotline less than a month after the Department Emergency Operations Center was activated.”

“A grand total of 10,008 calls were logged...”

H1N1 Virus



“In nine months the lab tested 5,977 samples for influenza. This was more than the previous six years.”

Kentucky State Lab

Nine Long Months of Lab Testing, Identifying, and Reporting

The Kentucky State Lab received the first sample to be tested for novel H1N1 influenza on April 27, 2009. In the following nine months the lab tested 5,977 specimens for influenza. This was more than the combined previous six seasons (2003-2009, prior to April 27th) of influenza testing which consisted of 5,730 samples. During these nine months 2,285 Influenza positive samples were identified (2,133 Novel 2009 H1N1 and 152 seasonal Influenza). This was more than the three previous three seasons (2006-2009, prior to April 27th) of flu positives (2,040 seasonal flu). During the nine months of testing, the lab utilized the CDC recommended test result turnaround time for all flu samples as 48 hours from receipt of specimen. The lab successfully completed and reported testing on 96.2% of all flu samples in this timeframe, and 88% of all samples were completed within 24 hours.

This high percentage of testing was accomplished by the lab adapting to the huge volume of incoming samples by changing the standard Influenza testing algorithm. In consultation with our laboratory director and our State Epidemiologist, this change in the algorithm was to move from standard Influenza culture testing to 100% Influenza molecular PCR-based testing. This testing allowed for the identification and type characterization (novel or seasonal flu) from a single specimen in a single test run. This Influenza molecular testing was only in place in a limited supporting role for flu strain typing in April 2009. New molecular instrumentation was introduced, validated, authorized by the Centers for Disease Control and Prevention, and brought into full service within one month of the beginning of the pandemic.

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“Knox County chose to share vaccine with adjoining Whitley County to increase capacity at a large pediatrician’s practice that serves Knox County residents and an OB/GYN practice in Whitley County that serves the majority of pregnant women from Knox County.”

Knox County Health Department

Focusing on Vaccinating Healthcare Providers First

Knox County, comprised of 32,000 residents, is spread across two cities, Barbourville and Corbin. The Knox County Health Department (KCHD) began their vaccination campaign by focusing on vaccinating healthcare providers. They distributed vaccine to local healthcare agencies that wanted to vaccinate their employees and also offered an after-hours clinic for health care workers who were not vaccinated by their employer. The hospital in Knox County vaccinated their staff as well as Emergency Medical Service (EMS) and paramedic workers in the county. KCHD focused on reaching children by sending vaccination permission forms to all schools in the county (including preschools, daycares and private schools), and provided an after-hours clinic on each side of the county for preschools and daycares.

KCHD distributed vaccine to elementary and high schools through the nurses located in the schools, and called all of the pregnant moms served by Knox County’s HANDS and WIC programs to offer them vaccination by appointment. Since pregnant women and children are a target group, Knox County chose to share vaccine with adjoining Whitley County to increase capacity at a large pediatrician’s practice that serves Knox County residents and an OB/GYN practice in Whitley County that serves the majority of pregnant women from Knox County. Additionally, Knox County focused efforts on distributing larger amounts of vaccine not only to healthcare providers but pharmacies as well, and the KCHD offered a weekly Friday vaccine clinic from 8:00 a.m. to 12:00 p.m. for the general public and individuals in the target groups. According to Rita Miracle, from the Knox County Health Department, “One thing I like about the rural areas is that we may not have a lot of resources, but when we have an event, everyone comes together to take care of each other. I will personally say that the Kentucky Department for Public Health has done a wonderful job in supporting the local health departments in this effort and I can’t say enough about our local partners and our staff here at the health department who has supported us throughout.”

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“The county utilized the reverse 911 calling system, which sent a telephone message to households in Pulaski County informing them about the clinic.”

Lake Cumberland District Health Department

LCDHD Uses Window of Opportunity to Vaccinate More Residents – Including Santa!

