

Illinois Preparation for 2009-H1N1 Influenza

Summary Document

Illinois Department of Public Health



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Introduction

This report provides an update on the Illinois Department of Public Health's preparedness efforts for the upcoming flu season and examines the impact H1N1 (swine) flu may have on Illinois.

The planning for the possibility of a flu pandemic began in earnest a few years ago with the possibility of avian flu sparking a worldwide outbreak. While the so-called "bird flu" pandemic did not materialize, the preparations begun then laid the groundwork for addressing the threat of H1N1 flu and formed the basis for the state's pandemic flu plan.

Illinois has garnered national recognition for its flu pandemic planning efforts. For example:

- The Department's operational plan to distribute supplies from the Strategic National Stockpile is assessed and validated annually by the U.S. Centers for Disease Control and Prevention (CDC). The Department has received above 90 percent rating for the past three years, including a score of 98 percent for fiscal year 2009, one of the highest ratings in the nation.
- Dr. Damon T. Arnold, state public health director, was the only state official asked to address a national influenza conference in Washington hosted by the U.S. Secretary of Health and Human Services and the Director of Homeland Security on state preparedness.
- The Department has been involved in drafting H1N1 flu planning documents created by the Institute of Medicine.
- Earlier this year, the Department trained all of its senior managers in the 100, 200, 700, 800, 300 and 400 level National Incident Management System (NIMS) courses; the first state public health department in the nation to accomplish such.
- The Department has been an active participant in the Meta-Leadership Summit for Preparedness. The summit, a training and networking opportunity for high-level decision makers in business, government and non-profit organizations, is designed to prepare leaders to act together in times of crisis. Sponsored by the CDC Foundation, the National Preparedness Leadership Initiative - Harvard School of Public Health (NPLI is a joint program between the Harvard School of Public Health and the Kennedy School of Government) and the Robert Wood Johnson Foundation, the summits are by invitation only, with Illinois being the sixth state to host this progressive event.

Planning that began after the spring outbreak of H1N1 flu has accelerated during the summer. The Department is communicating and collaborating with its many public health and preparedness partners on a regular basis about the fall and

winter flu season to ensure the state is prepared to deal with the potential resurgence of H1N1 flu. This report provides a summary overview of these efforts.

Executive Summary

Four months ago, H1N1 (swine) flu swept across the United States, Illinois and other continents, causing widespread illness and some deaths, raising the specter of an influenza pandemic. In Illinois, the first confirmed case of this novel flu virus was announced in late April. Thousands of cases of H1N1 flu followed and, for a period of time, the state reported the highest number of cases in the nation. Probable cases of H1N1 flu forced administrators to close schools and to extend the school year into the summer. Hospitals emergency departments and other health care providers saw a significant increase in persons with symptoms and the worried well. In June, the sustained person-to-person transmission of H1N1 flu prompted the World Health Organization (WHO) to declare that the outbreak was a pandemic. “The virus is now unstoppable,” declared Dr. Margaret Chan, director-general of the WHO.

According to the U.S. Centers for Disease Control and Prevention (CDC), as of August 28, 2009, 53 states and territories, which include the District of Columbia, American Samoa, Guam, Puerto Rico and the U.S. Virgin Islands, have reported cases of H1N1 flu, with total hospitalizations at 8,843 and 556 deaths. In Illinois, as of August 28, 2009, H1N1 has been associated with 17 deaths, 405 hospitalizations and more than 4,000 confirmed cases.

Unlike seasonal flu, which is usually active in the fall and winter, H1N1 flu has continued to circulate in the nation and in Illinois throughout the summer. It also spread to countries in the Southern Hemisphere during their winter season, stressing public health systems and overwhelming hospitals.

While it is not possible to accurately predict what may occur during the upcoming flu season, many scientists believe a second wave of H1N1 flu will strike this fall, possibly before an H1N1 flu vaccine is available. The President’s Council of Advisors on Science and Technology recently said a plausible scenario is that an H1N1 flu epidemic this fall and winter could cause anywhere from 30,000 to 90,000 deaths in the nation, many of these children and young adults and those with certain pre-existing medical conditions. In addition, the president’s council said H1N1 flu could produce infection in 30 percent to 50 percent of the U.S. population and lead to as many as 1.8 million U.S. hospital admissions. Based on population size, if these dire predictions hold true, Illinois could experience about 3,600 deaths and 72,000 hospitalizations.

