

DRAFT Gallatin County Unified Health Command

January 14, 2010

8:00 – 9:00 am

Sapphire Room

Bozeman Deaconess Hospital

Introductions

Patrick, Mike Layman, Tim, Betty, Stephanie, Sean, Vickie, Feist, Pam, Dr. Winton, Art McKiernan, Angie

Agenda

- **Review Prior Minutes – December 10, 2009**
- **H1N1 Update, Demobilization & Feedback
(What went well, what didn't, what changes need to be made)**

Update: Stephanie reported that 13,000 vaccinations were given, about 7,000 doses are left at the Health Department. H1N1 orders from the State have been stopped. Cards to pharmacies have been sent that are used to remind clients to get the H1N1 vaccine; PSAs have been initiated by the Health Department to remind parents to get their children immunized and to get children under 10 years old the second dose; and there will be an H1N1 clinic in West Yellowstone. The Health Department continues to meet with the state via conference call. Demobilization activities have begun. A post after-action survey is going to the H1N1 vaccine providers for input and feedback.

Demobilization: Betty reported that this opportunity provides a chance for better planning for demobilization. Activities, such as documentation of what was done and cutting back on surveillance information from schools, except for the sentinel schools, have begun. Now the Department is in the process of gathering feedback – what went well, what did not, what to improve upon?

What did not go well:

- Dr. Winton noted frustration with the delivery of the H1N1 vaccine – he requested a certain amount but did not know what would show up.
- Dr. Feist noted how hard/tough it was to stay with the CDC priority list. His thought was to try to strike while hot.
- Dr. Layman noted frustration with the supply delivery as well. This event provided good practice for when a major pandemic strikes. No complaints.
- Dr. Killeen felt that the HD did a good job with communication and the expectation regarding documentation. This was a good trial run for a pandemic and an opportunity to make changes to plans, staffing, etc. as needed.
- Dr. Feist reported on his annual flu clinic attendance that was overwhelming. If restrictive on who gets the vaccine, law enforcement would have to be present.

Questions:

Pam asked if providers had a mechanism to call their high priority patients to get the H1N1 vaccine.

Dr. Feist reported that his practice made 3,100 outgoing calls and had over 4,000 incoming. It was overwhelming to make those calls.

Dr. Killeen noted MSU Student Health has an email function that was used to contact the identified high priority patients. For vaccination days, two nurses were assigned to immunize students with on-line appointments. Student Health advertised that appointments could be made via the website. This helped to keep things flowing without lines.

Dr. Feist brought up the security issues involved with sending information through email. Dr. Killeen noted that MSU Student Health did a targeted emailing to students with a very generic message – H1N1 vaccinations recommended for high-risk patients and listed those things that made one high-risk – the email did not identify specific names or high risk conditions.

Dr. Feist had nurses dedicated to calling patients and a full-time nurse administering the vaccine.

SM noted her confidence that the Department can immunize several thousand people based on the success of the Fairground clinic.

Betty noted how other counties distributed the vaccine differently. Gallatin County's rate of immunizations shows the chosen method worked well. Dr. Feist noted that vaccines through providers works well because it enables iz charts to be accessed ensuring appropriate vaccines are administered. GCCHD liked the method of delivering vaccine to providers and felt it went well. Dr. Layman liked the combination.

Tim felt the messaging of the differences of the H1N1 & seasonal vaccines was consistent and educational.

How did the vaccinations for first responders go?

Fire liked the emails announcing clinic dates and times. Art was surprised with the resistance of the AMR staff to get H1N1 – only 3 received H1N1 vaccine.

What could be done differently next time?

The plan to push vaccine to providers was a good plan that worked well.
Good relationship builder with providers.
Honed mass clinic capability – the entire HD & volunteers were involved.

Is the Plan in writing?

Betty noted there is a pandemic plan in place. Documentation is available through the IAPs.

Consider crowd control methods if bigger crowds are anticipated.
A separate mass clinic plan is in place.

Dr. Layman noted the paperwork was helpful because it spelled out the criteria to the patients, who also had to sign acknowledgment. Stephanie reported on the dept's electronic immunizations. The goal is to post immunization paperwork onto the Health Department website so patients could download and complete before the appt.

Seasonal flu vaccine

Think it is odd that we have not seen seasonal flu yet? Last year the seasonal flu started in March. Discussion ensued on the number of seasonal flu vaccine available. The vaccine is getting more expensive.

- **Agency Updates**

- Bozeman Deaconess Hospital

- Angela reported that the hospital is working on a Mass Fatality Plan and awaiting finalization of an agreement for refrigerator truck.

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Gallatin City-County Health Dept

New Health Officer Agreement to be ratified at next board meeting and Matt Kelley's first day is March 22. Tim provided info on Matt's credentials. One challenge is a meet and greet to help Matt establish relationships on local and state levels.

The Department continues walk-in flu clinics.

Gallatin Community Clinic

MSU

Back from break with ongoing search for a physician at student health.

Belgrade Urgent Care

Next Meeting - February 11th in the PDR