Even as the number of H1N1 cases was declining in November and December, 2009, the H1N1 vaccine supply was increasing. Many local health departments used the increase as a window of opportunity to vaccinate more individuals. The Lake Cumberland District health Department (LCDHD) knew that vaccination continued to be the best protection against H1N1, especially since there were still more influenza cases occurring across Kentucky than normal for that time of year. The LCDHD held a mass vaccination clinic at the Somerset Mall in Pulaski County on December 3rd. They advertised the clinic using traditional forms of media (television and newspaper), but also took advantage of new technology to reach members of their community. The county utilized the reverse 911 calling system, which sent a telephone message to households in Pulaski County informing them about the clinic. In addition, some of the schools also sent a pre-recorded telephone message about the clinic to parents using the one-call system. As a result of the mass communication campaign, 700 additional people were vaccinated, including Santa Claus who was visiting from the North Pole!



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Lincoln Trail District Health Department



Community, Cooperation, and Candy

There were many positives that came out of the very trying and serious H1N1 influenza situation. These were the result of many people and agencies working together. Lincoln Trail District Health Department (LTDHD) was able to use its influenza plan and determined that it really worked. Like any other plan, they learned from it and will improve it based on lessons learned. Additionally, the communities in the LTDHD district were able to see firsthand, the hard work that was put forth to assist them in their time of need.

Relationships between LTDHD and providers grew as LHD staff were able to put face with names for the first time. When providers picked up vaccine, M&Ms were also handed out to take back to the provider's offices to possibly ease the hard work that they were doing and to show appreciation for their willingness to help the community. In order to keep everyone on the same page, vaccine updates were sent out each week on Monday morning.

In LTDHD, planning with the school districts was a very smooth process. Not only did LTDHD work with administrators, but also included teachers, counselors, and even maintenance personnel. The vaccination schedule varied as clinics were set up in the schools during the day and in the evenings as needed.

Last but not least, the willingness to work hard, the teamwork attitude, and concern for the community by the LTDHD staff in each of the county health clinics and district office provided a wonderful experience for all. Positive attitudes never ceased, even when clinics were long or when a vaccine shipment had to be ordered, received or inventoried again. These special people need to be applauded for their hard work.

"When providers picked up vaccine, M&Ms were handed out to take back to the provider's offices to show appreciation for their willingness to help the community."

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Louisville-Metro Department of Public Health

Louisville Conducts Massive H1N1 Campaign



The current campaign of the Louisville Metro Department of Public Health and Wellness to guard against H1N1 influenza was and is its most massive immunization effort in recent memory.

The department has directly immunized more than 78,000 children and adults at public and school clinics and has distributed another 230,000 doses of H1N1 vaccine to 361 hospitals and health care providers throughout the community.

Drive-through and walk-in clinics at Papa John's Cardinal Stadium on November 11 and 12 performed more than 19,000 immunizations and may have set the Guinness World Record for the most immunizations given on a single day on November 11th. This gargantuan effort was made possible by partnering with the University of Louisville to hold the event with the assistance of more than 400 volunteers from the U of L School of Nursing, the U of L School of Public Health and Information Sciences, the Bellarmine School of Nursing, the Medical Reserve Corps, and the Red Cross.

Public immunization clinics have also been held at the at Mount Zion Baptist Church, the Highview, Middletown and Pleasure Ridge Park fire stations as well as at several metro government sites.

On November 30, Public Health and Wellness embarked on its most ambitious school immunization campaign since the Salk Vaccine Trials of the 1950s. Each student in Jefferson County Public Schools - the 90 public elementary schools, 24 middle schools and 21 high schools, plus each student in the community's 39 parochial elementary schools and eight parochial high schools - as well as students in numerous other private schools - were given the opportunity to get an H1N1 immunization. Between November 30 and December 18, nurses and support staff went to at least 10 schools each weekday to give H1N1 immunizations to students and staff. The immunizations were voluntary and free. Each student needed a consent form signed by a parent or guardian. Norton Health Care contributed to this monumental undertaking by providing 25 nurses and 10 support staff each day.

