

DEMHS Region 3 ESF-8 Meeting
December 4, 2009
New Britain City Hall
Minutes

Attendees: John Shaw, Tom Gavaghan, Jeremy Plossay, Francine Truglio, Bill Kramer, Carmine Centrella, Janet Leonardi, Robert Miller, Mary Laiuppa, Steve Huleatt, John Degnan, Jim Cordier, Maryann Lexius, Tung Ngyuen, Jennifer Kertanis, and Melissa Marquis.

- **Welcome:** Melissa Marquis welcomed the group to New Britain City Hall.
- **Approval of Minutes:** Mary Lauippa motioned, Bill Kramer Seconded. Maryann Lexius mentioned there were a few typos, Melissa will review and re-send. All in favor.
- **Regional Planning Updates: no report.**
 - **Workgroup updates-** EMS workgroup has been meeting on patient tracking.
- **Drills and Exercises Updates:** Melissa mentioned that DPH will be hosting a statewide AAR for H1N1 in March. This needs to be sent to CDC. Please begin/continue documenting barriers, best practices, and lessons learned and send to Melissa. CADH will be creating a template for this purpose. Please send any best practices to Melissa. Maryann asked if LHDs can use the H1N1 clinics to fulfill some of the deliverables by DPH. Yes. Bill encouraged everyone to fill out of the ICS forms 211 and 214 to begin getting used to these. Steve will contact Mary Pettigrew to find out if all H1N1 clinics can be used to fulfill the 3 drills required by DPH.

Carmine Centrella asked what the status is of the HAN. He suggests documenting what works with the HAN and what doesn't and send to the state so they can be more aware. Steve Huleatt said there should be an expected training session on the new HAN system. Juanita Estrada is not here to report on this.

There was some discussion on how a national public health emergency is notified to CT and the locals. WebEOC should help with this.

Melissa also talked about conducting a regional communications drill in January, which will fulfill both regional and CRI deliverables. In addition to the regional drill, LHDs, especially MDAs will need to continue the drill at the local level and document the flow of communication up and down. More information to follow.

- **H1N1 Regional Situation Status Update:** Steve asked what the status is with the priority groups.
 - New Britain: has been doing clinics by appt only in their office. They've noticed that demand has dwindled significantly, except for the 65 and

older population. 1350 vaccinations done at this time. They are heavy on the clinical side of things, so they are used to giving vaccinations.

- Manchester: transitioning from appt. only to open clinics for targeted populations. There will be 4 clinics next week for different groups. Using school nurses to create list of adult school employees for the schools to administer those vaccines. Private physicians are no longer ordering vaccine, so the kids who need 2 doses are being referred to the LHD. Dwindling interest overall. Not sure why this is- could be result of normal flu season activity and flu clinics schedules. There is still uncertainty on how long to continue this operation. Do not know if there will be a 3rd wave yet. 1700 doses administered so far. Superintendents have refused to allow the MDA to use schools as clinics.
 - Steve asked if people across the region are experiencing the same thing. Should there be consensus to begin thinking about moving to regional clinics and pooling resources, vaccine, etc.
- WHBHD: Steve said they have been overstaffed at every clinic. They are registering only to know what supplies to bring, and how much. Steve said only 7% of vaccine has been allotted. Least successful clinic was daycare population.
- EHHD: Rob Miller said they are not at this point yet. They are still seeing demand. Clinics are offsite and in schools. Online registration only still. 3500 doses administered. 700 registered for today's clinic. This does not account for UCONN. They've been able to get into the community without needing to use media or other advertising. They have been using schools as the primary method of communicating to the public. They also use local employers to advertise for clinics. The clinics are not advertised until they have received shipment. Do not have enough injectable for adults with underlying health conditions. They have tons of flumist that will likely not be able to go through. Their clinics have been stealth clinics, only those registered for vaccine know the location. Once vaccine is ordered, they have experienced that the amount comes in multiple shipments over the course of 2 weeks. About 5% of those vaccinated live outside their jurisdiction.
- Hartford: they are operating under a completely different model. They use the 311 call center for registration. No public clinics yet, perhaps after the holidays. The demand has dropped significantly. There are 19 school clinics which have worked very well. Consent form and VIS sent home to parents and brought back. Only about 50% of those completed are vaccinated. Parents need to be present. Working closely with the hospitals and CHCs regarding who has been receiving vaccine and administration. Would like to find out the breakdown of what percentage of the population and towns are represented when private providers vaccinate. They are not sure that they can get this information though. Only about 1500 students vaccinated.
- Middletown: using Wesleyan University. Pushing flumist to anyone who is eligible due to expiration dates. Their clinics are long-5 to 6 hours each.