Complicating the possibility of a second wave of H1N1 flu is the occurrence of the normal flu season, which typically occurs between October and April. Seasonal flu causes about 36,000 deaths annually in the U.S. and 200,000 hospitalizations, mainly in people over 65 years of age. Illinois typically reports about 2,600 flu and pneumonia deaths each year, making it the state’s 10th leading cause of death.

Since the H1N1 flu outbreak began in late April, the Illinois Department of Public Health (IDPH) has worked with various state agencies, including but not limited to the Illinois Emergency Management Agency, the Illinois Department of Financial and Professional Regulation and the Illinois State Board of Education, and its public and private partners (local health departments, hospitals, community-based clinics) to build on lessons learned in the spring in preparation for the seasonal flu season and H1N1 flu. The state's planning efforts and response includes enhanced surveillance, community mitigation measures, preparation for a vaccination campaign and effective communication strategies.

Enhanced Surveillance: Tracking flu activity for change in epidemiology, virulence, antigenic pattern and drug resistance; measuring impact influenza is having on deaths.

Community Mitigation Measures: Planning at all levels for appropriate role in prevention/guidance/response.

- Health care systems, primary care providers and public health departments (diagnosis, treatment, surge capacity, vaccination)
- Schools, child care centers, long term care facilities, correctional facilities, businesses (public and private), other institutions
- Public health (surveillance, testing, response, guidance, vaccination, treatment)

Vaccination Campaign: Preparing for voluntary H1N1 vaccination programs throughout the state – planning, implementation, communications, distribution and recordkeeping. Targeted groups for possible implementation assistance include local health departments, hospitals, federally qualified healthcare centers (FQHCs), private providers and retail pharmacies.

Communication Strategies: Disseminating accurate and timely updates, information, and health and medical guidance.

- General public
- Health professionals
- Web site development
- Private/public organizations
- Schools (K-12 and higher education)

Communications will be of special importance in that there will be two key vaccination messages – get your seasonal flu shot now, get your H1N1 vaccination (which will most likely require two shots) when it is available. Getting the regular seasonal flu vaccine as soon as it's available may help bolster the public's health in preparation for the potential fall resurgence of H1N1 flu. This may also help reduce the stress on the health care system typically caused by seasonal flu and its complications. Seasonal flu supplies generally are delivered in September and the

federal government has estimated that the H1N1 flu vaccine, now in clinical trials, will be available in limited quantities beginning in mid-October.

The primary mission of this action plan is to promote the health and well-being of all individuals in Illinois by ensuring the state is prepared for H1N1 flu. The numerous recent and ongoing planning activities include, but are not limited to:

- ❖ Sessions with experts in the area of incident management and contingency planning to enable projections of resource needs.
- ❖ Weekly communications with CDC, the Association of State and Territorial Health Officials (ASTHO), the National Association of County and City Health Officials (NACCHO), and public health partners (e.g., local health departments [LHDs], hospitals and other state agencies) to keep everyone up-to-date on national, state and local-level preparation activities.
- ❖ Development of a media campaign to provide information to public health partners and to the public.

On June 24, President Obama signed into law the Supplemental Appropriations Act, 2009 (Public Law 111-32), which allocated \$7.7 billion to the U.S. Department of Health and Human Services (DHHS) to prepare for the 2009 H1N1 influenza outbreak, including Public Health Emergency Response (PHER) grants to states, to some cities and to territories, and Assistant Secretary of Preparedness Hospital Preparedness Program (ASPR HPP) grants to hospitals.

Illinois' share of the PHER monies, over three funding cycles, is expected to be approximately \$30.8 million. Local health departments will receive 75 percent of the initial two rounds of funding (the third cycle has yet to be determined). Illinois hospitals will receive \$2.8 million in ASPR grants. Besides funding awarded through IDPH, the city of Chicago will receive \$9.8 million in PHER funding directly from DHHS and \$839,620 in funds from ASPR HPP.

Many uncertainties exist in planning and assessing for a second wave of H1N1 flu. The possible magnitude of the pandemic as it unfolds raises questions about the state and local governments' abilities, legal problems and resources to mitigate the threat.

One such legal issue is whether the state can expand the scope of practice for some health care professionals (e.g., paramedics, emergency medical technicians, pharmacists, dentists, etc.) to administer vaccines to help with surge capacity. A review of Illinois law on the question clearly indicates that a disaster declaration by the Governor or a change in state statutes would be necessary for the purposes of expanding a health care worker's scope of practice. A disaster declaration would allow a change in scope for 30 days immediately, and indefinitely thereafter, through subsequent action by the General Assembly.

