

Influenza Antiviral Planning

Department of Veterans Affairs



Institute of Medicine: *Committee on Antiviral Medication Strategies for an Influenza Pandemic*

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Outline

- About VA
- VA's antiviral planning to date
- Dispensing
- Monitoring
- Communications
- Ethical considerations
- Challenges
- Assets
- Conclusions

About VA

- **2nd largest Cabinet-level department**
- **Budget over \$75B**
- **The largest integrated health care system in US:**
 - 153 medical centers
 - 882 clinics
 - 92 home-based care programs
 - 136 nursing homes
 - 45 residential rehabilitation programs
 - 207 counseling centers
 - prescriptions drugs provided
 - 200,000 employees in health care system
 - delivered in 21 Veterans Integrated Service Networks (VISNs or regions)
- **Cared for 5.48M individuals in FY07**



Influenza Antiviral Planning

- **Summer 2004 —HHS and IOM**
 - invited VA to discussions on pandemic influenza threat
- **Fall 2004 — VA purchased stockpile of oseltamivir**
 - treat 500 staff
 - provide prophylaxis to 4500 patients
 - at 25% of facilities—stored centrally/in SLEP program
 - **Strategy:**
 - flood outbreak areas
 - expect national guidance
 - expect additional supplies from SNS
- **Nov 2005-Mar 2006 —VA Pandemic Influenza Plan**
 - Planning, preparedness, responding, recovery
 - Multiple briefings: VA leadership, staff, veterans' organizations, employee unions, interest groups, Congressional committees, White House Homeland Security Council

Influenza Antiviral Planning

- **Summer 2006-Spring 2007**
 - modified VA's emergency cache system for pandemic influenza
 - VA participated in interagency work group on antiviral use
- **Summer-Fall 2007**
 - cache purchases made and distributed
 - antiviral supply adequate to treat/provide a prophylaxis course to 25% of VA's community (*patients+employees+trainees+volunteers*)
 - **Strategy:**
 - protect staff and treat ill
 - awaiting national guidance
 - open discussions about VA's access to SNS
 - maintain caches in SLEP program

Influenza Antiviral Planning

- **Fall 2007**
 - VA supports proposed medical countermeasure guidance
 - Uniform national guidance is in VA's best interest
 - **Strategy:**
 - outbreak prophylaxis for at-risk staff
 - treatment of ill
 - post-exposure prophylaxis where indicated
 - Gap of ≥ 2.0 M treatment courses
 - VA will bear a significant burden of cost
 - Open question: family members of staff? Of patients?

Operational Plans: dispensing options

- Dispensing options
 - Points of dispensing (PODS)
 - Established in collaboration with local community health departments
 - Drive thru pick-up points tested in seasonal vaccination programs



VA Photo: North Texas VAMC 'drive thru' flu shot clinic, 2006

Operational Plans: dispensing options

- VA Consolidated Mail Outpatient Pharmacies (CMOPs)



- Mail out > 200 Million “30 Day Equivalents” / Year
- > 40,000 prescriptions per shift per 7 CMOPs
- Appropriate for prophylaxis
- 48 hour window for treatment?

Operational Plans: Home Care Kit

- Fever reducer
- Stomach remedies
- Anti-diarrhea meds
- Cough/cold meds
- Electrolyte replacements
- Disinfectant wipes
- Non-latex gloves
- Thermometer (disposable)
- Alcohol based hand gel
- Nasal sprays
- Throat lozenges
- Face masks (surgical)
- Tissues
- Antivirals?

Operational Plans: dispensing options

- Home care kits
 - dispensed in advance (when pandemic is imminent)
 - individuals would have supplies at home
 - may reduce the dependency on clinics and allow VA clinicians to care for most critical
- How to manage?
 - Order a minimum supply for local delivery and establish just-in-time memoranda of understanding for immediate expansion of order
- Storage of kits could occur at
 - facilities
 - cache sites
 - VISNs (regionally)
 - CMOPs
 - Central storage

Operational Plans: dispensing options

- Dispensing home care kits in advance (or when pandemic is imminent):
 - thru a pandemic flu awareness campaign, veterans contact their provider to request a kit
 - primary care provider offers the kit and additional guidance during a primary care visit
 - provide kits to those veterans who come to VA for annual flu shot
 - provide kits to highest priority, low income and catastrophically disabled veterans

