San Francisco Department of Public Health
Fall/Winter 2009-2010 H1N1 Swine Flu Response

September 28, 2009 – March 9, 2010

AFTER ACTION REPORT/IMPROVEMENT PLAN

August 20, 2010

CirclePoint
The *whole* view.

EXECUTIVE SUMMARY

Novel influenza A (H1N1 Swine Flu) is a flu virus of swine origin that first caused illness in Mexico and the United States in March and April, 2009. The San Francisco Department of Public Health's Infectious Disease Emergency Response Department Operating Center (SFDPH IDER DOC) was activated to respond to the epidemic from in spring 2009. In response to fall 2009's second wave of H1N1 Swine Flu disease activity, the SFDPH IDER DOC was reactivated on September 28, 2009. Over the following 23 weeks, the SFDPH IDER DOC organized and implemented San Francisco's response to the H1N1 Swine Flu epidemic.

The overall goal of the response was to contain or mitigate an outbreak of disease caused by an infectious agent or biological toxin, or respond to other infectious disease emergencies. The following objectives were developed for SFDPH Fall/Winter 2009-2010 H1N1 Swine Flu Response:

- Objective 1: Collect, assess and share information with IDE responders and external audiences
- Objective 2: Plan and manage mass vaccination clinics
- Objective 3: Manage H1N1 Swine Flu vaccine distribution
- Objective 4: Carry out investigation and surveillance for cases
- Objective 5: Develop data systems and analyze data
- Objective 6: Ensure that medical systems are operational
- Objective 7: Ensure that the Citywide response has the necessary personnel and supplies for H1N1 Swine Flu response activities
- Objective 8: Maintain financial records of response
- Objective 9: Manage IDER DOC activities

The response was primarily composed of staff from the San Francisco Department of Public Health and the San Francisco Department of Emergency Management. Over the 23-week-long event response, IDE responders worked to understand, mitigate and manage the epidemiological impacts of H1N1 Swine Flu in San Francisco, while effectively communicating information and guidance to partners and stakeholders.

The San Francisco Department of Public Health response to Fall/Winter 2009-2010 H1N1 Swine Flu utilized the following capabilities:

- Infectious Disease Emergency Response Management
- Mass Prophylaxis Administration
- Critical Resource Logistics and Distribution
- SFDPH IDER DOC Communication and Guidance
- Public Health Laboratory Testing
- Epidemiological Surveillance and Investigation

- Data Management and Analysis
- Medical Systems Communication
- Financial Recordkeeping
- Continuity of Operations
- Demobilization

Major Strengths

Overall, event response was a great success. The major strengths identified during this event are as follows:

- IDE responders used their past communicable disease outbreak response experience, along with pre-event training and exercises in the Incident Command System (ICS) and IDER, to guide their activities. Responders also reported that personal rapport and good working relationships enhanced communications with other City and County of San Francisco (CCSF) agencies and associated response partners.
- IDER staff assimilated, sorted, created, managed and disseminated a large amount of information, documents and reports throughout the IDER activation, reaching and communicating with the target audiences – the public, healthcare institutions, special settings and clinicians. All target audiences reported that the SFCDCP.org website was integral to their information-gathering activities. Healthcare-oriented audiences found that Health Alerts and Vax Faxes were also a key element in their ability to keep informed about response efforts.
- Over the course of the response, SFDPH managed distribution of an estimated 400,000 doses of H1N1 Swine Flu vaccine in San Francisco.
- SFDPH effectively partnered with external entities from multiple sectors to plan and promote "H1N1 Swine Flu Vaccine and Education Week" in San Francisco.
- The mass vaccination clinic on December 22, 2009 was a successful operation. Approximately 9,000 doses were administered during the event with an average throughput of 1,000 people per hour. Responders identified successful practices and lessons learned, which will be used to further improve mass vaccination/mass prophylaxis plans. These plans cover events that may require both a larger scale and a higher patient throughput than the H1N1 Swine Flu mass vaccination clinic required. For details, see Attachment B: *CCSF DPH H1N1 Mass Vaccination Operation After Action Report.*
- Local epidemiology and surveillance activities were bolstered by existing partnerships with CDPH and the California Emerging Infections Program; specimen testing was similarly bolstered by State and regional laboratories through the Laboratory Response Network. These partnerships eased the burden on local resources and allowed IDER staff to focus effectively on strategies to mitigate the morbidity and mortality of the infectious disease outbreak locally.
- Most routine public health operations, while impacted, were maintained throughout the 23-week-long activation.