Another concern raised by the state's LHDs is their capacity to achieve and maintain program standards, performance objectives, and time and activity reporting requirements due to responsibilities for planning and leading local health and medical response to H1N1 flu. LHDs have requested that the Department grant "every possible latitude" to programs that may not be in compliance with existing statute and/or state and/or federal grant agreements due to the demands of the H1N1 response. The LHDs also have asked the Illinois Department of Human Services (DHS) to provide relief to allow the use of registered nurses and staff employed with DHS grant funds so they can help staff mass H1N1 vaccination clinics.

An issue being debated at many different government levels has to do with a policy for mandatory H1N1 flu vaccinations of health care workers. In Cook County, local officials have indicated they are poised to issue such a mandate, but are looking to the state for concurrence.

The state's response to the H1N1 flu threat will require important decisions to be made rapidly and, often, with limited information or data. The work of the various agencies involved in emergency preparedness planning has mitigated and addressed as many of the anticipated issues as possible thus far. The plan and the state's response, however, will continue to evolve during the 2009-2010 flu season.

Action Plan Development

The two key areas of focus in the development of the action plan are “*preparedness*” and “*response*.” The following are excerpted from the National Incident Management System (NIMS) definitions for these.

- *Preparedness*: A continuous cycle of planning, organizing, training, equipping, exercising, evaluating and taking corrective action in an effort to ensure effective coordination during incident response.
- *Response*: Activities that address the short-term, direct effects of an incident. Response includes immediate actions to save lives, protect property and meet basic human needs. Response also includes the execution of emergency operations plans and of mitigation activities designed to limit the loss of life, personal injury, property damage and other unfavorable outcomes.

Prior to the spring 2009 H1N1 flu outbreak, 40 IDPH senior staff members participated in a week-long training on the National Incident Management System (NIMS) and the Incident Command (IC) and General Staff Functions used on the national level for handling a variety of crises. The training, provided by the Illinois Fire Service Institute (IFSI), established a solid foundation from which IDPH will operate collaboratively with public health partners and other state agencies.

Coupled with knowledge acquired in the IFSI trainings, the state’s Pandemic Influenza Preparedness and Response Plan was updated through the use of recommendations for improvements garnered from the spring 2009 H1N1 flu response and the subsequent contingency planning. Originally published in October 2006, the plan had focused on a new strain of influenza virus, H5N1, which had been found in birds in Asia and Europe, and had shown it could infect humans. The pandemic plan (draft attached¹) now includes information and responses relative to H1N1 flu. The final version of this updated plan will be available on the H1N1 Web site by September 7, 2009.

The intent of IDPH’s plan is to stop, slow or otherwise limit the spread of an influenza pandemic by providing for the mechanisms to sustain the public health infrastructure, lessen the impact to the economy, and reduce social disruption. It provides a set of preparedness activities and response functions to be carried out by IDPH, and, where appropriate, provides local health departments, health care provider systems and first responder organizations with preparedness and response expectations.

¹ See attached draft revision of the Illinois Pandemic Influenza Preparedness and Response Plan

The plan is to be implemented within the context of a unified command emergency operating structure involving representation from local, state and federal governments. This process will function under the command and general oversight of the Office of the Governor, with coordination assistance from the Illinois Emergency Management Agency (IEMA) and IDPH as the lead agency.

State government's role in the event of an influenza pandemic is to closely track the spread of the outbreak and rapidly mobilize and deploy resources to assist local government efforts in dealing with the expected widespread illness and increased demand on most essential government services.

As the lead agency, IDPH would assume a central response role throughout a pandemic influenza outbreak, based on having the technical expertise, and statutory authorities over many health and medical issues. Subject matter experts have been identified throughout IDPH and assigned to work groups within the appropriate strategic areas. For each area, the subject matter expert sub-groups identified tactical objectives to be mapped out for a cohesive response to seasonal flu and H1N1 flu.