Operational plans: monitoring

- **Patients:**

- VA's national electronic health record documents care provided
 - Plus, clinical reminders, medication alerts, adverse drug experience tracking, provider and facility performance monitoring
- In development with CDC: automated *Health Care Associated Infections and Influenza Syndromic Surveillance (HAISS)* will monitor specific influenza measures.
- *MyHealthVet* provides veterans secure internet access to see and update key parts of their health records and to request R_x refills

Operational plans: monitoring

- Staff:
 - In development: national electronic Occupational Health Record-keeping System (OHRS)
 - To include
 - Immune status (infections/infectious diseases)
 - Immunizations received
 - VA-provided medications
 - Adverse Drug Experiences

Communications

- PI planning has been a collaboration of
 - public health
 - occupational health
 - infection control
 - patient safety
 - pharmacy
 - nursing
 - medicine
 - administrators
 - emergency managers/planners
 - benefits and cemeteries staff
- 3 national VA PI communications workshops held to date (1 due in 2008)
 - Pandemic flu '101', communications plans how-tos, exercising a communications plan
- Collaboration and integration with local communities has been a priority
- Informational/educational materials prepared and posted on web and stockpiled in print versions
(<http://www.publichealth.va.gov/infectiondontpassiton/>)



Communications

- Email groups:
 - “flu community” at each medical facility (8 disciplines)
- VA Leadership (national, regional, facility) connected by established email groups and weekly calls
- Comprehensive Emergency Management System
 - Connected and tested
- “Flu Advisories”
 - alert and messaging system for staff for seasonal and pandemic flu issues
- “800” –call in #s for patients and staff established
- Pandemic Flu Advisory group established
 - advises Under Secretary for Health
 - national, multidisciplinary, includes unions—our ‘reality check’—

Ethics

- VA's National Center for Ethics in Health Care
 - Developed for facility use: *Staff Discussion Forums on Ethics Issues in Pandemic Influenza Preparedness*
 - Including a slide set: *Tough Decisions: Preparing VA for the Ethical Challenges of Pandemic Influenza*
 - Now completing ethical guidance for VA leaders and clinicians, *Meeting the Challenges of Pandemic Influenza*. Advises:
 - Naming facility-level multidisciplinary committee
 - Make real-time tertiary triage decisions based on Sequential Organ Failure Assessment (SOFA) scores
 - For example, for ventilator allocation

Challenges

- Uniform policy w/ community, region, nation
 - Differences in VA antiviral policy vs. local policy— divisive?
- Differential treatment of veterans by states
 - ~30% of veterans enrolled for VA health care
 - VA is not authorized to treat remaining 70%
- Distribution at time of outbreak
 - CMOPs are an asset, but depend upon functioning mail/private delivery services
 - Delivery within 48 hrs *for treatment* is a challenge
 - Determining responsibility for household member prophylaxis
 - coordinating with states/region/local sources
 - adequate supplies (and authority) if VA is responsible to provide?

Challenges

- Distribution prior to outbreak
 - Misuse (inappropriate use; redirection)
 - Loss
 - Cost (our current estimates are based on 50% clinical attack rate)
- Establishing risk-level of staff eligible for outbreak prophylaxis
 - HCW: easier
 - Others (including benefits and cemeteries staff) more difficult
- Maintaining momentum on PI preparedness in a climate with competing challenges

Assets

- Comprehensive pandemic plan
- Department-level agreement with proposed antiviral guidance
- Participation on multiple Federal interagency groups
- National electronic health record (and occupational health record in development)
- Substantial stockpile of antivirals and other PI countermeasures—already sited around U.S.
- Centralized Mail-Out pharmacy system
- VA Pandemic Flu Advisors
- Communications planning has been active and multi-layered

Conclusions

- VA
 - Has taken a number of steps in pandemic antiviral planning
 - Believes in importance of a national, uniform policy
 - Concerns over pre-pandemic distribution vs. imminent outbreak distribution
 - Faces challenges in timely antiviral distribution
 - Has assets:
 - national electronic records
 - tested distribution systems
 - extensive existing mail-out pharmacy system
 - Well-defined patient and staff population