More than 50,000 students and school staff were immunized during the three-week school vaccination campaign. Immunization rates ranged from between one-third to more than one-half the student enrollment at each school.

Louisville Metro Public Health and Wellness's has now opened up H1N1 immunizations to the general public without restrictions. Immunizations are being given by appointment for the rest of the flu season at four Public Health and Wellness locations.

"The Papa John's Cardinal Stadium drive-through and walk-in clinics ... distributed more than 19,000 immunizations and may have set the Guinness World record for the most immunizations given on a single day ..."

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“The health summits were a huge success because a united message from local health care providers, the school system, hospital, and health department was conveyed to the citizens of Monroe County and therefore helped to alleviate panic and confusion.”

Monroe County Health Department

Local Health Summits

Monroe County kept their community aware of the evolving novel H1N1 influenza situation through a series of three local health summits. Participating in the summits were the Monroe County Health Department (MCHD), Monroe County Board of Education, Monroe County Medical Center, a local physician, and the Chair of the Monroe County School Board. The summits were taped and broadcasted on the local Monroe County Schools Network. Several thousand Monroe county citizens were reached during these summits. Via the summits, community members were kept apprised of the current H1N1 situation including updates on school absenteeism and steps the school system was taking for infection control and disease prevention. The local hospital gave updates on their current census, the number of individuals presenting with influenza-like illness (ILI), and recommendations on hospital visitation. Other items presented were discussions on H1N1 and seasonal influenza viruses (signs and symptoms, prevention, control), and the availability of H1N1 vaccine. Special emphasis was placed on communicating information about the target groups for vaccination. The health summits were marketed through the school system’s “one-call” program that transmits messages via telephone to parents and/or caregivers of school children. According to Jill Ford of the Monroe County Health Department, “The health summits were a huge success because a united message from local health care providers, the school system, hospital, and health department was conveyed to the citizens of Monroe County and therefore helped to alleviate panic and confusion.” The Monroe County Health Department plans on continuing health summits in the future when health-related topics need to be addressed in the community.

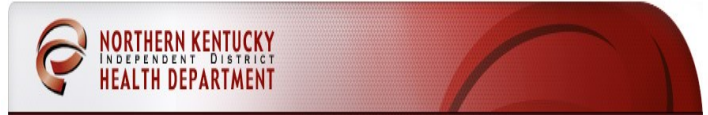
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Northern Kentucky Independent District Health Department

Two-Pronged Approach to Distribute Vaccine in their Communities

“Open and frequent communication with providers through e-mail distribution groups and phone calls allowed the health department to fine tune provider requests...”

From the start of the H1N1 flu vaccine campaign, the Northern Kentucky Independent District Health Department (NKIDHD) chose to use a two pronged approach to get the vaccine out to their population. While the health department ordered vaccine for use in planned mass vaccination clinics and school clinics, a portion of most vaccine allotments was designated for direct shipment to their enrolled H1N1 vaccine providers. The majority of Northern Kentucky’s October and early November allotments were shipped directly to more than 50 enrolled hospital, pediatrician, OB/GYN and family practice providers in the four counties served by NKIDHD.



After holding mass vaccination clinics in each of their four counties and the majority of their school clinics in November and early December, the NKIDHD provided the bulk of their allotments to their H1N1 vaccine providers including home health, long term care, specialty practices, dialysis units, and others. Once the decision was made to provide vaccine to individuals outside the initial target groups, Northern Kentucky expanded the direct shipment of vaccine to more than 35 enrolled pharmacies and pharmacy walk-in clinics.

The process of allocating H1N1 vaccine to enrolled providers offered Northern Kentucky residents in the priority groups multiple options for accessing the vaccine. Open and frequent communication with providers through e-mail distribution groups and phone calls allowed NKIDHD to fine tune provider requests and to focus on pediatricians, hospitals, and other providers serving priority groups.