A. Tactical Objectives:

1. Promote the safety of responders and public.
2. Receive and redistribute Strategic National Stockpile (SNS)
3. Evaluate and prioritize requests from external sources (i.e., LHDs, hospitals, etc.)
4. Analyze and characterize surveillance data
5. Determine eligible providers for vaccine (Vaccine for Children (VFC), and Non-VFC)
6. Distribute antivirals and vaccine interventions
7. Establish a public information management system
8. Monitor the maintenance of treatment capacity throughout the state
9. Conduct lab testing and report data
10. Establish an effective and efficient public health information management system to span the federal, state and local levels.

The focus of IDPH efforts during the flu season will depend on a number of factors, most prominently the severity level of the H1N1 outbreak and the accessibility of vaccine. The following matrix demonstrates the relationship of these two components to the tactical objectives.

RELATIONSHIP OF VACCINE AVAILABILITY TO PANDEMIC SEVERITY

Pandemic Severity Index	Vaccine Supply>Vaccine Demand	Vaccine Demand>Vaccine Supply
1-3	Scenario 3	Scenario 4
4-5	Scenario 2	Scenario 1

REVIEW OF OBJECTIVES TO SCENARIO

Scenario	Objectives to be focus of efforts
1	1, 2, 3, 4, 7, 8, 9 (5 and 6 no longer come into play)
2	1, 2, 3, 4, 5, 6, 7, 8, 9
3	1, 3, 4, 5, 6, 7, 9
4	1, 4, 5, 7, 9

This chart demonstrates the focus of effort during a response to an H1N1 outbreak with the primary variables being the severity of the pandemic and the availability of vaccine. As the severity level increases and/or the availability of vaccine decreases, the objectives upon which the response plan will focus change. For example, if the severity increases compared to spring 2009, the response will focus on treatment capacity and prioritization of vaccine requests.

B. Plan Components

The IDPH plan takes into account the need to prepare staff and to provide guidance to public health partners and the public about the following preparedness and response areas.

Preparedness

Training — In February 2009 and July 2009, the Illinois Fire Service Institute (IFSI), provided training for staff from IDPH in the National Incident Management System (NIMS) and Incident Command Structure (ICS) – Command and General Staff. This hands-on training, to 40 key staff in February and an additional 25 in

July, prepared IDPH to take the necessary steps in developing a strategic plan to meet the H1N1 and seasonal flu challenges ahead. STAR-COM21 radio training was completed with hospitals, LHDs, and IDPH staff; classes on Microsoft GROOVE and SNS dispensing are on-going.

Risk communication — IDPH understands that timely, accurate, consistent and useful information must be regularly provided to the public, health care providers, local officials and the news media. A detailed media campaign and public information management system has been designed to address this area. Included in the plan are media events across Illinois; television, radio and print media interview opportunities; creation of prevention messages and materials; development of pre-scripted messages for dissemination in the event of an outbreak to mainstream and to minority media organizations; regularly scheduled meetings with local health departments and other public and private partners to respond to inquiries; and the tracking of H1N1 flu media reports.

Response

Coordination and management — The main thrust is to keep state public health partners in the response effort informed through briefings, conference calls, Health Alert Network messages, and other updating and shared decision making mechanisms. The frequency and extent of these communications will increase as the pandemic phases escalate. Thus far, IDPH has been holding weekly conference calls with partners to share information on preparedness activities. Calls have been held separately and jointly with local health departments, Chicago and Cook County local health administrators, various state agency directors, Superintendent Christopher A. Koch and staff from the Illinois State Board of Education, hospitals, retail pharmacies and elected officials. In addition, face-to-face meetings have been held with the Illinois Emergency Management Agency and State Emergency Operations Center liaisons. A number of additional meetings with various community-based organizations, faith-based organizations, and associations are scheduled to take place over the course of the next several weeks.

Surveillance and laboratory testing — Laboratory testing and disease reporting requirements will be expanded and adapted as needed to monitor circulating strains, to define the magnitude and severity of pandemic activity in Illinois, and to help target prevention and control activities. During the planning sessions with IFSI consultants, the workgroups focused on laboratory testing and surveillance and developed task-specific operations guidance to ensure staff are prepared to manage their assigned operational objectives.

Vaccinations — As part of the preparedness strategy, IDPH will encourage everyone to receive a seasonal flu shot. By increasing adherence to recommendations for seasonal influenza vaccination and pneumococcal vaccination,

the adverse effects of an influenza pandemic can be reduced by reducing the number of those sick with seasonal flu.

