

NYC DOHMH

Antiviral Planning



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New York City

- Most densely populated city in US
- Major international port of entry
- Population ~ 8.1 million
 - Immigrants - numerous languages spoken, often undocumented
 - Homeless
 - Incarcerated
 - Homebound

DOHMH Planning Assumptions

- Multiple waves
- AR ~ 30%
- ~ 50% of those infected will require outpatient care
- ~ 11% of infected will be hospitalized
- CFR ~ 2%
- Antiviral supplies currently limited – supply chain may increase
- Antivirals expected from SNS, federally-subsidized product, NYS MERC

Estimated Range of Persons Affected from Pandemic Influenza, NYC

Health Impact	Number	Assumptions Using NYC Pop. Of 8.086 million
Total Infected	2.4M	30% AR
Outpatient Visits	1.2M	50% of infected population
Hospitalizations	267K	11% of infected cases
Deaths	49K	2% CFR

Adapted from: Taylor et al. "Pandemic Influenza Preparedness in Maryland", *Biosecurity* 3:1, 2005; FluSurge1; GNYHA Health Care Statistics 2005.



Potential Impact of Influenza on NYC Hospitals at Peak (Week 5)

Variable	# Related to Influenza Pts.	% of Total Existing Capacity
Daily Admissions	806	24%
Weekly Admissions	5,173	18%
Bed Capacity	3,937	16%
ICU Capacity	1,141	67%
Vent. Capacity (n=2,367)*	570	24%
Deaths in hosp.	555	49%

Source: CDC FluSurge 2.0 – Data from referenced sources; NYC Vital Statistics, 2003; * DOHMH Hospital Survey 2001. ** Assumes 25% attack rate

Antiviral Planning Activities

- DOHMH Pandemic Influenza Steering Committee meets bi-weekly
 - Includes representation from NYC Office of Emergency Management
 - Internal discussions on antiviral allocation/distribution policies
- Meetings with stakeholders have focused on antivirals
 - FDNY
 - NYPD
 - Home nursing agencies
 - Federally qualified health centers
 - Hospitals
 - New York State Department of Health

Antiviral Planning Activities

- DOHMH/OEM collaboration includes additional working groups
 - Special Needs Advisory Group
 - Home Based Care Task Force
 - School Closure Working Group
- DOHMH is conducting extensive survey of receiving site information
 - Exact delivery location
 - Responsible personnel with backup information

Antiviral Planning Activities

- Draft treatment algorithms have been developed
 - Vetted with healthcare partners
 - Included in plan
- Draft MOU for dispensing sites is under development
 - Will be vetted with stakeholders
 - Plan for completion in advance of pandemic

Receipt and Storage

- NYC Mobilizing SNS Assets Plan includes logistical details, including:
 - RSS locations
 - Management teams/backup personnel
 - Call-down protocols
 - Requirements for command centers to be activated at each RSS site
 - Descriptions of inventory management systems with backup

Antiviral Distribution

- Over 300 sites identified for treatment of staff, patients, general public
- Use existing healthcare providers
 - Hospitals
 - Nursing homes
 - Home care health agencies
 - Community health centers
 - Agencies with medical unit (e.g. FDNY, NYPD)
- Complexity of health care in NYC – there are a large number of facilities and providers, serving different communities

Antiviral Allocation Considerations

- Hospitals
 - 68 hospitals in NYC (including 3 VA facilities)
 - *Pro rata* basis in terms of number of beds
 - DOHMH maintains database on bed capacity
- Community Health Centers
 - Over 25 FQHCs in NYC
 - Expected to play role in diverting less sick patients away from hospitals
 - Allocation based on patient population and staff size

Antiviral Allocation Considerations

- Nursing homes
 - ~ 200 facilities in NYC
 - DOHMH maintains database of contact information
 - Allocation based on bed capacity & staff size
- Home care agencies
 - Visiting Nurse Service of NY – largest agency
 - Provides care for ~25,000 patients/day
 - Over 10,000 staff employed
- Agencies with medical unit
 - Examples include FDNY, NYPD
 - Allocation based on staff size

Antiviral Distribution Challenges

- Should product be pre-positioned?
 - Differing receipt/storage capacities
 - Draft MOU under consideration
- Allocation
 - How much should be held back?
 - How can we ensure re-distribution if necessary?
- How do we ensure accountability with respect to use of the product as intended?

HHS Draft Guidance on Antivirals: Comments, Concerns and Questions from a local health department perspective

HHS Draft Guidance on Antivirals I

- Recommendations for prophylaxis is based on increased supply chain
 - Is production capacity guaranteed and stable?
 - What guarantees exist to ensure that maximum production capacity is initiated and maintained?
 - Is supply chain sufficient to plan for private sector distribution?
 - Time line for availability?
 - What would be the anticipated public/private mix for distribution?

HHS Draft Guidance on Antivirals II

- New recommendations for PEP of household contacts
 - Will number of household contacts be artificially high during period of increased anxiety?
 - How will this dramatically increased number of doses be distributed?
 - Who will bear the cost?
 - How do we ensure equitable access?
 - Assumption of 15% AR in setting of effective community mitigation – is this realistic for high-density urban areas?

HHS Draft Guidance on Antivirals III

- Unlikely NYC would be able to conduct surveillance to identify all infected persons
- Then how do we identify and monitor household contacts?
- Public health is likely to be stretched thin and have its own staffing limitations
- Will make accountability more difficult
- Only possible if given by provider giving care to the household case

Experience with Pertussis PEP

- Antibiotics recommended for household contacts of confirmed cases
- Physicians unwilling to provide antibiotics for family members without seeing them or registering them in the system
- Special arrangements are made for uninsured family members
- Would require implementation of altered standards of care / emergency rules

HHS Draft Guidance on Antivirals IV

- New recommendations for prophylaxis of critical workers
 - Definition of “critical” (worker and infrastructure) will need to be strictly defined and unified
 - Adherence may be problematic – will workers be monitored?
 - Will need to follow for efficacy and adverse events
- Should antivirals be provided to family members of critical workers?
 - NYC decision is no

Suggested Follow Up/Questions

- HHS should provide more guidance on coordination of private/public stockpiles
 - Relies on asking the private sector to be ‘ethical’
 - Should explicitly recommend that federal guidance should be followed
- Will there be another purchasing plan offered to States for the additional antivirals that will be required?
- Develop mechanism for sharing of best practices/plans on difficult issues, such as those dealing with special populations

Thank you

Questions?