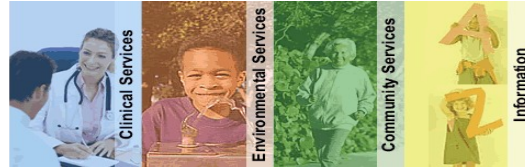
Initially, the NKIDHD set up a system for tracking and tallying the vaccine distribution to local providers. The NKIDHD continues to enroll new providers on a weekly basis and has expanded the variety of provider types receiving vaccine. Having ready access to provider information and shipment history assisted in responding to vaccine availability questions from providers and the general public. According to Jean Caudill from the Northern Kentucky District Health Department, “Overall, the health department [has] received very positive feedback on this dual approach [that was] used to provide vaccine to our community in a safe and effective manner.”

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Oldham County Health Department and Emergency Medical Services

How cooperation and professionalism vaccinated thousands in Oldham County

In October 2009, Oldham County Emergency Medical Services (EMS) arranged a meeting with Oldham County Health Department (OCHD) to review available services and see how the organizations could benefit each other, particularly with the combined threat of H1N1 and the possibility of the seasonal flu emerging.



The OCHD has an impressive array of services and well-trained staff members established. However, like other health departments across the nation, OCHD's system was taxed to its limits due to immediate need for many clinics at the health departments and in the school systems.

A unique partnership formed between EMS and the OCHD to augment staff and services during critical points in the H1N1 public vaccination program. Since Oldham County EMS has a staff of 24 licensed paramedics, who are trained and capable of administering the intramuscular and intranasal vaccinations, it seemed a natural fit to integrate paramedics with the existing nursing staff. Additionally, with the large number of high-risk populations expected at the flu clinic and schools, ambulance stand-by support had already been requested.

In the subsequent weeks, both departments, as well as the medical directors for each agency entered into a Memorandum of Understanding outlining requirements for training, licensing, liability, recordkeeping, and cost sharing. Paramedics from EMS participated on a voluntary basis, and the initial training was provided by the OCHD regarding vaccine-specific information.

On November 14, 2009, six paramedics and two ambulances were able to integrate seamlessly with the OCHD staff to administer thousands of vaccinations to high-risk populations at a clinic in LaGrange, Kentucky. Paramedics and ambulances were also provided for each of the eight school clinics in this successful partnership.

This partnership was innovative for a number of reasons. Health departments and EMS both function with the intent of protecting the health and welfare of the residents of their respective districts. However, they rarely work directly with each other except in emergency circumstances because of political and structural differences. Fortunately, in Oldham County, the leadership of these agencies had the foresight and professionalism to put the best interests of the citizens at the forefront. With continued open communication and good planning, the people of Oldham County will enjoy the ongoing benefits of this relationship built during the H1N1 Pandemic.

"A unique partnership formed between EMS and the OCHD to augment staff and services during critical points in the H1N1 public vaccination program."

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Kentucky Fluview H1N1 Surveillance Newsletter

Communicating Crucial Surveillance, Public Health and Professional Guidance Statewide

Aiming to change the health of the Commonwealth's citizens, the Kentucky Department for Public Health (KDHP) works hard to collect health information through effective surveillance and then disseminate information to the public and decision makers. A former Centers for Disease Control and Prevention (CDC) director, Bill Foege, describes epidemiology as a "tool to change the world, not to merely study it." One of the successful communication strategies used throughout the novel influenza A H1N1 epidemic has been the weekly publication the "Kentucky Fluview."

The weekly production of the newsletter began as a response to the state leadership, media, and the public's questions regarding the epidemic. The *KY Fluview* developed into a collaboration of articles contributed from state-level epidemiologists covering topics like H1N1 mortality rates, school surveillance including school absenteeism data, vaccine allocation information from the CDC, and special public health interest stories. Aside from communicating with constituents across the state, the *KY Fluview* aims to act as a vehicle for positive public health action during a vulnerable time.