Once H1N1 flu vaccine becomes available, major activities will consist of distributing vaccine to public and/or private sector vaccinators; appropriate storage, handling and vaccination; dose tracking; and safety monitoring. In accordance with the *H1N1 Vaccine Delivery Process for Illinois*², IDPH will be responsible for submitting and managing the ordering process for providers in Illinois, excluding Chicago. The CDC has a contract with a pharmaceutical firm to deliver vaccine to approximately 90,000 sites across the country. The contractor will serve as the primary vehicle to get the vaccine out once it becomes available.

The CDC's Advisory Committee on Immunization Practices (ACIP) met July 29, 2009 and made recommendations regarding who should receive the new H1N1 vaccine, most likely in two doses at least three weeks apart.

The groups recommended to receive the novel H1N1 influenza vaccine include:

- Pregnant women, because they are at higher risk of complications and can potentially provide protection to infants who cannot be vaccinated.
- Household contacts and caregivers for children younger than 6 months of age, because younger infants are at higher risk of influenza-related complications and cannot be vaccinated. Vaccination of those in close contact with infants less than 6 months of age might help protect infants by “cocooning” them from the virus.
- Health care and emergency medical services personnel, because infections among health care workers have been reported and this can be a potential source of infection for vulnerable patients. Also, increased absenteeism in this population could reduce health care system capacity.
- All people from 6 months through 24 years of age.
 - Children from 6 months through 18 years of age, because there have been many cases of novel H1N1 influenza in children and they are in close contact with each other in school and day care settings, which increases the likelihood of disease spread.
 - Young adults 19 through 24 years of age, because there have been many cases of novel H1N1 influenza in these healthy young adults and they often live, work, and study in close proximity, and they are a frequently mobile population.
- Persons aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza.

² See attached H1N1 Vaccine Delivery Process for Illinois

Since there is a possibility that initially the H1N1 vaccine will be available in limited quantities, ACIP has recommended that the following groups receive the vaccine before others:

- Pregnant women, people who live with or care for children younger than 6 months of age,
- health care and emergency services personnel with direct patient contact,
- children 6 months through 4 years of age, and
- children 5 through 18 years of age who have chronic medical conditions.

Once demand for vaccine for the prioritized groups has been met, providers should begin vaccinating everyone from the ages of 25 through 64 years. Current studies indicate the risk for infection among person age 65 or older is less than the risk for younger age groups. However, once demand has been met among younger age groups, vaccination should be offered to people 65 years of age and older.

IDPH has sent an online survey (“Survey Monkey”) to assess the scope and capacity of potential vaccination providers to all LHDs, current Vaccine for Children participants, hospitals, private physician offices, retail pharmacies, long term care facilities, FQHCs, and various government facilities with institutionalized/ congregate populations outside the city of Chicago. The Chicago Department of Public Health receives its own vaccination supply and resources from the federal government to cover everyone within the city limits. Once the information from the survey response has been collected and analyzed, IDPH staff will determine if the requests for direct shipment orders of 100 or more vaccines is equal to or less than the number of allocated sites granted by CDC. If there are more requests than allocated number of sites, IDPH staff will determine which providers will receive direct shipments, taking into consideration those who serve the aforementioned ACIP recommended prioritization groups and geographic locations. After direct shipment sites are approved, order forms will be sent. Orders will be submitted to IDPH where they will be sorted and submitted to the CDC. Orders for 100 or more doses will be shipped via the federal contract directly to the providers; all other orders will be consolidated and submitted by IDPH for shipment to and distribution from the Department’s immunization processing center.

Antiviral medication distribution— The use of antivirals is primarily recommended for treatment purposes only. Therefore, if it becomes necessary for antivirals and personal protective equipment (PPE) to be distributed, IDPH will activate the Strategic National Stockpile (SNS) process, which is a logistical operation that begins with the Department receiving the supplies from the federal government. In the spring, IEMA led a coordinated effort of various state partners (Illinois Department of Transportation, Illinois National Guard and Illinois State Police) to deliver pallets of SNS supplies within 16 hours of receipt to the state’s 95 LHDs and 158 hospitals outside of Chicago. If additional SNS supplies are

distributed in the fall, this same collaboration effort will be engaged. Issues such as security for receiving and distribution sites (RDCs) and receiving and shipment sites (RSSs) are taken into consideration through IEMA planning and coordination efforts. Inventories, delivery schedules and usage will be tracked.

