

**GRANT COUNTY HEALTHCARE EMERGENCIES ALLIANCE  
TELEPHONE CONFERENCE**

**MAY 4, 2009**

Facilitator: Dr. Alexander L. Brzezny, MD, MPH, Grant County Health Officer

Organizations Participating:

Big Bend Community College	Monroe House
Columbia Basin Health Association	Moses Lake Clinic
Columbia Basin Hospital	Moses Lake Community Health
Grant Co. Fire District #5	Parkview Pediatrics & Family
Medicine	
Grant Co. Emergency Management	Quincy Community Health Center
Grant Co. Health District	Coulee Medical Center
Grant Mental Healthcare	Samaritan Hospital
Hearthstone Retirement Inn	

**Roll Call:** Those attending were asked to e-mail Pattie Anderson at [panderson@granthealth.org](mailto:panderson@granthealth.org) to inform her of their participation.

**Review/Modification of Agenda:** No modifications to the agenda were made.

Part of the purpose of the call is to keep organizations updated and to hear concerns and respond to those concerns as a group.

**H1N1 Update:** Dr. Brzezny gave an update regarding the virus. This is a virus that is being passed from human to human. It is also a novel virus which consequently means that no one has any immunity and proceeding with caution is the best way to deal with the situation.

There are no cases, probable or otherwise located in Grant County. Healthcare providers should consider testing for H1N1 in patients who show symptoms of fever of 100 degrees or greater, sore throat, cough, etc. Even if the patient tests positive for Influenza A, it is requested that a second swab be obtained and be sent to the state to test for H1N1. Those with negative influenza testing but highly suspect for influenza may be tested further (PCR or culture) at discretion of the provider via commercial labs (not Public Health Lab). There will likely be a change in criteria for testing at PHL in the near future as the cases become more common.

There have been over 500 lab samples that have been sent to the state for testing. Of the 558 sent to the state lab, less than ten have been from our county. To date, there have been 35 probable H1N1 swine influenza results (un-subtypable at the PHL and sent to CDC where results are still pending) out of the 223 that have been completed (the rest match the seasonal influenza). It has been taking approximately 3-5 days to confirm the test results. If the state lab is unable to tell which type of Influenza it is (or sub type) then they send it to the CDC. Either today or tomorrow the state lab will be receiving the necessary reagents to test for the H1N1 virus themselves.

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Nationwide, there have been 286 lab confirmed cases with more than 1,000 pending cases. There have been approximately 900 cases worldwide and 85 lab confirmed cases in Canada. There have been 20 confirmed cases in British Columbia, Canada.

The breakdown of probable cases in the following counties of Washington State is:

King	21	Pierce	1
Snohomish	10	Skagit	1
Spokane	2		

We believe it is only a matter of time that a case will occur in Grant County. We believe there are cases in our county right now.

**Mitigation strategies in the community:** Advisories continue to be sent, and daily calls are being held with different partners throughout the state, including Health Officers. At this point, the epidemiology of the virus suggests that the seasonal influenza and this novel virus do not behave differently. Therefore, the response should not be that different at this time. Emergency rooms, urgent care facilities, have seen a definite increase in numbers, approximately 8% increase statewide.

Once it is determined that the county does have a positive case, then further testing may not be necessary in all Influenza A cases, since it doesn't provide any further benefit. However, testing will be accepted based on current PHL criteria. All test requests from PHL must come through the GCHD.

One of the strong recommendations to the Healthcare providers continues to be washing hands, wearing face masks, using other protective equipment as necessary (gowns, goggles) etc. At the entrance to your facility, surgical masks should be provided to ill patients to contain the cough or decrease the spread of the disease. Hand sanitizers (at least 60% alcohol) are another good way to stop the spread of disease. This disease could possibly continue into the fall and beyond.

According to CDC guidelines, and the Health Officers, employees caring for patient with ILI should be offered the highest kind of protection which is considered to be the N95 mask. EMS and First Responders are at the highest risk. More information can be found on the CDC website.

The virus can survive up to 72 hrs. on a porous surface, 48 hrs. on a solid surface, and 5 minutes on your hands.

David Olson shared that some patients were stealing boxes of masks and hand sanitizers that were available at their clinic.

As far as protecting communities from this disease, social distancing is effective, along with enforcing our policies regarding sickness in the workplace. Some effective precautions are: before coming to work we should have employees checking their temperatures, do they have a sore throat with the possibility of developing a fever, etc. Having a contingency plan for workers' shortages is beneficial to all.

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In some instances, a person can be contagious and not be experiencing any symptoms. If the virus becomes more prevalent, then **more precautionary measures may** have to be taken, such as checking temperatures of those walking through the door, having healthcare workers wearing a N95 mask when entering the workplace and throughout the day.