A primary purpose of the newsletter is to educate state leadership, including Governor Steve Beshear, on the progression of the epidemic and what the public should know about protecting themselves and their families against the virus. The *KY Fluview* not only provides up-to-date information for leadership to convey to media sources, but also functions as an educational tool for local health departments, and professional health associations like Kentucky Medical Association (KMA), and the Kentucky Hospital Association (KHA). KDHP knew the *KY Fluview* was reaching its target audience when a deadline was missed and the governor office called to ask when to expect delivery.

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KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES

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Other KDPH H1N1 Success Stories

The Kentucky Department for Public Health initiated several new practices during its response to the novel influenza A H1N1 pandemic of 2009-2010 that allowed the department to respond more effectively to the epidemic. Already noted above are the H1N1 Hotline, the Kentucky State Lab's instrumental involvement and increase in capacity and the *KY Fluview*, which you are reading right now. Several other unique initiatives added depth and capability to Kentucky's response.

Communication

KDPH set out to communicate with the public health and medical community in a more comprehensive way than ever attempted before. Ever-increasing clinical updates from CDC, case definition changes, lab testing criteria, and infection control guidance were disseminated to Kentucky's clinicians through email listserves of several clinical professional organizations including the Kentucky Medical Association (KMA), the Kentucky Hospital Association (KHA), the Kentucky Pharmacy Association (KPhA), the Kentucky Association of Family Physicians (KAFFP), the Kentucky Chapter of the American Academy of Pediatrics (KYAAP), the Kentucky Primary Care Association (KPCA), and the Kentucky Coalition of Nurse Practitioners and Nurse Midwives (KCNPNM). These same updates were communicated to public health department personnel through email listserves including LHD directors, LHD Nurse Directors, Regional Epidemiologists, Regional Training Coordinators, and Public Health Preparedness Coordinators.

KDPH also held weekly ITV meetings with all health departments in the state to keep them abreast of developments and disseminate guidance and information directly. This was crucial to all aspects of the response, from changing clinical guidance in the initial phase to vaccine ordering and accounting in the middle, to shifting vaccination dynamics toward the end of the response.

Though the Public H1N1 Hotline has already been noted, many do not know that KDPH also set up an internal call center dedicated to keeping the lines of communication open to local health departments for the numerous questions arising through the first several months of the pandemic. This allowed local health department personnel access to subject matter experts who could either answer questions directly or get the caller to the appropriate staffer, while alleviating the overwhelming burden of calls many KDPH staff were experiencing in the initial days of the situation.

Collaboration

Several collaborations arose throughout the pandemic response that aided in Kentucky's response. KDPH invited crucial partners to participate in weekly situation briefings in order to inform and collaborate with these partners. These included the Kentucky Department of Education (KDE), the Kentucky Pharmacy Association (KPhA) and Kentucky Hospital Association, the Veteran's Association, the Kentucky Office of the Inspector General, the Governor's Office, and many more.

Direct work with KDE gave rise to a new surveillance mechanism for KDPH to track school absence rates due to ILI and school closures as well as dissemination of important updates to schools across Kentucky.

A unique collaboration with KPhA allowed Kentucky to ensure adequate antiviral distribution throughout the state and provision of antivirals for uninsured and underinsured Kentuckians without burdening our local health departments with this issue. Many states struggled with these issues.

In Conclusion

Many more examples exist of outstanding work that was done at our local health departments, KDPH, and by Kentucky's clinical providers. All told, we feel that Kentucky rose to the challenge of H1N1. Thankfully, the pandemic was not worse. Even with the low virulence of the novel H1N1 influenza virus, Kentucky's resources were taxed to the maximum. Our challenge is to be ready for the next time, when the stakes could be much higher.