Plans and procedures — The IDPH team is preparing specific step-by-step plans for each of the strategic areas identified. Preparation includes utilizing the appropriate Incident Command (IC) forms, such as Division Assignment Lists, (ICS-204), Communications Plan and General Message forms (ICS-213), Operational Planning Worksheets (ICS-215), and the Incident Safety Analysis worksheets (ICS-215A).

Strategic Areas

1. Surveillance and Detection
 - a. Epidemiologic surveillance
 - b. Labs and testing
2. Immunization
 - a. H1N1 vaccinations
 - i. Survey Monkey tool to collect information on vaccine capacity across the state
 - ii. Delivery plan per CDC contract perimeters
 - iii. Reporting methods for H1N1 vaccinations
3. Mass Vaccine Distribution
 - a. Federal contractor
 - b. Local health departments and other providers
 - c. IDPH immunizations processing center
 - d. SNS distribution – antivirals and PPE
4. Legal Issues
 - a. Expanded scope of practice
 - b. Altered standards of care
 - c. Possible legislative and administrative rulemaking proposals
5. Communications
 - a. Public messaging
 - b. News media relations
 - c. Community Outreach Collaboration Plan
 - d. Channels of dissemination for emergency communications
6. Guidance Document Production
 - a. School guidance
 - b. Healthy home, healthy community, healthy workplace
 - c. Use of PPE
7. Hospital and Health Care Surge Issues
8. Fatality Management
9. Human Resources/Labor Relations Issues

- a. Guidance for state agencies
- b. Guidance for businesses

Media Campaign

The development of a media campaign is essential to reaching the public and increasing their understanding of the potential challenges in the upcoming fall flu season. IDPH's public health education campaign has three major strategic components:

- ❖ A seasonal flu campaign focusing on encouraging the public to get their seasonal flu vaccination and educating them about ways to stay healthy during flu season.
- ❖ A campaign to educate the public about H1N1 flu and the need to get vaccinated once the new vaccine is available.
- ❖ Reinforcing previous education and personal hygiene tactics on how to stay healthy by following the 3 Cs:
 - **Clean** — wash your hands frequently to prevent the spread of germs.
 - **Cover** — your cough and sneeze with a tissue or sleeve, not your hand.
 - **Contain** — contain your germs. Stay home if you are sick.

The media messaging theme is:

“Don't get the Flu. Don't Spread the Flu. Get Vaccinated.

Flu prevention is as easy as 1-2-3: 1 seasonal flu shot, 2 H1N1 flu shots and 3 Cs (Clean, Cover, Contain)”

Our approach focuses heavily on encouraging all Illinois residents to visit the state's emergency Web site -- www.ready.illinois.gov – or the federal government's flu site – www.flu.gov – to find the most current information that will help them take the necessary steps to prepare for the flu season and limit the spread of the flu virus.

Posters, flyers, and pocket information cards have been designed and are available on the Web site so that anyone can download and print the materials for use and distribution. The Department also will print mass quantities to distribute to state agencies, LHDs, hospitals, retail pharmacies, community-based organizations and faith-based organizations. Translated materials are available as well. Some of the language translations currently available include: Spanish, Vietnamese, French, Portuguese, Hmong, Khmer, Tagalog, and Chinese.

Frequently Asked Questions³

Throughout the month of August, IDPH has been compiling and distributing, on a weekly basis, to public health partners a document containing the frequently asked questions received from LHDs, hospitals and other state agencies. The primary areas of concern include:

- **Vaccine – for the seasonal flu and H1N1 flu**
- **Priority groups for H1N1 vaccine as established by the CDC**
- **H1N1 and schools**
- **Influenza surveillance**
- **Funding issues related to H1N1 vaccine**
- **Legal issues related to H1N1 vaccine**
- **Strategic National Stockpile (SNS)**
- **Hospital specific questions**

Conclusion

The 2009-2010 flu season will pose many challenges to the public health system in Illinois and, indeed, throughout the country. Through the Department's extensive and on-going planning activities, working with public and private partners, and development of a focused public education media campaign, the necessary steps are being taken for Illinois to be prepared.

Critical to the success of handling the months ahead is continued collaboration. Facing the challenge of the upcoming flu season is a shared responsibility of government and the citizens of Illinois. It will take everyone working together to safeguard the health and well-being of all who live or visit Illinois.

**DON'T GET THE FLU. DON'T SPREAD THE FLU.
GET VACCINATED.**

³ See the attached Question and Answer documents for general questions.