Currently, more than 85% of the cases are occurring in individuals under 18 yrs. old who represent the schools and day care settings. As the disease spreads, so shall the age groups affected.

It has been CDC recommendation that schools be closed if a single case of probably H1N1 were to occur. This is when the first case was reported. However, so far it has shown to be not as severe as in Mexico where 20 confirmed deaths due to the H1N1 virus have been reported.

There have been 5 school closures in King County, 1 in Snohomish County and 1 in Pierce County. The more recent talks between CDC and the state Department of Health show that school closures could be dealt with more on a case-by-case basis.

The Health Officers in Washington State decided yesterday not to close schools because of one reported case at a school unless severity of scope of disease warrants a different approach. This is not done during regular flu season as well. It is realized what a strain this would make on parents, schools, workers, etc. and it has also not shown beyond any doubt that by closing the school it will make a difference in this particular outbreak when there are cases in the community elsewhere.

The focus will be on isolation of the student who is exhibiting symptoms of the disease who will be sent home for approximately 7 days, possibly longer depending on symptoms. The same should apply to employees. Updated guidance for schools and day cares will be sent out.

Gail Michael from CBH requested that the guidelines for schools and day cares also be sent to hospitals and clinics.

Dr. Brzezny asked if there was any concern about the shift in strategies. None were voiced.

**H1N1 patient flow at facilities:** Triage centers have not yet been activated anywhere in the state, in part due to the low numbers of patients being identified with the disease.

**Antivirals:** CDC guidelines are very vague about the usage of the antivirals. Guidelines will be sent to the Healthcare providers regarding the use of antivirals. This is to be shared with all providers, emergency rooms, urgent cares, etc.

Guidelines will also be included for prophylaxis purposes.

Only 17 courses of antivirals were identified as available in commercial Pharmacies in Grant County last week.

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Prior to this outbreak, some agencies pre-ordered and purchased their antivirals. A list of employees has been requested. The subsidized purchase program has been extended through September 1, 2009 and any agency in Grant County can request to participate via GCHD.

The 25% of antivirals that have been sent to each state has been received in Seattle. Grant County has accepted their full allocation being offered right now and will be receiving those in the next week which is approximately 2,000 (oseltamivir) and smaller amount of zanamivir (80 /20% mix). None of these can be released until all other supplies in the county have been exhausted.

Three pharmacies will be receiving the antivirals. They will be receiving requests from other commercial pharmacies and hospitals within their region when their supply runs out. A charge cannot be made for the medicine. The pharmacies cannot charge each other or the patients. Only an administrative fee can be imposed in single digit amounts. Once a patient is prescribed an antiviral they would have to carry the prescription which specifically states it is "for the treatment of H1N1". It will not be filled if it is more than 48 hrs.old. The Health Officer will have overriding authority of prescriptions depending on supplies and county needs.

The Health District is responsible for any costs associated with storage and inventory of the antivirals, thus having them located in only 3 pharmacies that will keep track of the SNS supplies.

The Health District has approximately 5,000 N95 masks. Homeland Security has guidelines as to the release of the masks.

The personal protective equipment from the SNS will also be arriving, although we do not know the quantity.

**Questions/Other:** The healthcare facilities may want to address the way in which they handle suspect cases.

Dr. Brzezny would like to hold these calls possibly once a week.

Carol Schimke reminded providers to please contact the Health District if they were going to or had sent a sample to the state lab for testing because they will be asking you for more information. Peggy Grigg advised if it is after house please call 398-2083.

Dr. Bross asked if the calls could be held during the noon hour or early in the morning. She also asked if more N95 masks could be obtained because they were out.

Colleagues will be encouraged to participate in future calls. Dr. Brzezny will be attending the Grant Adams Medical Society meeting on May 11, 2009.

Supplies can not be released unless an emergency has been declared and assigned a number. We will be in contact with Emergency Management regarding procurement of

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more masks and return back with answers to Dr. Bross. Dr. Brzezny inquired as to how long it would take Dr. Bross's office to receive their additional masks. Dr. Bross stated they said they were out and were on order.

Dr. Brzezny said that N95 masks can be re-used as long as they are not soiled. Possibly infection control personnel can work with other employees on how to properly take on and off the N95 masks to get the most use out of them and avoid cross-contamination.

If anyone is interested in ordering more antivirals, there are forms that need to be filled out. SNS supply will only cover approximately 18% of county residents.

It was asked if the form to fill out was on our website. It currently is not, but it will be made available.

We will be in contact with the Alliance regarding the next meeting date and time.