- E. Hartford: Using a cadre of volunteers. CHC has been doing vaccinations. They are advertising out for the first time for an upcoming clinic. They've held 14 clinics thus far. 65% interest/compliance rate. School based health centers are working with school nurses and determining at-risk kids and vaccinating individually. Targeted a test school to determine interest and demand. No wait list or appointments for clinics. Want parents present during vaccination. Maxim health system has been working great. They essentially run the clinics. Utilizing offices of school systems to get word out and advertise. Targeting WIC population- sent out 1000 notices to that population for an upcoming clinic. Have about 1400 doses allocated for 2 upcoming clinics. Schools do not want clinics during school hours due to transportation issues. Will be clustering 3 schools at a time for weekend clinics. Police chief has been great about managing police presence for clinics.
- North Central HD: Same process that everyone is essentially doing. The pre-registration process has been key. Ande Bloom from EEHD helped to establish this. School clinics have not been a problem. They run in the evening and weekends. Some issues with the forms, but are dealing with them. Utilize CERT members for almost every clinic.
- Chatham: using VNAs, but are depleting them rapidly due to cost. That is interested in using the MRC strike team concept (discussed below). Pre-registration being used. About 50% of those registered showed up. Using reverse 911 to the schools.
- Steve also asked if the MDAs have been having issues with the forms.
 - Font too small, clerical work is extensive; EHHD has enlarged copies of the forms as examples. EHHD Vaccinator assistants help complete the form, and the vaccinator signs. Manchester has preprinted labels for the different variations of the vaccine (Lot number, different formulation of vaccine). EHHD does the same. Steve places signs at the start of the clinic announcing which vaccine they are using to discourage people from asking for other formulations (ie. Thimerisol free).
 - Jennifer Kertanis asked what trigger point is for moving to a regional clinic. Local demand waning and vaccine supply is sufficient. Need to determine where the appropriate places would be to hold these clinics. Manchester Mall has been used in the past as a drill. Would be a great location, but took a lot of planning and approvals prior to setting up the drill.
 - What can we do regionally? Maryann said she attended the MRC regional training, and has spoken with Katherine McCormack. There is a group of volunteers who want to work. Put together a list of number of folks needed to staff a clinic. In essence it would look like a strike team. More info to come. If it's not a vaccination strike team, can activate CERT Teams.

- **Discussion of non-clinical volunteer resources-** during last months' meeting there was a lot of discussion about staff burnout. This month, not much has changed other than demand has diminished. John Shaw reported that hospitals have excess vaccine. They have been in discussion individually with DPH to determine what to do with the excess. DPH suggested to take back vaccine and distribute to Hartford first, then re-allocate out. St. Francis reported that their practices are requesting more vaccine. They have 3000 doses. They proposed to distribute to providers, who would run clinics at satellite offices. They are willing to collocate with LHD using St. Francis' staff as vaccinators. There is no official response to this suggestion.
 - Additionally, John met with the Red Cross to determine what to do in terms of supplementing volunteers. ARC is willing to allow LHDs to use their locations and also to tap into their volunteers to help staff clinics. They have a webpage for volunteers to find a volunteer location.
 - This is a coordination issue. How do you want this process to look and work? DPH is willing to help identify volunteer teams to assist the LHDs. There are meetings and discussions taking place.
 - How should this be managed? Maryann suggested that we need a volunteer manager from a regional perspective. Regionally there is an ESF for volunteer management. They have been focused on CERT management. Carmine suggested that we can set up a meeting with the ESF-16 chairs for volunteer management (Dan Dube and Sylvia Dake). Perhaps plug in someone from ESF-8 into ESF-16.
 - Tom Gavaghan discussed the process of CERT team activation. This process normally takes 2 weeks, but under the certain circumstance, the team can be activated usually same day.
- **Local PHP contract:** no update
 - **CRI:** payments for last year MOU have been signed and delivered. No contract deliverables yet. The contract will be the same thing. There is a 20% cut, but the amount to MDAs will remain the same. We will have to do a drill in Hartford, Steve has suggested that the drill be a component of a previous drill and test a corrective action plan. Melissa also mentioned that the TAR summary is almost complete. Waiting on 2 final reports from Corinne, and then need to analyze the report from last year and this year.
 - **DPH Updates:** no update
 - **DEMHS Update:** 2 weeks ago, N95 masks were distributed to EMDs to distribute to EMS, first responders. There is also a regional taskforce that is looking at a catastrophic event. Fiscal year '08 plans will be varied. There will be about 2 dozens planners. This is massive undertaking, more info to follow.

- **CREPC Update:** CRCOG public safety council oversees CREPC. James “Skip” Thomas is now the new chair to this committee.
- **MMRS Update:** no update
- **Other Business:** none

Next meeting- January 8th hosted by Hartford HD