Primary Areas for Improvement

Several opportunities for improvement in the City and County of San Francisco's ability to respond to the incident were identified. The primary areas for improvement, including recommendations, are as follows:

- SFDPH/IDER operational priorities were not always effectively communicated to SFDPH supervisors or IDE responders. This occasionally led to IDE responders meeting resistance from SFDPH supervisors of staff who were requested for IDE response duties. Further plan development is necessary to clarify decision-making processes, procedures and communication streams. These structures are necessary for all IDE responders and SFDPH staff to understand operational priorities, especially with regards to SFDPH continuity of operations activities versus IDE response activities.
- The process leading to some key leadership decisions over the course of the response was not clear to some responders, both inside and outside the Command Staff. Further development of the Policy Group construct – including membership and decision-making process—will help to clarify and make official the role of key CCSF leaders in IDER decision-making.
- As this was the first time the SFDPH IDER DOC structure was integrated with the SFDPH DOC, many IDE responders were confused about the relationship between the SFDPH DOC and the IDER, and do not think that the SFDPH IDER DOC Plan integrates clearly with SFDPH DOC operations. SFDPH should continue the recently initiated process of integrating SFDPH DOC and SFDPH IDER plans, then orient and train key staff to the updated plan.
- Target audiences were often unaware of SFDPH's responsibility to provide tailored guidance for health matters in the County. This was an issue because San Francisco guidance that was tailored to the jurisdiction did not always match guidance issued by other information sources. Both before and during the next event, SFDPH must work to educate its audiences about the Department's role in creating guidance tailored to the CCSF.
- Current personnel requesting tools/procedures do not adequately support personnel requesting activities. The framework to define necessary knowledge, skills and abilities required to perform specific IDE response roles does not provide adequate detail, and is not aligned with the resource requesting capabilities of SFDPH. Associated forms and processes were not well-understood or utilized by IDE responders– many responders found the process cumbersome, so they ignored/circumvented "official" process of sending request forms to the Logistics Section. Key logistics and operations staff should reassess procedures and forms. Additional collaboration should be done to plan with various SFDPH Section Directors in DPH to develop agreements to train, orient, and recruit key staff with appropriate skills that could be utilized in future IDE responses.
- The role of the Medical Treatment Branch was unclear to most IDE responders, and IDE responders reported that communication between the Medical Treatment Branch and the rest of the IDE response modules was often poor. The IDER plan must be

further developed to clearly define the Medical Treatment Branch role, especially with regards to information gathering and dissemination.

- IDE responders reported that demobilization requirements were not clearly communicated early enough in the response. In future activations, the Demobilization Unit of the Plans Section should be activated at the beginning of the response, so that demobilizing responders can have a clear demobilization plan at the time of their demobilization (or, ideally, even earlier.)
- Efforts to provide ongoing status updates to IDER target audiences were largely successful. In addition to the activities of the Information and Guidance Branch, from the beginning of the response through mid-February, the Medical Treatment Branch was creating and submitting weekly "Department of Emergency Management H1N1 Situational Awareness Reports" targeted at CCSF officials. It was unclear how and who should approve these reports, and whether they were ever circulated. Many IDE responders were concerned that information in these reports did not always go through the same vetting processes as the IDER H1N1 Situation Status Updates before release. Specifically, concerns were that there was a possibility of raw data being misinterpreted by a lay audience. For future responses, the IDER Plan should provide a communication plan template. The template should identify various internal/external target audiences (e.g., response partners, policy leaders, the public, access and functional needs populations, etc.) along with the appropriate information types and delivery channels for each audience. The template should also include generalized key messages, as well as guidance to develop event-specific messages and the level of detail tailored to each audience.